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LEARNING BY CARING
A Follow-Up Study of Participants in a Specialized Training Program in Pastoral Care and Counseling

Academic dissertation
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Abstract

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A Follow-Up Study of Participants in a Specialized Training Program in Pastoral Care and Counseling

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The training course this study focuses on is a two-year extended program in pastoral care and counseling offered jointly by the Center for Family Issues, the Center for Hospital Chaplaincy, and the Institute for Advanced Training of the Evangelical Lutheran Church of Finland. This training is offered to hospital chaplains, chaplains working in other specialized ministries, family counselors, parish pastors and diaconal workers. The program consists of several components, some of which are common to all groups and some aimed at students working in a specific setting. All students work in their regular jobs during the program.

The aim of this study is to examine the changes that occurred during the training in the students’ ways of giving pastoral care, in their conceptions of pastoral care, and in their pastoral caregiver identities. This analysis provides the basis for an assessment of how well the objectives of the training have been reached. The reasons for the failure to achieve some goals are also discussed, and ways of improving the training are outlined. The results are related to theories of learning and transfer and to theories of the development of expertise.

The research material was collected by interviewing 17 students both before and after the training. The participants in the study were working either in a hospital, in a parish or with the mentally handicapped. Additional data were gathered by observation, questionnaires, personality tests, and by utilizing material that the students produced as a part of the training, such as reports written for supervision, feedback forms and essays. The material was analyzed qualitatively by creating categories and types.

The results show that the main outcomes of the training were strengthened pastoral caregiver identity, increased therapeutic inclination and greater valuation of spiritual aspects of pastoral care. Strengthened pastoral caregiver identity was shown most clearly in the changes the students carried out in their work, in their more positive self-assessments and in slightly increased self-knowledge. The training raised in most students personal questions or problems. Their progress in this area was related to
the support received from their identity groups, growth groups and supervisors. Not all groups were able to deal with the issues or conflicts that surfaced. The increase of therapeutic inclination was indicated both by the changes in the students’ approaches to pastoral care and in their ways of defining it. Increased valuation of spiritual aspects was shown in a more natural and willing use of spiritual resources in pastoral care and in a greater emphasis on spiritual aspects in their conceptions of pastoral care. Some students developed in all the above three dimensions whereas some remained virtually unchanged.

The change was least prominent in those students who had a holistic and general orientation to pastoral care. Most of these students were working with the mentally handicapped or with old people. Their views and approaches were not supported in the training either on the practical or the conceptual levels. The results also suggested that the training focused developing mainly vertical expertise in pastoral care at the expense of horizontal aspects. One of the students’ central goals was to improve their pastoral care skills. The main new approach introduced in the training was the solution-focused approach. However, the students appeared to adopt only some aspects of it. The experiential emphasis of the training was shown in the relatively small investment in the students’ conceptual development. This was most clearly shown in the area of theological reflection.

When these results are examined in the light of the chosen theoretical framework, it would appear that the training could be improved in several areas. In order to offer all student groups equal opportunities to develop their personal ways of giving and understanding pastoral care, the training could start more clearly from the students’ practices, knowledge, conceptions, and the demands placed on them by their work. At the same time, the training appears to need more channelling. As most learning does not occur by itself, the students might benefit from getting more reflective assignments and from being required to practice the approaches introduced. The integration of self-directed study, seminars and supervision would also appear to need more attention. Furthermore, conceptual development and theory formation might be enhanced more, as well as the development of horizontal expertise. Group dynamics should also be taught and the theory of group work articulated more clearly. The students could also be offered an opportunity to receive psychotherapy, pastoral care or spiritual direction, depending on their needs.
Acknowledgements

This study originated from a chance conversation with Matti-Pekka Virtaniemi who is responsible for the training courses in pastoral care and counseling offered by the Institute for Advanced Training. He told me about the need for a follow-up study of the specialized training in pastoral care and counseling. Although this training had been offered since the 1950s, no empirical studies had been made on its effectiveness. At the time of our conversation I was planning to start my doctoral studies, and I accepted this challenge. Fortunately, I could not anticipate the length and intensity of the process that was ahead of me. The encouragement and help that I received from Matti-Pekka and from the other program leaders, especially during the data collection, was invaluable.

Without the substantial contribution of my 17 interviewees I would have never been able to complete my study. I am grateful for their time, efforts and candour in sharing their life stories and training experiences with me. I value them highly as persons and as pastoral caregivers and felt privileged to be able to participate in their learning process.

The preparation of this study has been an important growth process for me both personally and professionally. These years have included moments of deep despair but also times of great enthusiasm. The support of several people was essential during this journey. In particular, I would like to thank Professor Terttu Tuomi-Gröhn for her critical and accurate feedback during my writing process. The feedback given by Docent Lauri Kruus, Professor Markku Pyysiainen and Docent Kalervo Nissilä was also important. I am also grateful for Professor Markku Heikkilä, Professor Eila Helander and Professor Esko Koskenvesa for their encouragement, feedback and support. Docent Pauli Annala kindly offered me guidance concerning the theology of pastoral care. I sincerely also appreciate all my colleagues in the research group and in the seminar of pastoral psychology. They gave me constructive feedback, encouraged me when I was depressed, and shared my joy of new insights.

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1. INTRODUCTION

1.1. The Origins of Training in Pastoral Care and Counseling in Finland

Training in pastoral care and counseling has been offered in Finland since 1952, when the first training course for parish pastors giving marital counseling was offered. Matti Joensuu initiated marriage and family counseling in Finland. He also played a major role in the development of the first training courses. Participation in several international conferences in the field and familiarization in 1951 with the work of the National Marriage Guidance Council in England, in particular, offered him ideas and models for the creation of the Finnish training system. From England he adopted the use of aptitude tests in the selection of new counselors, group work, and written reports as training methods. After participating in a seminar of social case work in 1952, he brought this method to marital counseling because it suited marital work better than the traditional kerygmatic pastoral care which had been the main approach during the first years of the new counseling service.

Of special importance to the training was the impact of Helvi Boothe in 1954-1955. During her half-year stay in Finland she trained marital counselors and supervised Matti Joensuu, which resulted in the implementation of personal supervision in the training. In addition to his international contacts, Matti Joensuu also actively co-operated with several Finnish assistance agencies (A-Clinic Foundation, Child Welfare Office of Helsinki, Save the Children Finland), and this collaboration resulted in joint training courses in 1957-1963. In 1964 Kaarle Viika was appointed the first

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1 Organized family counseling in Finland started in 1944. Matti Joensuu worked as pastor in the Kaupunkilääkärys in Tampere (City Mission of Tampere) and was concerned about the sharp increase in the divorce rate. He put an advertisement in a newspaper, in which he offered marital counseling and asked people considering divorce to contact him. He received an overwhelming number of contacts. Soon the Kaupunkilääkärys employed a full-time pastor for this work. Next year the work was extended to Helsinki, where about 30 parish pastors volunteered to give marital counseling in addition to their parish work. In 1952 Matti Joensuu was appointed secretary of marriage counseling to the Parish Work Association in the Lutheran Church of Finland to develop and organize the work. The first official family-counseling center started in Helsinki in 1953. Siipilä 1961; Kettunen 1990, 23-24; Viika 1994, 13-41.

2 Helvi Boothe was leader of psychiatric social work and supervisor in the Menninger Foundation in Topeka, Kansas, USA. Viika 1994, 53.

educational secretary to the Committee for Family Issues of the Evangelical Lutheran Church of Finland, and he continued to develop the training. In 1964-1967 the courses were offered only for family counselors.\textsuperscript{4}

The training of hospital chaplains was developed at the same time as the training of family counselors. In the late 1950s, the hospital chaplains working in Helsinki included some elements of training in their meetings. However, the first training program for hospital chaplains was initiated in 1960, eight years after the first training course for family counselors. It was modeled on the American CPE (Clinical Pastoral Education) but was also influenced by German, Dutch, and Norwegian models.\textsuperscript{5} Irja Kilpeläinen, who had studied pastoral care and counseling in New York in the Union Theological Seminary in 1960-1961, started to utilize these experiences in the Finnish training program. She introduced the patient-centered working method she had adopted during her studies and supervision in the USA, and termed her method the neighbor-centered approach. Kilpeläinen stressed the importance of supervision, but it was not officially included in the training of hospital chaplains until 1967.\textsuperscript{6} The first training courses lasted altogether 40 days, divided into periods of three to five days, and comprised lectures and analysis of client cases in small groups. All of these cases were not, however, derived from the students’ own work.\textsuperscript{7}

A new phase in the training of hospital chaplains began in 1967 when the curriculum was changed. The duration of the training was lengthened to about a year, and it consisted of three components: lectures, clinical practice in hospital, and supervision. Not only hospital chaplains were eligible; prison chaplains were also admitted to the program. In 1969 the educational co-operation was extended to family counselors.\textsuperscript{8} The joint training was started because the small number of students within each specialty made it impossible to offer the training as often as it would have been needed.\textsuperscript{9}

\textsuperscript{4} Viika 1994, 84-85.
\textsuperscript{5} Sainio 1990, 17-18; Teittinen 1979, 29, 84-90; Virtaniemi 1997, 344.
\textsuperscript{6} Even though supervision was not included in their training, hospital chaplains had been receiving supervision from family counselors already since 1962, Teittinen 1979, 63. In 1969 Kilpeläinen published her textbook Osuammeko kuunneilla ja auttaa. (Titles of publications are given in the original language in the footnotes and are translated in the Bibliography.) The book introduced her neighbor-centered method. It resembles the Rogersian client-centered approach even though Kilpeläinen did not consciously imitate Rogers’ method. She adopted the Rogersian way of working when she was in supervision during her studies in USA. Kettunen 1990, 27-28; Virtaniemi 1997, 338-341.
\textsuperscript{7} Kettunen 1990, 27. See also Teittinen 1979, 26-27.
\textsuperscript{8} Kettunen 1990, 28; Teittinen 1979, 31-33, 66.
\textsuperscript{9} Viika 1994, 85. In the Finnish system hospital chaplains and family counselors are selected to their posts on the basis of aptitude tests. Therefore all students in the training are already
During the late 1960s new influences on the content of the training were derived mainly from psychoanalytic therapy.\textsuperscript{10}

The third phase in the training started in 1972, when training in pastoral care and counseling was offered for the first time to parish workers.\textsuperscript{11} The new curriculum consisted of three parts. The dioceses offered the basic five-week phase and it was common to all training groups. The specializing phase of hospital chaplains lasted for about one and a half years and consisted of five periods. However, due to the lack of teachers none of them was clinical, even though the curriculum foresaw that two periods were designed to be practical. The third part comprised the further training of hospital chaplains, which included annual training days and conferences for hospital chaplains, as well as circulars which contained, for example, presentations and lectures on pastoral care.\textsuperscript{12}

The training system was revised once more in 1976. The diocesan basic courses were discontinued and the Institute for Advanced Training, Committee for Family Issues, and Committee for Hospital Chaplaincy started to offer the training jointly. The training evolved to a model consisting of three common seminars, supervision and, since the late 1970s, growth groups. The widened educational co-operation enabled a more diversified utilization of competent teachers and financial resources. Also, it offered the students possibilities of learning from representatives of other specialized ministries.\textsuperscript{13} In addition to the common components, a specializing seminar was offered separately to each group of employees. Since the early 1980s, similar programs have also been offered on the diocesan level for parish workers.\textsuperscript{14}

Even though its history in Finland embraces nearly 50 years, training in pastoral care and counseling has been studied very little. Most studies have been academic theses. Paavo Kettunen examined the concept of man in the training of hospital chaplains in 1960-1975. Soili Teittinen studied the training of hospital chaplains during the same time. Other studies focusing on the training include Riitta Kuusela’s thesis on the quality of training full-time hospital chaplains had received, Heli Nikka’s thesis on pastoral care of

\textsuperscript{10} Viika 1994, 87-88.
\textsuperscript{11} Family counselors were no longer being included in this program. Their specializing training was offered separately in 1972 and in 1975. In addition to family counselors, some pastors working in other special ministries also participated in these programs. Viika 1994, 126-127.
\textsuperscript{12} Kettunen 1990, 29-31; Teittinen 1979, 35-48.
\textsuperscript{13} Viika 1994, 127-128.
\textsuperscript{14} Kettunen 1990, 32-33.
the elderly in the training of pastoral care in 1960-1983, and Tiina Muukkonen’s study on the nature of pastoral care in the required reading of the training course in 1992-1993.\(^{14}\)

Empirical studies on the training of pastoral caregivers in Finland had not previously been carried out.\(^ {15}\) However, it was thought that research on the students’ experiences of the training and its outcomes in their actual work and personal life could provide valuable information for the development of the training. Therefore, the idea for this study originated from the practical needs of those responsible for the specialized training of pastoral care. My objective is to first examine the motives that made the students apply for the program being studied here. Secondly, my main focus will be directed to the potential changes occurring during the training in the students’ ways of giving pastoral care, in their notions of pastoral care, and in their ways of seeing themselves as pastoral caregivers. On the basis of this analysis I will also assess how well the objectives of the training have been reached.

The introductory chapter outlines the status of pastoral care and counseling in Finland in the 1990s, and it includes an introduction into the most important training programs in the field and a detailed description of the program on which the present study focuses. Furthermore, the introductory part of the study will summarize theories that help to analyze and understand the effectiveness of education.

\(^{14}\)Teittinen 1979; Kuusela 1981; Nikka 1985; Kettunen 1990; Muukkonen 1995. As is true for research on training in pastoral care and counseling, other Finnish research on pastoral care and counseling has been limited. Only some doctoral dissertations published in the 1980s and 1990s have dealt with the subject. Lauri Kruus (1980) studied pastoral conversations in the hospital setting and Eija Harmanen (1997) examined grief-counseling groups. The dissertations of Raïlï Gothômî, Kalervo Nissilä, and Simo Ylikärjula do not actually examine pastoral care but are closely related to it. Gothômî (1987) studied the world and religiousness of elderly chronic patients, and Ylikärjula (1998) the integrity of the life of elderly pacemaker patients. Nissilä (1992) focused on immortality and the psychodynamics of dying in patients who have been close to death.

\(^ {15}\)Two studies have been carried out on the training courses offered by other denominations or organizations. Tiina Palmu (1999) studied participants of the Elijah House pastoral care course and Sanna Pehkonen (1999) the participants of the course in pastoral care offered by a Pentecostal congregation in Helsinki.
1.2. Pastoral Care and Counseling in the Evangelical Lutheran Church of Finland in the 1990s

Pastoral care given within the Evangelical Lutheran Church of Finland takes place primarily in local parishes.\(^{17}\) The major worker groups providing pastoral care are diaconal workers, pastors, parish lectors,\(^{18}\) and youth workers. In addition to the work done by these groups, pastoral care and counseling is conducted by people working in specialized ministries in hospitals, family counseling centers, prisons, telephone counseling, the army, or with the handicapped.

Basic plans to develop the Evangelical Lutheran Church of Finland and to invigorate congregational life were drawn up by a committee appointed by the Bishops' Conference in the mid 1980s. The committee stated that while demand for pastoral care had increased rapidly, its supply had been centered on specialized ministries. It suggested that the knowledge and skills invested in these ministries should, to a greater extent, be applied and made available in the parish setting. Therefore, parish workers and volunteers should be better trained and supervised in pastoral care. The clergy should also be allowed more time for the preparation of church ceremonies and meeting the parishioners concerned before them. In its report, the committee also paid special attention to the need to clarify the various possibilities of giving pastoral care and the need to disseminate information about them.\(^{19}\)

After discussing the committee's report, the Bishops' Conference appointed another committee to continue the planning on a practical level. This committee paid special attention to the importance of enlivening the confession of sins and of increasing spiritual direction and the possibilities of finding silence and tranquility. It suggested that churches should be kept open for silent devotion, and pastoral care should be available there. Furthermore, the committee proposed that parishes should offer retreats of

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\(^{17}\) Characteristic of the Finnish religious life is the dominance of the Lutheran Church, as 85% of the population belong to the Evangelical Lutheran Church of Finland. Typical of the Finnish Lutheranism, however, is that average church members do not actively participate in congregational activities. However, they want to be married in church and have their children baptized, and have a church funeral. Heino & Salonen & Rusama 1997, 20; Heino 1999b.

\(^{18}\) Non-ordained female theologians working in parishes are called parish lectors. Their work consists of duties similar to an ordained pastor’s work, except for officiating at christenings, funerals and weddings, and conducting the liturgy in services. Because women have been ordained since 1988, the number of parish lectors has decreased sharply to about 35 in 1999. Koski 1998, 14; Jaana Pulkkinen, personal communication, 12 May, 1999.

\(^{19}\) Kirkko 2000, 47-48, 50-53, 57.
silence at their educational centers and the Church should establish havens of silence.\textsuperscript{20}

In the early 1990s, concrete actions to meet these objectives included, for example, the publication of a prayer book to be distributed to Finnish homes, a guidebook for church employees on the maintenance of their personal spiritual life, the publication of a handbook of ethics, and research on the means of providing spiritual direction.\textsuperscript{21} The dioceses reacted to the committee's suggestions primarily by the increased supply of training in pastoral care.\textsuperscript{22} Notable actions towards increased possibilities of giving pastoral care were, however, rare on the parish level.

In line with these committees' aspirations to enliven spirituality, a growing interest in spirituality was characteristic of the Church throughout the 1990s. It manifested itself in an increased interest in spiritual direction. The new emphasis on spirituality was also apparent in the increasing number of articles and books on spirituality and spiritual direction.\textsuperscript{23}

One indication of the increased interest in spirituality and spiritual care is the growing interest in the utilization of confession. The new forms of church services, such as the St. Thomas Mass and Evenings of Word and Prayer,\textsuperscript{24} have adopted the practice of offering confession before or during the service. They also make available short pastoral conversations by the altar during or after the service. The main ways of helping are listening and prayer. The contribution of lay pastoral caregivers is another characteristic of both the St. Thomas Mass and the Evenings of Word and Prayer.\textsuperscript{25}

The new growth of spirituality also manifests itself in the increasing popularity of retreats of silence. Most retreats offer opportunities for

\textsuperscript{20} Searakunta 2000, 15-17. A third committee was appointed for the follow-up of the Kirkko 2000 process. Its 1992 report, however, emphasized the same aspects of pastoral care as the previous committees. Kirkon suunta 2000: On pastoral care in the Kirkko 2000 process also see Ripatti 1992.

\textsuperscript{21} Virtanen, Kalevi (Ed.) 1991; Rissanen 1994; Ryökäs 1992a and 1992b.

\textsuperscript{22} Kirkon henkilöstökoulutus vuosina 1990-1999.


\textsuperscript{24} The special emphasis of the St. Thomas Mass compared to the ordinary service lies in modernized prayers and music. Characteristic of the mass is also the impact of volunteers in the preparation and celebration of the mass. Kauppinen 1992, 5-6. Evenings of Word and Prayer are free-form services often with charismatic influences.

\textsuperscript{25} Kauppinen 1992, 29; Joensuu 1993; Ruokanen 1993; Telaranta 1993; Kettunen 1998, 151.
pastoral care given by the retreat leaders. Kettunen emphasizes that in the
retreats of silence pastoral care also materializes through God's presence in
private, silent prayer and meditation. Retreats have also enhanced the
importance of the caring community as a counterbalance to individual
care.26

The economic recession of the early 1990s brought new challenges to the
church and pastoral care that the committee had not anticipated. As a result
of the recession, unemployment increased rapidly, a great number of
companies went bankrupt, and families ran into debt. Social problems and
feelings of alienation increased.27

People began to search for greater security and a sense of community.
According to Heino et al., one indicator of this change was a more positive
attitude to and greater confidence in the Church.28 An increasing number of
parishioners started to search for economic, mental, and spiritual help and
support from parishes. This could be seen in the rapid rise and structural
change in the clientele of diaconal workers, in particular. They had to deal
with a growing number of the unemployed and the over-indebted, families
in difficulties, alcoholics, and mental patients in municipal care. As a result,
they could not devote as much time as before to their previous main target
group, the aged. This trend continued throughout the entire decade.29

Diaconal workers tried to respond to the needs of the new client groups by
establishing discussion and study groups, offering camps, or arranging
meeting places for them. In co-operation with municipal social work
institutions and voluntary associations, several parishes also provided free
or inexpensive meals for the unemployed.30 For parish workers the Church

27 Heino & Salonen & Rusama 1997, 10.
28 In 1990 one third and in 1996 over half of the Finns had considerable confidence in the
29 The number of diaconal workers' client contacts increased by 11% between 1990 and 1998
and the number of clients by 14%. The structural change in the clientele manifested itself in
the changes in its age distribution. In 1990 60% of the clients were 65 years or older, while
in 1998 only 45% of the clientele belonged to this age group. Especially in larger cities the
majority of the clients belong to the working age population (e.g. in Helsinki in 1998 65%).
Seurakuntien toiminta 1990-1997; Kirkon diakonia- ja yhteiskuntatyön keskuksen toimintu-
30 Annual statistics on the work among the unemployed have been compiled separately since
1994. The number of parishes offering meals for the unemployed has slightly decreased, but
the number of free or inexpensive meals served increased by 37% from 1994 to 1997,
totaling 548,641 meals in 1997. In 1998 the number of meals and participants decreased by
7% compared to the previous year. The increase in the number of participants in the activities
offered training in the helping of the unemployed. Annual conferences of diaconal workers and several publications also dealt with the issue. Many parishes also gave debt counseling. In 1991 the Church participated in a venture to establish a foundation to provide training in debt counseling and help the over-indebted both economically and mentally. Many of the new forms of diaconal work offered economic assistance or other concrete support, and, therefore, the time devoted to pastoral care and counseling may have decreased.

Diaconal workers had to deal with these new challenges with ever diminishing resources. From 1992 to 1995 about 50 vacant posts were discontinued or were not filled. Beginning in 1994 the heaviest pressures for cutting down the number of posts started to diminish. However, many diaconal workers still labor at the extreme limits of their strength because of the great amount of work and the profundity of their clients’ problems. In addition to experiencing mental stress, they are increasingly subjected to physical threats from aggressive clients. The pressures on diaconal workers have been recognized, but they have not been lent sufficient support, even though more attention than previously has been paid to supporting them and offering them supervision and pastoral care.

A positive development in diaconal work proved to be the growing contribution of volunteers. In 1990-1996 their number increased by 42%, but in 1997 it started to decrease slightly. They visit, for example, elderly, sick, and handicapped people and give them practical help when needed. In addition, they often volunteer to work in the open-door meeting-places.

The number of pastoral conversations conducted by diaconal workers is higher than in any other group of parish employees. However, the amount of pastoral care and counseling given by other parish workers has also clearly increased. Parish pastors reported a higher number of pastoral conversations in 1995 than five years previously.

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offered in the open-door meeting-places grew continuously throughout the decade. The increase was 73% from 1994 to 1998 (369 835 participants in 1998). Seurakuntien toiminta 1994-1997; Heino 1999a.


In 1995, 1,058 diaconal workers conducted a total of 500,000 pastoral conversations. At the same time 1,723 parish pastors held about 115,000 pastoral conversations. Heino et al. 1997, 141-142, 251. These statistics may, however, be unreliable. Generally, my interviews revealed that pastors do not compile statistics about their pastoral conversations, and the
Crisis counseling and debriefing of catastrophe victims was an area of pastoral care and counseling that developed strongly in the 1990s. By 1995, 64% of Finnish parishes had established crisis teams for counseling victims of major accidents or other sudden crises. Generally, these groups were formed and trained in co-operation with other local assistance agencies. The process of developing these teams and their capacities for the mental support of catastrophe victims started at the turn of the 1990s. However, the practical organization of this support in connection of the sinking of the "Estonia" in 1994 showed that the system was still in need of improvement. It also awakened several parishes to the importance of crisis teams and, consequently, hastened their establishment.35

In addition to crisis teams, grief-counseling groups also became a part of normal parish work. In 1993 nearly 60% of the parishes operated these groups.36 During the 1990s counseling groups for the divorced as well as several types of self-help groups also increased in popularity.

In the hospital setting, due to the need to reduce costs in the social sector, the economic recession manifested itself most clearly in the reduction of the number of beds, particularly in mental health care. This resulted in an 11% decrease in the number of hospital chaplains in 1992-1995. Although their number slowly increased towards the end of the decade, in 1998 there were still fewer posts for hospital chaplains than in the early 1990s. In 1998 full-time hospital chaplains numbered 110 and part-time chaplains 12.37

Along with the increased non-institutional care of mental patients in particular, the need for their pastoral care increased markedly. The proportion of outpatient pastoral care increased especially in the early 1990s and leveled out to comprise about 13% of the hospital chaplains' working time. This issue was under discussion throughout the decade in the meetings of the Center for Hospital Chaplaincy. In 1996 it appointed a committee to

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36 Harmanen 1997, 69-71. As annual statistics for the grief-counseling groups are not compiled separately, it is not possible to estimate their number after 1993.

37 *Kirjan sairaalastilanteiden keskuksen toimintakertomukset 1990-1998*; Heino et al. 1997, 149. In Finland hospital chaplains are employed by local Lutheran parishes or parish federations, not by hospitals.
plan the pastoral care of outpatients. The published findings of the committee’s work included articles concerning, for example, pastoral care of mental outpatients, grief-counseling groups for close relatives of suicides, and pastoral care of terminal patients.

Throughout the decade hospital chaplains reported that they spent about 50% of their working time in pastoral conversations or groups. The number of conversations grew slightly in the early 1990s but decreased towards the end of the decade. If the number of conversations is compared to the situation of the mid 1980s, hospital chaplains conduct monthly approximately 40 conversations less. This decrease may be explained by the increase in the hospital chaplains’ other duties. Consultations and a variety of meetings and teams seem to take an increasing proportion of their time. The change may also be caused by longer duration of the conversations, but no statistics are available to verify this. Another reason may be tiredness caused by the increased workload.

The number of group counseling sessions, supervision encounters, and presentations stayed at about the same level throughout the decade. Hospital chaplains held on the average from seven to nine group sessions monthly. Supervision took an average of six hours, and presentations and teaching from four to five hours of their monthly working time.

The number of short services held at hospitals has continuously diminished since the early eighties. On the average, hospital chaplains conducted in 1998 6.3 short services monthly (in 1984 12.7). In part, the decrease may

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30 Sielunhoidon Aikakaaskirja 9. Sielunhoidon Aikakaaskirja is a journal published annually since 1988 jointly by the Institute for Advanced Training, the Center for Family Issues and the Center for Hospital Chaplaincy. The journal deals with topical issues of pastoral care and counseling, frequently including e.g. transcripts of lectures held at national conferences.

31 KSKA (Kirkon sairaalaasielunhoidon keskuksen arkisto. I have used several archives in the preparation of this thesis. In the text I refer to these archives by using the Finnish titles, in the Bibliography they are also given in English translation.) "Kirkon sairaalaasielunhoidon keskuksen toimintatilastot 1990-1998"; Kirkon sairaalaasielunhoidon keskuksen toimintatilastot 1990-1998. The effects of the decreasing economic resources on hospital chaplaincy and the increasing importance of pastoral care of outpatients were discussed e.g. by the Board of Hospital Chaplaincy in 1992 (Verkostoujattelu sairaalaasielunhoitotyön resurssin) and 1993 (Uudistava sairaalaasielunhoito).

32 KSKA "Kirkon sairaalaasielunhoidon keskuksen toimintatilastot 1984-1998." The statistics are based on forms filled out by hospital chaplains in which they report the work done by them during one calendar month (November).

33 KSKA "Kirkon sairaalaasielunhoidon keskuksen toimintatilastot 1990-1998."

42 The decrease from the 1980s to 1990s may have been partly caused by the differences in the compilation of the annual statistics. In the 1980s the short services for the immediate family of the deceased by the deathbed or in the hospital chapel were not separated in the statistics
be explained by shorter hospital stays caused by the cost reductions carried out in health care. Therefore, the tight hospital schedules may not leave the patients time to participate in short services.\textsuperscript{45} The proportion of chaplains holding short services for the immediate family of the departed by the deathbed or in the hospital chapel remained at about the same level throughout the decade, being around 64\% in the late 1990s.\textsuperscript{46}

In addition, the rites of baptism, marriage and burial are part of the work description of many hospital chaplains. The proportion of hospital chaplains officiating at these ceremonies increased in the late 1980s and early 1990s, probably because of the ordination of female hospital chaplains, when, beginning in 1988, the Evangelical Lutheran Church of Finland consented to ordain female theologians. Approximately 45\% of the hospital chaplains officiated at funerals and 36\% at christenings in the late 1990s. Hospital chaplains officiating at the rites of burial and baptism conducted one or two burials and baptisms a month.\textsuperscript{47}

In accordance with the Kirko 2000 committee’s recommendations, the proportion of hospital chaplains receiving confession increased in the early 1990s. However, this was on a slight decrease during the late 1990s. In 1998 35\% of the chaplains received confession, on the average 3.3 times monthly.\textsuperscript{48}

Ethical questions were an issue of special interest in public health care during the early 1990s. Hospital chaplains took part in the then current discussions concerning, for example, euthanasia, abortion and childlessness. Questions related to bioethics were also discussed. Ethical issues were also a visible part of the work of the Center for Hospital Chaplaincy, which took a stand on ethical questions on several occasions throughout the decade. Several hospitals also established their own ethics committees, and hospital chaplains played an important role in them.\textsuperscript{49}

\textsuperscript{45} Sielunhoito sairaalassa (SS) 1990, 22.
\textsuperscript{46} KSKA ”Kirkon sairaalasielunhoidon keskuksen toimintatilastot 1984-1998.”
\textsuperscript{47} KSKA ”Kirkon sairaalasielunhoidon keskuksen toimintatilastot 1984-1998.”
\textsuperscript{48} KSKA ”Kirkon sairaalasielunhoidon keskuksen toimintatilastot 1984-1998.”
\textsuperscript{49} Kirkon sairaalasielunhoidon keskuksen toimintatilastot 1990-1998. In 1992 the Board of Hospital Chaplaincy established a work group to take part in the ethical discussion. In 1993 it published Arvot ja armo, a booklet which included articles on ethical questions in the field of health care.
Unlike the hospital chaplains, the number of family counselors and family counseling centers was not reduced during the 1990s. On the contrary, during the last years of the decade, their number steadily increased. In 1998, there were 41 family-counseling centers, owned and operated by the Church, and 132 (116 full-time) family counselors. Family counselors confronted the consequences of the economic recession for the increased seriousness of the clients’ problems. In addition to counseling sessions, the number of counseling groups also increased throughout the decade. However, in the larger urban areas family counseling centers were unable to offer immediate help, and the clients had to wait several weeks for their first appointment. The forms of assistance, which gained more ground in family counseling during the 1990s, included groups for the divorced.49

Interest in preventive marriage and couple counseling has also increased. In 1994 the Center for Family Issues of the Church and several Christian organizations with marital courses in their program initiated a joint venture for the promotion of marital work, co-ordination of training, and production of counseling material. In 1997 and 1998 this association, in co-operation with local parishes, offered an extensive series of events for couples.50

The increased demand for pastoral care in all sectors of parish work and specialized ministries has raised the need for pastoral supervision. However, as most trained supervisors work as family counselors or hospital chaplains,51 the increased workload of their main jobs decreases their possibilities of devoting more time to supervision. Therefore, the pressures for training new supervisors are on the increase.52 In 1999 the total number of supervisors was 289.52

Other special ministries providing pastoral care are telephone counselors, chaplains working with the mentally handicapped, and prison and army chaplains. The number of conversations conducted on the Telephone Counseling Service of the Finnish Church has grown, mainly because of the extended hours of service. At the same time, the number of volunteers has increased. The callers’ problems and mental burdens were aggravated during the 1990s. Due to the increased numbers of psychiatric outpatients, callers with mental problems have clearly increased. Religious questions also come

42 In 1995 as many as 79% of the supervisors worked in these or other specialized ministries. Heino et al. 1997, 150.
43 Heino et al. 1997, 150.
44 Terhi Mäkeläinen, personal communication, 3 June, 1999.
up more often. Especially during the early 1990s, callers were frequently suicidal or many of them talked about their economic problems. Incest problems also occurred more often than before.\textsuperscript{33}

During the 1990s, the pastoral care given to the mentally handicapped was transferred abruptly from institutional to outpatient care. This increased the need for supportive care from local parishes and the chaplains working with the mentally handicapped. At the same time several parishes cancelled chaplain posts in ministries for the mentally handicapped and, therefore, some posts were endangered.\textsuperscript{34} In 1999 the number of full-time chaplains working with the mentally handicapped was 23 and the number of diaconal workers six.\textsuperscript{35}

In 1998 there were 25 prison chaplains and four prison deacons in Finland. In addition to their prison work, some of these chaplains also worked in a parish. The number of full-time chaplains increased by five between 1991 and 1995. During the 1990s a large number of volunteers were trained for prison work in the context of the Portti auki [Gates Open] project. New work forms introduced in the 1990s included support groups for prisoners' relatives after the British model, and the "Blue Stop" for the support of alienated and isolated prisoners, especially those serving long sentences. With the help of "Blue Stop" workers they can plan for the time when they will be released from prison. A project for helping the victims of crimes was also introduced in 1997.\textsuperscript{36} The purpose of pastoral work in the army is to provide spiritual and personal support for the conscripts, permanent staff and border guards. There are also army chaplains working among the Finnish United Nations Peace-keeping Forces.\textsuperscript{37}

\textsuperscript{34} Kirkon diakonia- ja yhteiskuntatyön keskuksen toimintakertomukset 1990-1998. In Finland the chaplains working with the mentally handicapped are employed jointly by the parishes in the area they work in. If one or several parishes cancel their commitment, the economic burden of the remaining parishes increases and the post may be threatened.
\textsuperscript{35} Ritta Helosuo, personal communication, 2 June, 1999.
\textsuperscript{36} Kirkon diakonia- ja yhteiskuntatyön keskuksen toimintakertomukset 1990-1998; Heino & Salonen & Rusama 1997, 75-76.
\textsuperscript{37} Heino & Salonen & Rusama 1997, 74-75.
1.3. Training in Pastoral Care and Counseling in the Evangelical Lutheran Church of Finland in the 1990s

Basic training in pastoral care and counseling is given by the institutes training parish workers. In the Diaconia Institute for Higher Education in Finland, for example, the training of parish deacons, deaconesses, and youth workers does not include pastoral care as a distinct module. Still, the principles and various working methods of pastoral care and counseling (e.g., encountering people in crisis situations and different phases of life, solution-focused approach, group work, family work) are integrated with the objectives of several study modules throughout the studies.\(^58\)

In Finland, the theological faculties of Helsinki and Åbo Akademi Universities and the faculty of humanities at the University of Joensuu give higher education in theology.\(^59\) However, the compulsory training in pastoral care and counseling included in the master's degree is minimal in all these faculties. At the Helsinki and at Åbo Akademi Universities all students of theology take a basic course in diaconia and pastoral care. In this course, the proportion of pastoral care is 1.5 Finnish credits\(^60\) in the University of Helsinki, while in Åbo Akademi University it is 0.5 Finnish credits.\(^61\) In both faculties students who aim at a theological function in the Finnish Church are also required to complete applied studies in pastoral care (in Helsinki three and in Åbo two credits). In addition to the compulsory studies, students can choose optional courses in pastoral care.\(^62\)

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\(^{59}\) The majority of students of theology study at the Faculty of Theology at the University of Helsinki. Its yearly intake is 180 students, whereas it is only ten at the Department of Western Theology at the University of Joensu. At Åbo Akademi University instruction is given in Swedish and the yearly intake of the Faculty of Theology varies from 26 to 36. Helsingin yliopisto. Teologinen tiedekunta. Uixen opiskelijoiden valinta. WWW pages of University of Helsinki, Faculty of Theology, 24 June, 1999; Joensuun yliopisto. Laitisen teologian koulutusohjelma. WWW pages of University of Joensuu, Studies in General Theology, 24 June, 1999; Ulla Eerola, personal communication, 28 May, 1999.

\(^{60}\) One Finnish credit corresponds to 40 hours of work. In practice it often comprises a period of 24 hours of lectures concluded by an examination.


\(^{62}\) In Helsinki these options comprise exercises in expression and interaction (5 credits), a course in pastoral care and psychology (5 credits), and a course in professional identity and spirituality (5 credits). Courses offered by the Faculty of Theology at Åbo Akademi University include two optional five-credit courses in pastoral care. Teologisen tiedekunnan opinto-opas 1998-1999, 136-139, 191-193; Åbo Akademi, Teologiska fakulteten, Studiehandbok 1997-1999, 173-177. WWW pages of Åbo Akademi University, Faculty of Theology, 26 May, 1999.
Students choosing practical theology as their major subject may also do their graduate theses and advanced studies in pastoral care. However, if they choose only the compulsory courses in pastoral care, the students' knowledge and skills in the subject remain nearly rudimentary. Thus, a great majority of Finnish pastors start their ministry equipped with minimal know-how in pastoral care.

After graduation, the Evangelical Lutheran Church of Finland gives further training in pastoral care. Table 1.1 summarizes the most important regularly offered courses. The courses most commonly participated in by pastors and lectors are the pastoral courses of pastoral care, because they are an optional part of the pastoral examination, which is a qualification for a permanent ministerial post. Pastoral courses comprise a five-day program consisting of morning and evening prayers, three daily working sessions, and daily peer group meetings. The themes covered are crisis counseling, solution-focused therapy, and encountering the sick, the dying, and the bereaved. Special emphasis is also laid on the participants' personal spirituality and their theology of pastoral care.

The most extensive additional course in pastoral care is the national specializing training program for those working in specialized ministries in family and telephone counseling, hospital and prison chaplaincy, or with the mentally handicapped. This two-year training program is administered jointly by the Center for Family Issues, the Center for Hospital Chaplaincy, and the Institute for Advanced Training of the Evangelical Lutheran Church of Finland. Parish pastors and diaconal workers may also participate in this program. The content of the program is reported in detail in Chapter 1.4.

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63 The pastoral examination can be completed at the earliest two years after ordination. It qualifies pastors to apply for permanent jobs, e.g., as senior pastor. The examination includes three pastoral courses and exams in five subjects. The exams are administered by the dioceses and the pastoral courses by the Institute for Advanced Training. A course in hermeneutics is compulsory, and all other courses, such as the course in pastoral care, are optional. After completing the courses and exams, the pastors have to give proof of their teaching and preaching skills. The examination culminates in the diploma conferment ceremony at the diocesan chapter. Helsingin hiippakunnan toimintakalenteri 1998. Pastoralitutkinto. WWW pages of the Diocese of Helsinki, 4 August, 1998.

64 Before the course, participants are required to write an essay on the spirituality of the pastoral care they give. KUKA (Kirkon koulutuskeskuksen arkisto) "Sielunhoidon pastoraalikurssi 23-27.2. 1998. Kirje osallistujille 26.1.1998."

65 Virtaniemi 1997, 343.
Table 1.1. Regularly Offered Courses of Pastoral Care and Counseling. All courses are voluntary except the compulsory courses included in the basic training.

<table>
<thead>
<tr>
<th>Training Course</th>
<th>Providers</th>
<th>Target groups</th>
<th>Components</th>
<th>Duration</th>
</tr>
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</table>
| Basic training                                       | • The Faculties of Theology  
• Institutes training parish workers | • Students of theology  
• Students of diaconia and youth work | • Compulsory courses  
• Optional courses | • 2.5 – 4.5 Finnish Credits  
• 5 or more Finnish Credits |
| Short courses                                         | • Parishes  
• Dioceses  
• Trade unions  
• The Center for Family Issues | • Parish workers and volunteers | • Various topics | • 1-5 days |
| Elementary training course in telephone counseling    | • The Telephone Counseling Service | • Volunteers of the Telephone Counseling Service | • Seminars  
• Peer groups | • 20-40 hours |
| Pastoral course of pastoral care                     | • The Institute for Advanced Training | • Parish pastors and lectors | • Working sessions  
• Peer groups | • Five days |
| Supplementary training in pastoral care               | • Dioceses  
• Diaconal workers | | • 3 five-day seminars  
• Individual / group supervision | • 2 years |
| Specialized training of diaconal workers              | • The Center for Diaconia and Society and the Institute for Advanced Training | • Diaconal workers | • 6 five-day seminars (two on pastoral care) | • 3 years, extended |
| Special training in pastoral care and counseling      | • Dioceses  
• Parish pastors and lectors  
• Diaconal workers | | • 2 two-week clinical periods  
• 40 hours of supervision | • 1.5 - 2 years, extended |
<table>
<thead>
<tr>
<th>Training Area</th>
<th>Programs/Services</th>
<th>Hours/Periods</th>
</tr>
</thead>
</table>
| **Specializing training in pastoral care and counseling** | • The Institute for Advanced Training, The Center for Hospital Chaplaincy and The Center for Family Issues  
• Chaplains working in specialized ministries  
• Family counselors  
• Parish pastors and diaconal workers | • 30 hours of growth groups  
• 2-3 three-day seminars  
• (2 two-week clinical periods)  
• 3-6 seminars  
• 40 hours individual supervision  
• 30 hours growth groups / 60 hours group supervision  
• 2 - 3 years, extended |
| **Supervisory training**             | • The Institute for Advanced Training  
• The Center for Hospital Chaplaincy and the Center for Family Issues  
• Chaplains working in specialized ministries  
• Family counselors  
• Parish pastors and lectors  
• Diaconal workers | • 5 four-day seminars  
• 40 sessions given individual supervision  
• 30 sessions given group supervision  
• 20 sessions received supervision  
• Regional peer groups  
• 2 years, extended |
In addition to this jointly offered training, parish pastors, lectors, and diocesan workers may participate in a similar training program arranged by their own diocese. These training courses have been offered jointly by the dioceses and the Institute for Advanced Training since 1980, nine courses altogether in 1980-1998. The participants, from eight to twelve per each course, are selected on the basis of aptitude tests.

All the diocesan programs follow a model derived from the American extended CPE. The duration of these programs has been from one and a half to two years, and they comprise two two-week clinical periods in a university or central hospital, two or three three-day seminars and, furthermore, 40 hours of individual supervision and 30 hours of supervised growth groups between the seminars and clinical periods. Before each period the students complete written assignments and study supplementary reading and, before the final seminar, write an essay on a special theme of pastoral care. During the clinical periods the students work daily for three hours onwards and participate in group supervision and other training sessions comprising, for example, lectures, presentations, discussions, and role-plays.

In line with its objectives, the training seeks to strengthen the students’ professional identity, help them to find a personal way of giving pastoral care in individual encounters and in groups, and to improve their ability to understand and confront sick persons and family problems. Also, it seeks to offer them possibilities of facing death and sickness in their personal lives, familiarize them with pastoral care in the hospital setting, and to improve their co-operative skills. The main themes included are the basic principles, theological basis, and main methods and contexts of pastoral care. Other issues dealt with include, for example, group dynamics, crisis situations caused by sickness, suicide, death, marital problems, and psychosomatic and other mental problems.

Training in supervision has been offered systematically by the Finnish Church since 1983, but the first short training course was given in 1955. Since 1990 the Institute for Advanced Training has administered the

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66 The course has been offered once in the Helsinki, Oulu, Turku and Kaapio dioceses, twice in Tampere (the third course started in 1998) and three times in Lapua. KKKK "Sielenhoidon hiippakunnallinen erityiskurssi 98."


68 KKKK "Sielenhoidon hiippakunnallinen erityiskurssi 92, 96 ja 98."

training in cooperation with the Center for Family Issues and the Center for Hospital Chaplaincy. The participants are family counselors, chaplains working in special ministries, and parish pastors, lectors or diaconal workers. Basic requirements for participation in the training are sufficient work experience, specialized training in pastoral care including 40 hours of individual supervision, at least two years of work experience after the training, approval given for the applicant to work as a supervisor in addition to his or her job by the employer and diocese, suitability for the work shown in aptitude tests, and active self-development through therapy, pastoral care or training.

The current training comprises five four-day seminars spaced throughout a two-year period. Themes of the seminars deal with the different phases of supervision. In addition to attending the seminars, the participants provide 40 sessions of supervision to one supervisee and 30 sessions to a group. The supervisory practice is supported by the trainees’ personal group or individual supervision (at least 20 times). The theory of supervision is studied in regional peer group, by reading literature and by writing assignments for the seminars as well as a final essay.

Since 1991, diaconal workers have also been offered a national three-year supplementary specialized training program administered by the Center for Diaconia and Society, the Institute for Advanced Training, and the dioceses. Two five-day seminars included in this program focus on pastoral care. The main themes of these seminars comprise crisis therapy, encountering mental patients, long-term pastoral care, the solution-focused approach, confronting death and suicide, and terminal pastoral care.

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70 These three agencies have administered this training since 1983, but until 1990 the main responsibility was taken by the Centers for Family Issues and Hospital Chaplaincy and since 1990 by the Institute for Advanced Training. KKKA “Sielenhuoidon työnohjaajakurssit 2000.”
71 KKKK “Sielenhuoidon työnohjaajakurssit 2000.” In many other countries admission to the supervisory program requires completion of several CPE units (e.g. according to the standards of the Association for Clinical Pastoral Education (USA) four or more and in Norway at least three units) or advanced training in pastoral care and counseling. In the Finnish and Swedish training systems advanced training programs are lacking. “Retningslinjer og Rammeplan for PKU i Norge 1997”; The Standards of the Association for Clinical Pastoral Education 1998. WWW pages of the ACPE, 11 August 1998; “S:t Lukas. Utbildningar och kursen.”; Andlig vård inom hälso- och sjukvården. Utbildning. WWW pages of Sveriges Kristna Råd, 8 February, 1999.
72 Aufto 1994; KKKK “Sielenhuoidon työnohjaajakurssit 2000.”
73 Ritva Hirvonen, personal communication, 27 October, 1998; KDYKA (Kirkon diakonia- ja yhteiskuntatyö keskuksen arkisto) ”Diakonian viranhaltijain erityiskoulutus, I osion II seminaarin ohjelma 13.-17.10.1997.”; KDYKA ”Diakonian viranhaltijain erityiskoulutus, II osion II seminaarin ohjelma 12.-16.10. 1998”; KDYKA ”Diakonian viranhaltijain
Diaconal workers are also offered extensive supplementary training by some dioceses. For example, the Diocese of Mikkeli has been offering this training since 1982. The program lasts about two years and comprises three five-day seminars, supplementary reading, and written assignments. During the program, the students participate in either individual or group supervision. The main themes of the program include the basic principles of pastoral care, family problems and counseling, and encountering the bereaved, physically or mentally ill, and dying clients. The course is recommended to all diaconal workers with five to ten years of working experience. The number of participants has varied from 12 to 22.

Other extensive training available during the 1990s included a specialized training course in the pastoral care of long-term patients in 1993-1994. This training was offered by the Center for Diaconia and Society, Center for Hospital Chaplaincy, and the dioceses, and it was targeted to diaconal workers, pastors, and parish lectors.

The Church Institute for Advanced Training and the Faculty of Theology at Helsinki University offered in 1993-1994 a course of pastoral psychology. This course comprised two four-day seminars for supervisors, clinical pastoral educators, and others having completed a course in specialized training in pastoral care or religious education. Emphasis was mainly laid on improving the participants' knowledge of pastoral psychology, helping them to apply it to their work, and on developing their pastoral-psychological thinking within their work context. Each participant wrote a short essay for the second seminar. Regional small groups supported this writing process. As a follow-up to this course, the Department of Practical
Theology at Helsinki University initiated a research seminar centering on pastoral psychology. The participants in this seminar have been graduate students working on their doctorate, and post-doctoral researchers interested in pastoral psychology. Scientific research on pastoral psychology and pastoral care also increased on the graduate level during the 1990s.79

During the 1990s most dioceses also offered a variety of shorter courses in special questions of pastoral care. These courses dealt with, for example, spiritual direction, retreats of silence, grief counseling, crisis counseling, solution-focused therapy, and encountering mental patients, the unemployed, or other special client groups. In addition to offering training courses in pastoral care, the annual local and national conferences of different worker groups often have an educational purpose and may focus on some special questions of pastoral care. The Center for Family Issues also offers short training courses in the solution-focused therapy for parish pastors and diaconal and other parish workers. To family counselors the Center offers supplementary training in group dynamics and family therapy.80

The most extensive training in pastoral care for lay pastoral caregivers is conducted by the Telephone Counseling Service. The volunteers are selected on the basis of an interview and they are obliged to participate in an elementary training course. The duration of this training varies regionally from 20 to 40 hours. After the training the volunteers continue in group supervision or attend peer group meetings without a professional supervisor.81 In addition to the elementary course, the volunteers gather at annual national and regional conferences and at supplementary training meetings. Occasionally, this supplementary training is offered for

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79 Throughout the 1990s interest in pastoral psychology increased. However, the first comprehensive work in pastoral psychology, the translation into Finnish of Zijlstra's handbook of pastoral psychology, was published as late as in 1995. Kettunen 1995, 13; Zijlstra 1995; Other publications in the field include e.g. Matti Hyrcz's dissertation (1995), which examined Christian doctrine from the viewpoint of the theory of object relations.


81 Written reports are not required. Some groups apply the Balint method. Hannu Sorri, personal communication, 23 October, 1998; Sorri 1998, 14. On the Balint method see e.g. Balint et al. 1993; Rekola 1987; Bonnevier-Tuomela (s.a.).
volunteers working in all the lay volunteer sectors. Parishes also offer training days or short courses for their volunteer workers.

On the whole, the training available in pastoral care and counseling has clearly increased during the past decade. This shows a growing need for and interest in pastoral care. Because training in pastoral care is insufficient in the basic education of most parish worker groups, the need for supplementary training is obvious. The new challenges that the changing clientele is presenting have also created a demand for further training. Even though the supply has increased, most of the more extensive training courses follow a somewhat similar curriculum. Because of the small number of competent teachers of pastoral care and counseling, the same persons are responsible for most of the training programs. This guarantees the high quality of the training, but it may also inhibit the introduction of new ideas and standardize the content of training courses. One example of this standardization is the growing influence of the solution-focused therapy, which seems to be the main approach employed by nearly all of the training programs.

1.4. Specializing Training of Hospital Chaplains and Specialized Training in Pastoral Care and Counseling for Parish Workers

The present study examines a nation-wide training program in pastoral care and counseling offered jointly by the Center for Family Issues, the Center for Hospital Chaplaincy, and the Institute for Advanced Training of the Evangelical Lutheran Church of Finland. Hence, the three leaders of the course are the educational secretaries of the Center for Family Issues and Center for Hospital Chaplaincy and the clinical pastoral educator of the Institute for Advanced Training. In the training course examined here, two of the program leaders were theologians who had worked as hospital chaplains and who had completed the specializing training for it. They were also trained supervisors. The third educator was a psychologist and trained

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82 Hannu Sorri, personal communication, 23 October, 1998.
83 Some names and details of this training are not given here to ensure the anonymity of the actual participants. Matti-Pekka Virtaniemi, educator in clinical pastoral care in the Institute for Advanced Training has completed American CPE training (one year), is a trained bibliodrama, psychodrama and group leader. M.-P. Virtaniemi, personal communication, 30 September, 1998.
family therapist with long experience in clinical work in psychiatric non-institutional care and family therapy.\textsuperscript{84}

The participants include family and telephone counselors, hospital and prison chaplains, and chaplains working with the mentally handicapped. The members of these groups are obliged to participate in the program after they have been appointed to a permanent post. First, however, the best applicants are invited to take aptitude tests before the post is filled. These tests are thought to assure that the persons selected to serve in these special ministries are suitable for the job and, accordingly, can start their work before the specializing training.

In addition, a maximum of nine parish pastors or lectors and diaconal workers from three different dioceses (three from each) are admitted to each course.\textsuperscript{85} The instructors send a brochure describing the program to the three dioceses whose turn it is to participate. The dioceses announce the course in their newsletters, and the chapter of each diocese chooses the best applicants (no more than six) to take part in the aptitude tests. Priority is given to applicants whose jobs require special training in pastoral care. The aptitude test is administered by the Institute for Advanced Training, but the chapters make the final selection on the basis of the test results.\textsuperscript{86}

The duration of the program is two and a half years for hospital chaplains and three years for family counselors, and two years for parish pastors, diaconal workers and prison chaplains. The training of hospital chaplains, chaplains working in other specialized ministries, and family counselors is called "specializing training" and that of parish workers "specialized training in pastoral care and counseling." The students work in their regular jobs during the whole program.\textsuperscript{87}

The program is modeled on the American extended CPE (Clinical Pastoral Education), but it has also been influenced by German, Dutch and Norwegian models for clinical pastoral training.\textsuperscript{88} A new course starts every

\textsuperscript{84} Marja-Leena Käyhty has also studied clinical psychology and therapies in the USA and worked in a therapeutic community connected with a mental hospital in Great Britain. In addition, she has done a lot of lecturing and group supervision. M.-L. Käyhty, personal communication, 28 September, 1998.

\textsuperscript{85} Applicants from only three of the seven Finnish-speaking dioceses are admitted to each course. The following course admits applicants from the next three dioceses in line, etc. Several dioceses have also started to offer similar training programs of their own (see Chapter 1.3). Chaplains serving in the special ministries, however, have to participate in the national training program.

\textsuperscript{86} KKKA “Siselnuhdoin erityiskurssi 199x. Esite hieppakunnille.”

\textsuperscript{87} Virtaniemi 1997, 343-344.

\textsuperscript{88} Sainio 1990; Virtaniemi 1997, 344.
two years. The main structure of the course has remained nearly the same since 1976, when the first joint training course for hospital chaplains, family counselors, and parish workers was offered. However, the training methods have naturally changed. Chart 1.1 shows the structure of the training course in which the students interviewed for the present study took part. The main content and basic structure of the program are, however, applicable to all training courses given during the 1990s.

The program consists of several components, some of which are common to all groups and some aimed at students working in a specific setting. As Chart 1.1 shows, all students participate in three one-week seminars, one in each term. The daily program of the seminars includes morning and evening prayers conducted by the students themselves, morning assembly, three daily working sessions, identity groups, and group consultation for identity group leaders. After the main daily program several evening activities are available, such as physical exercise, sauna, and a social evening on the last day of the seminar.

During the seminars the students are divided into sections on the basis of their work setting. In the training course in question, the students were divided into three sections: 1) parish workers, 2) hospital chaplains and chaplains working with the mentally handicapped and 3) family counselors and prison chaplains. Part of the work was done within the sections and part in the whole group. The methods used in the daily working sessions included lectures, videocassettes, buzz groups, role-playing, drawing, and other exercises.

Each seminar concentrated on a special theme to which all the sessions and supplementary reading were related. Because they were supposed to acquire in advance the basic theoretical knowledge related to the theme, the students were sent a list of reading material and copies of some articles on the topic well before each seminar. Some of the material was termed "important" and some "recommended." A list of books and articles considered of the greatest benefit to each section was suggested to them. The students did not have to pass examinations on the books. Instead, they were required to write essays on a portion of the reading material. Before each seminar, the students were

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80 Virtaniemi 1997, 343.
81 In the assembly the students were encouraged to express the emotions and thoughts provoked the previous day or by the training in general.
82 KKKK "Sisuelunhoidon erityiskurssi 199x, Seminaarit 1-III. Seminaariohjelmat." The work starts at 8.30 a.m. with short service and ends at about 8 p.m.
83 Field notes by author, all seminars.
Chart 1.1. Main Components of the Program. The components common to hospital chaplains, parish workers and family counselors are colored in grey.
asked to write an essay or they were given some other written assignments related to the theme. Before the fourth seminar or the second clinical period they wrote a broader essay of approximately six to ten pages on a topic they had chosen.\footnote{KKKA "Sielunhoidon erityiskurssi 199x. Seminaarit I-III. Kirjeet osallistujille."}

The first seminar centered on the basic principles of pastoral care and counseling, pastoral relationships and crisis counseling. These topics were mainly dealt with by the supplementary readings.\footnote{A list of the readings is given in Appendix A. During the seminar the participants were given articles to read on crisis counseling and the concept of human beings in pastoral care.} The differences and similarities between pastoral care and psychotherapy were also discussed in a lecture.\footnote{In his lecture and published paper (1981) Matti-Pekka Virtanen discussed the various definitions and categorizations of pastoral care and counseling in the American and German traditions. He stressed the importance of employing both psychotherapeutically and spiritually oriented methods and approaches in pastoral care and counseling. According to him, however, these approaches should not be confused by psychologizing spiritual issues or vice versa. In his article Virtanen discussed these questions more thoroughly, also taking into account the theological foundations of pastoral care. Virtaniemi 1981, 106-130; Transcription of Matti-Pekka Virtaniemi's lecture on "Sielunhoto – psykoterapiaa?" In his book _Den outgrundliga människan_ (1991), which belonged to the required readings, Owe Wikström also discusses the relationship of pastoral care and psychotherapy. Like Virtanen, Wikström warns about psychologizing and theologizing reductionism. However, more clearly than Virtanen, Wikström stresses that the essence and frame of reference of interpretations of Christian pastoral care must always be derived from the Christian faith. Its objective is to support the client's spiritual and mental development.} Creating pastoral relationships was practiced in a videotaped role-play in which each student acted the roles of both client and pastoral caregiver.\footnote{The students acted in pairs. They were asked to describe a client who was difficult to encounter. Then, one partner played this imaginary client, and the other the pastoral caregiver. Their act was videotaped, and then screened and discussed the next day. Field notes by author, 1st seminar, 7-9; KSKA "Seminaari I. Sairaalasielunhoidon ja kehitysvammaistöön teologien ja etikateistehtävän ohjeet."}

Another aim of the first seminar was to help the students to perceive their personal strengths and weaknesses as pastoral caregivers, build up their pastoral caregiver identity, enhance their growth as pastoral caregivers, and to improve and develop their self-knowledge.\footnote{KKKA "Sielunhoidon erityiskurssi 199x. Esite huippukunnille"; Virtaniemi 1997, 343.} Before the seminar, the students were asked to assess such factors in their life history as affected their pastoral work in an essay on "Who I am."\footnote{The instructions asked them to describe the family they were born into, themselves at the age of seven and fifteen, and their development during their student days. They were also requested to assess the factors in their past and present life situations with an influence on their pastoral work. KKKA "Sielunhoidon erityiskurssi 199x. Seminaari I. Kirje osallistujille."} Also, the family sculpting
exercise on the second day of the seminar aimed at enhancing their self-knowledge. Students were asked to recreate a situation from their childhood family life by placing the students of their choice in the roles of their own family members. The exercise was carried out by using body language only. Pastoral-caregiver identity99 and growth as pastoral caregiver100 were discussed in lectures. The supplementary reading also dealt with these issues.101

In one of the sessions, students representative of different work settings were requested to produce a short role-play depicting a repulsive pastoral situation in their work. The purpose was to try to make them unmask some of the more hidden traits of their pastoral approach. After the performance the participants were encouraged to openly express the emotions these situations provoked in them.102

The second seminar centered on encountering marriage and family problems. The students were encouraged to examine their personal life history in order to clarify their pastoral caregiver identity and increase and amplify their understanding of family dynamics. One means towards this goal was the assignment carried out for the seminar in which the students were asked to draw their family tree.103 During the first day of the seminar, the students also talked in pairs about the female, male, and marital models their parents had conveyed to them. In another exercise conducted in the sections, they expressed their sexual roles by drawing pictures of

99 The lecture introduced different aspects of identity: professional, sexual, etc., and various roles and identities in family and other human relationships. Marja-Leena Köyhö stressed that the pastoral caregiver should have a clear identity in these areas in order to be able to help others. Transcription of lecture "Identiteetti ja sielunhoitajan tehtävät."

100 Virtanenii's lecture was a description of his own personal growth as pastoral caregiver. He talked about the role expectations he had had of hospital chaplains and of the "correct" ways of giving pastoral care. He also told about his fears of not being wise or competent enough that he had experienced as a young hospital chaplain. Virtanen stressed the importance of allowing oneself to be astonished and confused, of recognizing one's limits, and of accepting the fact that a pastoral caregiver also sometimes disappoints his or her clients. He also discussed how he, on the one hand, had learned to express his masculinity in his work and, on the other hand, had started to accept the feminine part of his identity. In his lecture Virtanen also referred to the importance of silence, spiritual life, friends, and "bunker" days when you just stay in your office thinking about your life. Transcription of lecture "Sielunhoittajan kasvaminen."

101 See Appendix A.

102 Field notes by the author, 1st seminar, 12-14.

103 The students were sent an article on the topic in question and asked to assess the effect on them of the female/male roles in their family. They were also encouraged to evaluate how the lifestyle, views, and beliefs of their family members affected their way of helping. KKKA "Sielunhoidon erityiskurssi 199x. Seminaari II. Kirje osallistujille."
themselves as females or males and as pastoral caregivers. Another session was dedicated to discussing either touching or possibilities of expressing one's own masculinity or femininity in one's work. The last lecture focused on the helper's pastoral vocation. The lecturers stressed that pastoral caregivers should learn to recognize their hidden, often unconscious, motives of helping derived from their family background.

The main professional aim of the second seminar was how to face family problems in pastoral encounters. The reading marked important dealt with the solution-focused therapy, living alone, family life cycle and dynamics, sexual themes in the Bible, and sexual minorities. In the assignment written for the seminar, the students were asked to choose one of the books and five articles and to describe their central message and its importance to their work. They were also encouraged to write about the marriage and family problems they encountered in their pastoral conversations and about the questions these conversations raised in them. In addition to the reading labeled important, the students were recommended books dealing with, for example, brief therapy, divorce, marital communication, AIDS, psychosomatic disorders, sexuality and pastoral care, family relationships, families with handicapped children, and childlessness. During the seminar, the solution-focused approach, in particular, was introduced on videotapes and in a lecture, and practiced by role-playing. The students also

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104. After drawing their pictures, the students talked about them in small groups. The parish workers were asked to hang the pictures representing them as pastoral caregivers next to someone else's picture. These pictures and the feelings and thoughts they provoked were again discussed and finally expressed as movements. The implementation of the exercise was slightly different in other sections. Field notes by author, 2nd seminar, 3-4.

105. Field notes by author, 2nd seminar, 23.

106. No notes about the lecture are available because its recording failed. The lecturers did not talk from written notes, but they sent the author articles on which they had based their presentation.

107. The list of reading material is given in Appendix A. The hospital chaplains and those working with the mentally handicapped were also given booklets and articles on the sexual life of handicapped and sick clients, on cancer from the psychotherapeutic point of view, sexual interaction of mental patients, encountering sexual problems in pastoral care, and on sexual disorders.

108. In her lecture Marja-Leena Käyhty stressed that the pastoral caregiver's independence, a clear request for help, a helping contract, and the caregiver's ability to accept the clients' objectives were essential prerequisites for forming a helping relationship with a couple. She emphasized the importance of discovering the clients' objectives and introduced questions applicable to this purpose. She also talked about the importance of positive exceptional situations in the couple's life, and pointed out that the pastoral caregiver can give new interpretations to things experienced as negative. The same aspects were also stressed in the reading. Transcription of Marja-Leena Käyhty's lecture "Auttavan suhteen luominen avioparin kanssa."
produced role-plays of their professional encounters with people with sexual or marital problems. One session dealt with sexual minorities, sexuality of the handicapped, mentally or physically ill persons, and how to handle clients falling in love with the pastoral caregiver.

The main theme of the third seminar was sickness and death. According to its objectives, this seminar sought to offer the students an opportunity to examine their personal relationship to sickness and death and to motivate them to enhance their skills and abilities to encounter, understand, and support physically and mentally ill clients. In addition to these themes, the required reading included books and articles, for example, on burnout and pastoral care of alcoholics and children.

The students' own relationships to sickness, death and grief were dealt with in a written assignment in which they were asked to write about their childhood and current images of death and life after death. On the first day of the seminar the students continued this process in the sections by drawing a picture depicting the ways in which sickness, death, and grief had related to their lives.

The students became acquainted with death in practice during visits either to an autopsy or to a cancer ward. The group participating in the autopsy witnessed both a medico-legal and an ordinary post mortem. Afterwards, the students were offered an opportunity to interview the pathologist and pathological technicians. During the visit to the cancer ward, a cancer patient told the students about his life situation and two nurses talked about their work. The students also visited the hospital morgue, where the porter showed them a corpse and told about his work and about the preparation and delivery of the deceased. After the visits the students made notes of their experiences and discussed them in small groups.

In addition, the pastoral care of dying, suicidal, and mentally ill clients was dealt with. A lecture on encountering terminal patients discussed what

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101 Role-plays were acted in a session with all the participants present. Each identity group chose one of its members to play the role of pastoral caregiver and advised him or her. The couple seeking help, acted by two students, remained the same, but the pastoral caregiver changed. The thoughts provoked by the role-plays were discussed in the following session.

102 KKKA “Stelunhoidon erityiskurssi 199x. Esite hiippakunnille.”

111 See Appendix A.

117 They were asked to show their pictures to the others in the group. Before the artist told what he or she wanted to express with the picture, the other students told what associations the picture had provoked in them. Letter to the participants before the third seminar; field notes by author, 3rd seminar, 4-8.

117 The required reading also included several books on these themes. See Appendix A.
happens in death and what images people generally relate to death. Helping suicidal patients was practiced in role-plays in the assembly\textsuperscript{114} and in the sections.\textsuperscript{115} Pastoral care of mentally ill clients was demonstrated by a video film about a depressed patient and by role-plays followed by discussion. The discussion on encountering mental illness in one's work was continued in the sections. The students also talked about their own fears of becoming mentally ill, ways of avoiding depression, and maintaining their mental health. On the last day of the seminar, representatives of the different work settings spoke of the most essential elements of pastoral care in their own work. The issue was also discussed in assembly with all the students present. Towards the close of the seminar the participants were informed about the essays they were requested to write for the last seminar.\textsuperscript{116}

During the above three seminars common to all groups the students attended daily identity group meetings. The composition of these groups remained basically the same during the three seminars.\textsuperscript{117} The program leaders formed the groups. If possible, each group consisted of both male and female students and representatives of all of the work settings.\textsuperscript{118} These identity groups were peer groups without an outside leader. In their first session, the group chose one member to be its leader and another one to write a report on the session to be dealt with in the group consultation on the following day. In their turn all members served as reporters and group leaders. In the group consultation the reporters and program leaders gathered to discuss the previous session and the potential problems brought up in it, and to plan the next session.

The aim of the identity groups was to increase the students' self-knowledge, self-expression, and ability to give and receive feedback. Another objective

\textsuperscript{114} The students formed groups of three. They were asked to identify with a suicidal client they had encountered. Then one of them took the role of this client and another student the role of the pastoral caregiver. The third observed the situation. After the role-play, the client and the observer gave feedback to the pastoral caregiver. Then the roles were reversed so that all students played all three roles. Field notes by author, 3rd seminar, 20-21.

\textsuperscript{115} In the section of hospital chaplains and chaplains working with the mentally handicapped, the students talked about situations in which they had confronted suicide. Then, half of the students, in the role of the suicidal patient, identified with him or her by using body language while their partners observed them. The exercise was discussed briefly. Also, a group of students also produced a role-play while the others observed the situation. The section of parish workers produced a role-play of a pastoral visit to the home of a young man who had committed suicide. In addition, the group talked about the right to commit suicide. Field notes by author, 3rd seminar, 23-30.

\textsuperscript{116} Field notes by author, 3rd seminar, 38-61.

\textsuperscript{117} However, their compositions changed to some extent because some students participated only in one or two of the seminars.

\textsuperscript{118} Field notes by author, 1st seminar, 1.
was to observe and learn interaction and group dynamics.\textsuperscript{119} Thirdly, they aimed at offering the students a possibility of reflecting on the experiences and emotions provoked by the various activities in the seminars and of assessing their own and the other group members' growth during the program.\textsuperscript{120} The students were given a paper on the aims of the identity groups and instructions for the reporters and group leaders.\textsuperscript{121}

In addition to the seminars common to all groups, the hospital chaplains and chaplains working with the mentally handicapped participated in two two-week \textit{clinical periods}. The initial clinical period was offered about six months before the first seminar and the in-depth clinical period during the term following the third seminar. These periods took place in one of the Helsinki hospitals. The main objective of the \textit{initial clinical period} was to help the students to clarify their tasks and roles as hospital chaplains and to develop and improve their personal ways of working in the hospital setting. Also, it aimed to prepare them to give pastoral care in the hospital setting and information about hospital organization and co-operation with staff.\textsuperscript{122}

One way of attempting to achieve the first-mentioned goal was the written assignment given to the students before the clinical period. They were asked to write an essay on the objectives of their work as pastoral caregivers and how the Bible had affected their notions of pastoral care.\textsuperscript{123} The hospital chaplains participating in the initial clinical period one year later\textsuperscript{124} were asked to write about "my way to hospital chaplaincy" and to complete with

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\textsuperscript{119} At the beginning of the second seminar each identity group was asked to make a family portrait of their group. Everyone had to define his or her role in relation to the other group members. In the end "family photos" were taken and the roles the members had chosen were presented to the other groups. The roles chosen by the members were good indicators of the feeling of togetherness inside the group or the lack of it, probably also of the cliques within the group.
\textsuperscript{120} KKKK "Siestunhoidon erityiskurssi 199x. Identiteetiryhmän luonne ja tarkoitus."
\textsuperscript{121} The reporters were asked to tell what happened during the group session and to describe the nature of the interaction between the group members, the group leader's actions, and the reporter's plans for the next session. The group leaders were advised to create and maintain a free and open atmosphere, to ensure that all members had the possibility to express themselves freely, to encourage the expression of diverging opinions, to help the group to form its objectives, and to direct the conversation back to the chosen topic when needed.
\textsuperscript{122} KKKK "Sietunhoidon erityiskurssi 199x. Identiteetiryhmän luonne ja tarkoitus."
\textsuperscript{123} KSKK "Sairaalasielunhoidon erikoistumiskoulu. Perehdyttävä kliinin jakso vuosina 0 ja 1. Kirjeet osallistujille." Year 0 refers to the year the first group of students participating in this study completed their initial clinical period and years 1 to 4 refer to the following years. The actual years are not revealed to ensure the participants' anonymity.
\textsuperscript{124} KSKK "Sairaalasielunhoidon erikoistumiskoulu. Perehdyttävä kliinin jakso vuonna 0. Kirje osallistujille."
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The participants of this study consisted of students from two clinical periods. However, the other components of the training were common to all participants.
a few sentences the words "The Biblical persons who interest me most at the moment are...". The required reading for this clinical period dealt with the basic principles of pastoral care, particularly in the hospital setting.

The daily program of the initial clinical period consisted of a short service conducted by the students, morning assembly, group supervision, lecture, work on the wards, and identity group meetings. Each student was appointed to serve in a ward on which they worked daily for two to three hours. They also wrote two to three reports on their pastoral conversations to the group supervision. The lectures given during the initial clinical period dealt with the status of pastoral care in the hospital and the concept of human beings in the context of hospital chaplaincy, the content of hospital chaplains' work, pastoral relationships in pastoral care and psychotherapy, motives for helping, and pastoral care of the mentally handicapped, mentally ill or surgical patients.

The objective of the in-depth clinical period was to deepen the students' professional identity, their way of doing their work, and their personal theology of pastoral care. The structure of this period was different from that of the initial period. The daily program started with morning assembly followed by a short service. The program also included group supervision, three hours daily work on the ward the student was assigned to, and feedback sessions on the short services and the students' essays. Lectures or role-plays were not included in this period. Instead, the students practiced preaching in "The Word in the Hospital" seminar. The short services held by the students each morning provided the material for this seminar. The short services were videotaped and sent via central closed circuit TV to the wards later that day. The students were encouraged to watch the film with their patients. The cassette was screened again in a feedback session. Then the other students filled out a feedback form, and the short service was

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126 See Appendix A.
127 KSKA "Sairaalasielunhoidon erikoistumiskoordinate. Perehdyttävä kliininen ja. Kirje osallistujille. The lecture topics were not exactly the same in these two courses.
128 The chaplains in special ministries with the mentally handicapped worked during the in-depth clinical period in an institution for the mentally handicapped. During the initial clinical period they worked in the same hospital as the other students. KSKA "Sairaalasielunhoidon erikoistumiskoordinate. Perehdyttävä kliininen ja. Osastoja."
129 KSKA "Sairaalasielunhoidon erikoistumiskoordinate. Syventää kliininen ja. Osastoja."
130 They were asked to write about the central message of the speech, their emotions during the short service, and to assess the compatibility of the speaker's outer appearance and his or her message. The speakers also assessed their speeches themselves. KSKA "Videohartauden havainnointilomake."
discussed. One of the objectives of this seminar was to enhance the development of the students’ personal theology of pastoral care.

During the in-depth clinical period the students received feedback on their essays. The essays written for the clinical period were sent to the participants to be read before the period. In addition, each student was given an essay which they were to evaluate in writing. In addition, senior hospital chaplains appraised the essays.

Parish pastors and diaconal workers attended an additional one-week seminar on special questions of pastoral care and counseling in the parish setting. Especially, this seminar focused on the students’ own spirituality and its manifestation in the pastoral care they gave. The processing of these issues was started in the assignments written for the seminar. The students were sent a short questionnaire with open-ended questions asking them to assess their spiritual development and their sense of vocation vis-à-vis pastoral care. They discussed their written assignments in a session held on the first day of the seminar. Furthermore, they could process their personal spirituality in a four-session bibliodrama carried out during the seminar.

In addition to discussing personal spirituality, the students also dealt with the various contexts of giving pastoral care in their work setting both in an assignment written before the seminar and in two sessions during it. The lectures dealt with faith and personality development, training in pastoral care in the parish setting, and confession. In the final session the students talked about the factors that had enhanced their growth during the training.

130 KSKA “Sairaaluokien rooli ja seurantoprofiili.”
131 The model for the Word in Hospital seminar was originally adopted from the German KSA (Klinische Seelsorge-Ausbildung) and Dutch KPV (Klinische Pastorale Vorming) programs. Piper 1981, 70-79; Virtaniemi 1997, 344. The current programs in these countries still include a corresponding component. Academisch Ziekenhuis Nijmegen. Klinische Pastorale Vorming 1988; Centrum voor Hooger onderwijs in Werk en Vorming (KSA). Pastoralpsychologisches Institut in Schleswig-Holstein und Hamburg e.V. Angebote zur Fort- und Zulassungsbeurteilung in der Norddeutschen Kirche 1999.
152 Interview of the educational secretary of the Center for Hospital Chaplaincy by author.
153 During the last term, also the prison chaplains attended a one-week seminar on the special questions of pastoral care and counseling in their work context. The content of this seminar is not treated in greater detail because prison chaplains were excluded from the present study.
154 According to Matti-Pekka Virtaniemi, the objective of the bibliodrama was, on the one hand, to offer the students a new way of understanding their faith and, on the other hand, to introduce bibliodrama to them as a method of giving pastoral care. Interview by author.
and the current seminar as well as about the next steps on the path of growth after it.\textsuperscript{135}

Like the hospital chaplains, the parish group also gave feedback on each other's essays. One seminar day was devoted to assessing them in small groups. Before the seminar, the students were asked to read the essays and to write down their thoughts about the essays written by their own small groups. Similarly to the previous seminars, the theoretical knowledge related to the themes of the fourth seminar was studied by reading articles and books beforehand.\textsuperscript{136}

All the students participated in \textbf{40 hours of individual supervision} during the program. The supervision lasted from two to two and a half years. The hospital chaplains, chaplains working with the mentally handicapped and the family counselors started in supervision either soon after having been appointed to their post or at the latest after the first clinical period. The parish workers started in supervision after the first seminar. The supervisors had completed a two-year training program in supervision. Most of the supervisors involved in the present study had more than ten years of experience as supervisors. All except one were theologians with jobs as hospital chaplains or family counselors.\textsuperscript{137} The supervisors met their supervisees in most instances fortnightly. The length of the session was one hour.\textsuperscript{138} Most of the students wrote \textit{verbatim} or other written reports on their pastoral conversations or other work situations they wanted to discuss with their supervisors.\textsuperscript{139} However, some supervisors did not require written

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\textsuperscript{135} KKKK "Sielunhoidon erityiskurssi 199x. Seminaari IV. Seminaariohjelma ja kirje osallistujille"; Interview of Matti-Pekka Virtaniemi by author.
\textsuperscript{136} On the list of reading material see Appendix A. KKKK "Sielunhoidon erityiskurssi 199x. Seminaari IV. Seminaariohjelma ja kirje osallistujille"; Interview of Matti-Pekka Virtaniemi by author.
\textsuperscript{137} About half of the Finnish hospital chaplains are trained supervisors. Also, family counselors have yearly about 400 supervisees. Heino et al. 1997, 144, 148. Unlike the CPE programs in use in many other countries, the leaders of the program generally are not the students' supervisors.
\textsuperscript{138} Due to long distances, some supervisors met their supervisees every third or fourth week and held sessions of 1.5 hours.
\textsuperscript{139} The students were given instruction in how to write their reports. In the instructions distributed during the initial clinical period and the first seminar, the students were advised to give some background information about the client, describe their perceptions and impressions of the situation, give a \textit{verbatim} report of the conversation paying attention also to non-verbal communication, assess the encounter and present their plans for potential new sessions. KSKA "Sairaalasielunhoidon erikoistumiskoulutus. Työohjaus. Yhden liuskann raporttii"; KSKA "Runkoehdotus raportin laatimista varten."
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reports, the supervisee could report orally, instead. None of them videotaped or recorded the sessions.\textsuperscript{140}

Except for the family counselors, the students also participated in 30 hours of \textbf{growth group} work. These groups were formed on the basis of the students' place of residence. The size of the groups varied from three to six members. The groups were supervised, but the group members chose the conversation topics. The objective of the growth groups was to offer the students a place for undertaking personal processes.\textsuperscript{141}

Instead of growth groups, family counselors had 60 hours of group supervision. They also attended ten monthly training days on the special issues and methods of family counseling. Each student brought one client couple at least to one session. Also, supplementary reading on family therapy and a three-day seminar on sex therapy were included in the course.\textsuperscript{142}

The structure of the training program remained the same during the 1990s. However, starting in 1999 the program was altered. Its duration, objectives, and main contents are the same as previously, but its extent has been expanded. The number of seminars common to all employee groups is five in the new model; the duration of the first seminar is five days and that of the following ones four days. The main theme of the first seminar is the pastoral relationship and crisis counseling. The second seminar focuses on pastoral psychology, the third on marital problems and solution-focused therapy, and the fourth on pastoral care of the mentally ill and alcoholics and their families, and family violence. The main emphasis of the fifth seminar is encountering death and sickness. The sixth seminar which lasts five days and, as before, is meant only for parish workers, concentrates on pastoral care in the parish context. As before, the clinical periods of the hospital chaplains are included in the new program. Also, all the groups participate in individual supervision and growth groups. The parish workers'
possibilities of practicing in family counseling centers, hospitals, or other special settings will also be improved.\footnote{KKKA "Sielenhoidon erityiskurssi 99."}

The Finnish training system differs markedly from the practice of many other countries. In USA, as well as in some European countries, CPE training is offered by accredited CPE centers. Generally, these countries have a national organization or another agency responsible for the accreditation of the centers and sometimes also for the admission policy of the programs.\footnote{For example, in the USA the accrediting and standard setting agency is the ACPE (The Association for Clinical Pastoral Education) and in Norway the Committee on pastoral care and counseling (Fagråd for sjelesorg) which works under the Association of Ministers of the Church of Norway (Den Norske Kirkes Presteforening).}

The Finnish system includes neither CPE centers nor a national accreditation agency.\footnote{In this respect the Finnish system is close to the Swedish model.} Therefore, the Finnish training supply lacks the eleven or twelve-week CPE units on offer in many other countries (e.g. USA, Norway, Netherlands, Germany).\footnote{The comparison in this and the following paragraphs is based on the training material of the Finnish program, and brochures and other material on some CPE or corresponding centers: \textit{The standards of the ACPE 1998}; WWW pages of the ACPE, 11 August 1998; WWW pages of several American CPE centers 16.5.1999; Reiningstriper og Rammeplan for PKU i Norge 1997; Håndbok. Pastoralklinisk utdannelse ved Lovisenhorg Diakonale Sykehus våren 1999; Pastoral-klinisk utdanning – PKU, WWW pages of Den Norske Kirkes Presteforening, 12 May 1999; Pastoral-klinisk utdannelse ved Institutt for Sjelesorg; Klinische Pastoral Vorming 1998. Academisch Ziekenhuis Nijmegen.; Informatie 1998. Centrum voor VoorgezettePastoraleEducatie.;KlinischeSeelsorge-Ausbildung(KSA).PastoralpsychologischesInstitutinSchleswig-HolsteinundHamburg e.V. Angebotezur Fort- und Zusatzausbildung in der Norddeutschen Kirche 1999; S:t Lukas. Utbildningar och kurser; Andlig vård inom hälso- och sjukvården. Utbildning, WWW pages of Sveriges Kristna Råd, 8 February, 1999. On the basic characteristics of CPE see also Thornton 1990a.}

The main objectives of the Finnish program are about the same as elsewhere, comprising the development of self-reflection, pastoral identity, and pastoral competence. The themes covered in the training seem to vary depending on the center where the training is offered, and therefore the comparison of the actual contents of the programs is difficult. As in the other countries, the basic principle of learning in the Finnish program is learning by doing and working with "living human documents." In the Finnish system the students' own job is their main field of practice. In the foreign programs surveyed in the context of the present study, the students practice in the hospital or institution where the CPE center operates. In the extended programs the students also bring material derived from their own
work to the training sessions. All the training programs have some forms of peer groups for the students' personal growth.

Extended programs are available in most countries where clinical training in pastoral care and counseling is offered. However, the principles according to which this extension is implemented vary substantially. In Norway the extended program must comprise at least 28 full course days, but the division of these days may vary. Furthermore, in Norway the education may be completed during a one-year, full-time position in a hospital. In the Centrum voor Voorgezette Pastoraal Educatie in the Netherlands the twelve-week basic course is divided either into one six-week and three two-week units or in one two-week and ten one-week units during one and a half years. The Finnish form of extension is maybe closest to the Swedish S:t Lukas Stiftelsen program, which comprises five four-day periods during two and a half years.

One of the main differences of the Finnish program compared to corresponding programs in other countries is the admission policy. In Finland all applicants participate in psychological aptitude tests, which include interviews. Elsewhere applicants are generally interviewed but not tested. In addition, the admission procedure may also include written assignments. Another difference is that the Finnish model does not require a written contract at the beginning of the training, and no written assessments are carried out at the end of the program. In addition, the implementation of supervision seems to vary a great deal. In several programs supervision is given only during the intern periods and by the program leaders, whereas in the Finnish system supervision takes place between the seminars, and most of the supervisors are not responsible for the program. In some programs the supervision comprises mainly\textsuperscript{147} or solely\textsuperscript{148} group supervision, but in the Finnish model all students receive 40 hours of individual supervision and additional group supervision during the clinical periods.

In contrast, the size of the training group in the Finnish program seems to be larger than in many other programs. Generally, the foreign programs admit from five to eight students to the training, whereas the number of students in the type of program on which this study focused may be as high as 30, depending on the number of students working in special ministries. Even

\textsuperscript{147} E.g. the program of Lovisenberg Diakonale Sykehus in Norway includes both individual and group supervision, but the number of hours given to group supervision is much higher. Håndbok. Pastoraalklinisk utdannelse ved Lovisenberg Sykehus våren 1999.

\textsuperscript{148} E.g. in S:t Lukas Stiftelsen's (in Sweden) training programs. S:t Lukas. Utbildningar och kurser.
though the group is divided into smaller subgroups, the large size of the entire group affects the group dynamics of the course.

All this leads one to ask how to evaluate the effectiveness of the training program. Chapter 1.5. provides a theoretical frame of reference for this assessment.

1.5. Effectiveness of Education

*Evaluation of educational effectiveness*

The effectiveness of education has been of great interest in educational research both internationally and in Finland during the last few decades. Numerous studies have explored the various aspects of educational effectiveness on individual, organizational, and social levels and on different target groups.\(^{149}\) However, in terms of the present study only studies at the individual (micro) level concerning the acquisition of professional expertise and supplementary training are of special interest. This research has concentrated on the students' experiences of their education and its usefulness for their work.\(^{150}\)

In Finland, interest has focused on teacher education, in particular.\(^{151}\) In addition, medical students have been studied.\(^{152}\) Also, during the late 1980s and in the 1990s studies on adult education increased. For example, research was conducted on vocational study programs or courses of supplementary training for health care workers,\(^{153}\) civil servants, and public administrators.\(^{154}\) In addition, studies have been made of adult students of

\(^{149}\) E.g. in 1995-1998 the Academy of Finland funded an extensive interdisciplinary research program on the effectiveness of education. The project comprised studies focusing on the conceptual framework of educational effectiveness, individual educational possibilities and choices, status and function of education in the Finnish society, admission to higher education, effectiveness of education in work organizations, acquisition of professional expertise, importance of adult education, and effectiveness of teacher training and language instruction. Raivola & Valtonen & Vuorensyrjä (Eds.) 1997; Antikainen & Houtsonen & Huotelin & Kauppila 1996; Antikainen & Huotelin (Eds) 1996; Niemi & Tirri (Eds.) (1996).

\(^{150}\) Valtonen 1997, 17.


\(^{152}\) Jarvinen 1985.

\(^{153}\) Jarvinen 1996.

\(^{154}\) Heiskanen 1991.
health care institutions, polytechnics, commercial schools, and on participants in courses offered by the employment authorities.

Even though the effectiveness of education has greatly interested researchers in Finland, no studies have been carried out on the effectiveness of any of the training courses in pastoral care and counseling. Conversely, CPE, the major model for the Finnish training programs, has been studied in detail. Studies have dealt with, for example, the effects of CPE or its specific components on the students' theological, spiritual or moral development, facilitation of professional identity in CPE, descriptions of the development or assessments of CPE programs in various settings, students' professional growth or professional learning experiences, CPE supervision, effects of CPE on students' personal growth or personality, or on their marital relationships, and more generally, learning in CPE, the effects of CPE, or change during it. Most of these studies have used quantitative measurement instruments: questionnaires, checklists, and tests. Sample sizes have often been relatively small. Most of the studies have a pretest-posttest design but some are retrospective. Some studies have serious methodological problems. For example, the statistical

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155 Piesanen 1993.
157 In addition to research, numerous articles published e.g. in The Journal of Pastoral Care since the 1950s have dealt with CPE. However, several articles are narrative descriptions of CPE experiences in various settings and, therefore, they are not referred to at this point.
159 Ford 1968; Travis 1974; Rollins 1987.
160 Hawkins 1975; Parks 1978; Evans 1981.
165 Friesen 1973; Grant 1975; Thomas & Stein & Klein 1982; Derrickson & Ebersole 1986; VandeCreek 1991; O'Connor 1993; Derrickson 1995. In addition to the above, several studies carried out already in the 1950s and 1960s have dealt with CPE.
166 According to a survey (Derrickson 1990) based on 39 studies, the most frequently used tests were the Minnesota Multiphasic Personality Inventory, Shostrom's Personality Orientation Inventory, Edwards Personal Preference Schedule, and the Adjective Check List.
167 Friesen 1973 (11 subjects and 10 subjects in the control group); Grant 1975 (14 subjects); Geary 1977 (70 subjects) Dayringer & Paiva 1986 (79 subjects); Derrickson & Ebersole 1986 (55 subjects); Rollins 1987 (3 subjects); Leeland 1990 (12 subjects and 13 subjects in the control group); Derrickson 1995 (83 subjects).
significance of the results was not always tested, and sometimes the research methods were recorded unsatisfactorily.\textsuperscript{179} Studies using qualitative methods are scarce.\textsuperscript{171} On the whole, studies on CPE have consistently indicated positive changes regardless of the focus of the study.

Studies examining the effectiveness of education have implied that essential in the evaluation of the effectiveness of the training is the holistic nature of the students’ developmental process. It is affected by several other factors besides the training program itself. This must also be taken into account when assessing the effectiveness of the training of pastoral caregivers. Their experiences of being helped and of helping others, previous training, work experience, life events, crises, and family life have an impact on them. In addition to their work and personal lives, the social situation and circumstances in the Church at large may also affect the students' developmental process during the training. Correspondingly, the training may affect not only their skills and knowledge but their personal lives as well.\textsuperscript{172}

These other influences affecting the students simultaneously with education make the exact assessment of the impacts of education difficult. The origin of improved knowledge can be traced, but the source of emotional and social changes, in particular, is more difficult to detect.\textsuperscript{173} According to Vaherva and Juva, however, it is possible to assess whether education and the other factors affect in a parallel direction.\textsuperscript{174}

Research using qualitative methods to study the effectiveness of training on the individual level has also been criticized because it is often based on the students' own evaluations. It has been thought to produce only personal opinions and, hence, a generally positive evaluation of the training.\textsuperscript{175} When the time between the training and its evaluation increases, the evaluation, as a rule, becomes less positive. On the other hand, the longer the distance between evaluation and training, the more difficult evaluation becomes because of the increasing number of affecting factors.\textsuperscript{176} Also, it must be remembered that the effects of training can, in some instances, be even negative. Therefore, the evaluation should concentrate not only on the

\textsuperscript{170} E.g. Denham 1985; Derrickson 1995.
\textsuperscript{171} Carse-Mclocklin 1992; O’Connor 1993; O’Connor 1994.
\textsuperscript{172} Niemi (1997, 178-179) stresses similar factors when assessing the elements with an impact on the effectiveness of teacher training. See also Aaltonen 1985, 112-115.
\textsuperscript{174} Valtosen 1997, 41-42; Vaherva & Juva 1995, 110.
\textsuperscript{175} Valtosen 1997, 42; Aaltonen 1984, 171-172. Conversely, Vaherva (1983, 128) states that qualitative approaches complement the other forms of evaluation.
\textsuperscript{176} Niemi 1997, 175.
desired outcomes but also on the side effects of the education.\textsuperscript{177} The evaluation itself may also affect the results.\textsuperscript{178} An extensive interview, in particular, may be a powerful intervention and enhance self-reflection in the central target areas of the training.

According to Niemi, the evaluation of the effectiveness of education is also affected by the way in which the professional role of the target group is defined. Therefore, the manner in which the role of pastoral caregivers is understood in the training and in the study assessing it has an effect on the results. In addition, the notions of learning are important. Different views of learning may imply totally different outcomes.\textsuperscript{179}

Niemi stresses the importance of communicative evaluation. Its central functions are revelation, anticipation, and aiming at communication and partnership. The revelatory function signifies the evaluation of how well the objectives have been reached and a critical assessment of their relevance from the viewpoint of various partners. Also, it includes an assessment of the quality of the knowledge and learning. Attention should be paid to the reasons for the non-achievement of some goals. Evaluation should also help to anticipate future needs and objectives. Communicative evaluation should also increase co-operation between the stakeholders.\textsuperscript{180}

\textit{Nature of expertise}

Pastoral care and counseling can be considered a field of expertise and, therefore, research focused on professional expertise, in particular, is useful for the understanding of the processes which take place during training. Special groups whose expertise has been studied include, for example, social workers, teachers, and officials in the public sector.\textsuperscript{181}

According to its definitions, expertise can refer to excellent performance or experienced performance. According to Tynjälä et al., the meaning of the concept is not, however, often clarified.\textsuperscript{182} In the present study the term expertise refers to experienced performance. In addition, the term can be defined in terms of its scope: it can mean either special knowledge and

\textsuperscript{177} Rauste-von Wright & von Wright 1994, 196; Valtonen 1997, 46.
\textsuperscript{178} Aultonen 1985, 112-114.
\textsuperscript{179} Niemi 1997, 179.
\textsuperscript{180} The objectives of various stakeholders (e.g. students, instructors, work organizations) may vary and, therefore, good communication and co-operation skills are essential. Niemi 1996, 21-26; Niemi 1997, 173-174.
\textsuperscript{181} Valtonen 1997, 34, 37-38; Kirjonen et al. 1996.
\textsuperscript{182} Tynjälä et al. 1997, 476-477.
skills within a certain profession or outside any specific professions. Engeström, Engeström and Kärkkäinen make a similar distinction between vertical and horizontal views of expertise.

The traditional views of expertise have stressed the vertical dimension. According to these views, expertise develops linearly, and Dreyfus & Dreyfus have introduced a model of becoming an expert through the following five stages: novice, advanced beginner, competent performer, proficient performer, and expert. Hawkins and Shohet have introduced a corresponding model with four stages for the development of counselors in supervision: novice, apprentice (client-centered phase), journeyman (process-centered phase) and master craftsman (process-in-context-centered phase). These categorizations are quite similar.

The novice has to learn the facts and rules in order to recognize the essential elements of the situation. Therefore, at this stage these elements are not bound to any context in the novice’s mind. Novices working in helping professions concentrate on themselves. They are unsure of their role, abilities, and skills. They pay attention to their clients’ life-histories, current situation, and personality, and have difficulty in creating a holistic view of the client.

At the second stage the advanced beginners are able to recognize the core problem on the basis of previous examples. Their contextuality is greater than in the first phase. In the helping professions this phase can be called the apprentice or client-centered phase. The workers have conquered their initial anxiety and ask whether they can help the clients. They understand that their growth process will be long. They are aware of the limitations of their working methods. They may question the competence of their teachers and supervisors, but also their own professional capabilities.

A competent performer learns to choose the most essential factors by reflecting on various choices in terms of the objectives. The proficient performer possesses a wide area of experience and, therefore, the importance of conscious reflection diminishes. These phases correspond to the journeyman or process-centered phase in Hawkins and Shohet’s categorization. The key issue is the relationship with the client. The helpers’

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183 Remes et al. 1995, 2.
184 Engeström & Engeström & Kärkkäinen 1995.
185 Dreyfus & Dreyfus 1986, 19-36.
self-confidence, motivation, and intuition have improved. They can relate their relationship with the client to the overall process: the client's life-history and lifestyle, life conditions, social situation, and background. Their relationship with their supervisor is collegial. 190

The expert's or master craftsman's intuition is even more prominent. Plans, problem solving, and decisions are no longer separable. If problems do not occur, experts simply do that which works without considering it. They can intuitively reflect on the total situation and the relationships between the various processes. Workers are autonomous and assured, but also able to recognize their problems. Frequently, in the helping professions they are supervisors at this stage. 190 Experts differ from novices in five main ways: They use their knowledge more effectively, they are faster in problem solving, use forward reasoning, their insight is better and, therefore, their solutions are more appropriate.191

The models of expertise stages have provided valuable information about the development of expertise. However, recent research has started to pay attention to their limitations. Studies have shown that the development from novice to expertise does not proceed linearly; on the contrary, there are steady phases or even regression.192 Also, the ways of acquiring expertise differ according to the profession and, even within the same profession, according to the preparation, personal characteristics, motives, values, or goals of the individuals.193 Eraut criticizes the Dreyfus & Dreyfus model of a narrow way of combining intuition and deliberation and of neglecting the expert fallibility.194 According to Tynjälä et al., stage models have given a static view of professional expertise and overestimated the importance of the length of work experience in the development of expertise. Recent studies have shown that, after a certain period of time on the job, the scope and variety of experiences may be of greater importance than the length of employment.195

194 Rauste-von Wright & von Wright 1994, 43.
195 Eraut 1994, 128.
196 Tynjälä et al. 1997, 478. Schön (1983, 138-140) also stressed the importance of the variety of experiences. According to him, different experiences or cases enrich the professionals'
The concept of expertise has been widened to include the capabilities of continuous learning and progressive problem solving. According to Bereiter and Scardamalia, experts work at the edge of their competence, continuously seek for greater challenges, and reformulate the problems they face at more complex levels. Their way of working is a creative, progressive problem-solving process. They state that this characteristic differentiates experts from experienced nonexperts. When their skills grow, the latter develop routines and thus constrict their work.196

Engeström et al. emphasize a widened view of expertise by stressing the horizontal dimension of expertise. According to them, polycontextuality and boundary crossing characterize horizontal expertise. Polycontextuality means that experts are simultaneously engaged in multiple tasks in the same work context, but may also be involved in several contexts or communities. They face constantly changing problematic situations, where the same solutions can seldom be applied. Therefore, they must continually create new ways of finding information, resources and tools. Polycontextuality calls for an ability to cross the boundaries between these contexts. Experts enter into new, unfamiliar territories and have to form new mediating concepts.197 For new hospital chaplains, for example, boundary crossing means stepping from a church environment into a hospital environment. They must be able to act and communicate in a new physical, social, and verbal context. Boundary crossing is also needed when a hospital chaplain works in several types of hospitals.

Polycontextuality inevitably presupposes collective expertise instead of putting the emphasis on individual subjects. Engeström proposes an interactive model of expertise in which expertise is manifested in activity systems consisting of individual practitioners, their co-workers, clients, tools, and shared objects. According to Engeström, the progressive problem-solving process suggested by Bereiter and Scardamalia also characterizes the development and learning of activity systems. Difficulties and contradictions are essential elements of the progress because they call for innovative solutions and qualitative changes.198 One manifestation of

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196 Tynjälä et al. 1997, 478; Tynjälä & Nuutinen 1997, 186; Bereiter & Scardamalia (1993, 11, 20, 34-37, 91-120) state that, in understanding expertise, the comparison of experts to experienced nonexperts is more fruitful than comparing them to novices.


198 Engeström 1992, 11-22. Similarly, Bereiter & Scardamalia (1993, 117-119) also point out that expertise can be manifested in teams as well as in individuals.
collective expertise in the work of hospital chaplains is their participation in multiprofessional teams. In personal relationships with the clients it would imply considering the clients the best experts of their lives. The various contexts of their lives have also to be taken into account.

Table 1.2 summarizes the central features of vertical and horizontal expertise. These views are not mutually exclusive, but the horizontal view complements and widens the more narrow and traditional vertical aspect. According to the vertical view, experts possess special information about a certain area and an integrated deep intellectual and practical basis for their work acquired by in-depth education and work experience of long duration. They have acquired a monopoly of knowledge in their field, and they apply and develop this theoretical knowledge in the various roles of expertise. According to Pirtilä, the basic roles of experts include those of researcher, innovator, diagnostician, educator, simulator, and carer. The roles in which the experts work depend on their field of work and schooling. Generally, vertical expertise manifests itself in rather stable and well-defined tasks. The actions of the experts have become highly automated and, therefore, they often act intuitively. They know what to do but are unable to describe their actions. Experts work autonomously, altruistically, ethically correctly and, as a rule, are client-oriented. According to this view, expertise develops through successive stages.

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191 Participation in these teams may not, however, guarantee real co-operation and exchange of information between professionals. Differences in training, ideologies, and status of the team members may cause tensions. The success of the teams may also depend on the ways in which the patients are involved or co-operate. Engeström 1992, 80-81.
192 Engeström & Engeström & Kärkkäinen 1995, 320. In studies of expertise in the sense of outstanding performance, a corresponding division has been made between routine and adaptive expertise. Routine experts can solve very familiar types of problems, whereas adaptive experts fluently adapt their knowledge and skills in novel problem-solving situations. Holyoak 1994, 310-311.
193 In many tasks experts are required to have at least two years of work experience. Remes et al. 1995, 21. According to Saariluoma (1997, 225), the acquisition of high-level skills requires about ten years.
194 Schön (1983, 50-54) calls this phenomenon knowing-in-action.
Table 1.2. The Characteristics of Vertical and Horizontal Expertise.

<table>
<thead>
<tr>
<th>Vertical expertise</th>
<th>Horizontal expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In-depth education</td>
<td>• Ability to act creatively in different and changing work situations and contexts (boundary crossing)</td>
</tr>
<tr>
<td>• Long work experience</td>
<td>• Reflectivity</td>
</tr>
<tr>
<td>• Special information about a certain area</td>
<td>• Continuous learning and progress</td>
</tr>
<tr>
<td>• Monopoly of knowledge</td>
<td>• Ability to tolerate uncertainty and courage to take risks</td>
</tr>
<tr>
<td>• Intuition, automated actions</td>
<td>• Failures and limitations considered sources of learning</td>
</tr>
<tr>
<td>• Manifests itself in stable, well-defined tasks</td>
<td>• Good problem recognition and problem-solving skills</td>
</tr>
<tr>
<td>• Autonomy</td>
<td>• Extensive field of expertise (great variety of experiences)</td>
</tr>
<tr>
<td>• Altruism, ethical awareness, client-centeredness</td>
<td>• Good communication skills</td>
</tr>
<tr>
<td>• Develops through successive stages</td>
<td>• Co-operation with clients and other experts</td>
</tr>
<tr>
<td></td>
<td>• No professional facades</td>
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<tr>
<td></td>
<td>• Development not linear</td>
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</tbody>
</table>

The horizontal view of expertise is more compatible with the requirements of contemporary, changing work environments. According to it, experts are able to handle and combine information, skills, attitudes, and experiences in different work situations and contexts. They possess good problem recognition and problem-solving skills, even in unexpected situations. Although they are specialists, their field of expertise is likely to be extensive. This denotes an ability to view their work holistically and face new situations and challenges. Experts are reflective professionals. They constantly reflect critically on their own perceptions, thinking, actions, and the contexts where they work in order to change and develop them. They accept the limitations of their knowledge and skills and regard their uncertainties and failures as sources of learning. They are not afraid to take risks. According to the horizontal view, boundary crossing also calls for good communication and co-operative skills. Experts form networks and

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205 On the requirements of contemporary work environments see e.g. Rauhala 1993; Remes et al. 1995.
thus combine their skills and expertise, not only at a local level but also internationally. Also, experts co-operate with other professionals as well as with their clients and utilize the knowledge their clients possess. Modern experts do not keep a professional facade but let their clients and cooperators decide whether they can be trusted and respected.207

**Experiential, constructivist and situated views of learning**

Because the training in pastoral care and counseling is closest to the humanistic view of learning, the experiential view in particular, this view offers the best frame of reference for understanding the training and the process of acquiring expertise in the field.206 However, I will also introduce the main principles of the constructivist and situated views of learning,207 because they may offer some viewpoints for the development of the training in pastoral care. The main characteristics of these approaches are summarized in Table 1.3.

*Experiential views of learning* are not totally uniform but include several slightly differing approaches. Both the term experiential and experience-based learning are used, depending on the approach.206 As both these terms imply, the learners’ experiences play a major role in all the experiential views of learning. The ultimate goal of learning is holistic personal development.206

Kolb is one of the most well-known representatives of the experiential learning approach. According to him, learning is a cyclic process. It starts from the students’ experiences that are reflected in and conceptualized through systematic thinking and problem solving. The outcome of this process is experimented with in practice, which again creates new experiences, and the cycle continues. Thus, learning is understood as a

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207 Learning by doing has been the main emphasis of clinical pastoral training from the beginning. The first advocates of clinical pastoral education were influenced e.g. by Dewey’s ideas. Thornton 1990, 177-182; O’Connor 1993, 18-28; Hemenway 1996, 1-26.
208 The term situative theory can also be used.
209 On the differences of these approaches see Poikela 1998, 61-65.
process of creating new knowledge by deriving it from and testing it out in the experiences of the learners.²¹⁰

Table 1.3. Characteristics of Experiential, Constructivist and Situated Views of Learning.

<table>
<thead>
<tr>
<th>Special emphasis</th>
<th>Experiential</th>
<th>Constructivist</th>
<th>Situated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Previous and new experiences and stimuli for learning</td>
<td>• Acquisition of new knowledge</td>
<td>• Authentic working contexts</td>
<td></td>
</tr>
<tr>
<td>• Learners actively construct their experience</td>
<td>• Learners actively construct information</td>
<td>• Cognitive apprenticeship</td>
<td></td>
</tr>
<tr>
<td>• Learning is a cyclic process</td>
<td>• Starting point: learners’ situation</td>
<td>• Multiple practice</td>
<td></td>
</tr>
<tr>
<td>• Holistic personal development</td>
<td>• Learning to learn</td>
<td>• Collaboration</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Articulation of learning skills</td>
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<td></td>
<td></td>
<td>• Technology</td>
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<tr>
<td></td>
<td></td>
<td>• Reflection</td>
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<td></td>
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<td>• Stories</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ultimate goal of learning</th>
<th>Experiential</th>
<th>Constructivist</th>
<th>Situated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Holistic personal development</td>
<td>• Organization of thought processes</td>
<td>• Situated practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clarification of world view</td>
<td>• Identity development</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning environment</th>
<th>Experiential</th>
<th>Constructivist</th>
<th>Situated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Transaction between learner and environment</td>
<td>• Starting point: learners situation &amp; knowledge</td>
<td>• Authentic work</td>
<td></td>
</tr>
<tr>
<td>• All experiences and contexts</td>
<td>• Awareness of learners' learning strategies</td>
<td>• Guidance &amp; modeling by other workers</td>
<td></td>
</tr>
<tr>
<td>• Commitment to learning &amp; active participation</td>
<td>• Relevant learning tasks</td>
<td>• Increasing complexity of tasks</td>
<td></td>
</tr>
<tr>
<td>• Utilization of previous experiences</td>
<td>• Creation of questions</td>
<td>• Multiple environments and tasks</td>
<td></td>
</tr>
<tr>
<td>• Guidance, feedback</td>
<td>• Curriculum: big ideas</td>
<td>• Familiarization with processes &amp; outcomes</td>
<td></td>
</tr>
<tr>
<td>• Role-plays, small groups, simulations, supervision</td>
<td>• Cooperation</td>
<td>• Peer support</td>
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<td>• Goal-directedness</td>
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<td>• Guidance, feedback, confrontation</td>
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<tr>
<th>Role and requirements of teacher</th>
<th>Experiential</th>
<th>Constructivist</th>
<th>Situated</th>
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<tr>
<td>• Role model</td>
<td>• Consultant</td>
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<td>• Colleague</td>
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²¹⁰ A quite similar view of experiential learning was introduced by Dewey already in 1916, 163-192. Kolb’s model was influenced also by Lewin’s and Piaget’s theories of learning. Kolb places learning on a continuum of adaptation starting from performance and widening through learning to development, viz. long-term adaptation. Kolb 1984, 4-38, 40-42.
Heron presents a modification of the Kolb's learning cycle and applies it to counselor training. In the affective stage the students empathize with their clients and attend to their own emotions. In the imaginal phase they perceive the client's behavior and intuitively consider its meaning. The conceptual stage comprises a more conscious reflection on and classification of information and hypotheses concerning the client's process.

At the practical stage, students make therapeutic interventions. The cycle continues when the client's response modifies the hypotheses, which again leads to new, altered interventions. Heron also uses this cycle in describing the training process by reversing the order of imaginal and conceptual modes.  

Jarvis modified Kolb's model by including in it more variation. Jarvis suggests that learning processes vary according to the social situations, forms of knowledge, and purposes involved. Also, he stresses that a person may remain unchanged or be even harmed by some learning experiences. In addition, Jarvis states that the outcomes of learning may not be new knowledge alone, but new skills, attitudes, change in social behavior or an altered self-concept as well.

Miller, Boud, Cohen, and Walker, representative of the experience-based learning approach, state that all experiences are potential opportunities for learning. Learners construct their experiences actively on the basis of their

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211 Heron 1996, 84-87.
212 Jarvis 1987a, 16-20, 24-26.
personal and cultural histories. Earlier experiences either stimulate or impede new learning.\textsuperscript{213} Learning is always holistic. It involves affective, cognitive, and conative aspects. It is connected to and affected by personal, emotional, social, cultural, economic, and political factors and contexts.\textsuperscript{214}

According to Boud and Walker, experience-based learning is effective when the learners are committed to learning and take responsibility for it. They should be allowed to participate holistically in the process, and their previous experiences should be recognized and utilized. The learners' constant self-reflection on and follow-up of their learning is essential. Even though previous experiences are important, new experiences are also intentionally produced in the training, for example, by means of role-plays, small groups, and simulations. The learning taking place during these experiences can be promoted by special means (e.g. observation schedules, checklists, audio or video recordings) of focusing the learners' attention on the essential aspects of the experience.\textsuperscript{215} Methods widely used in experiential learning include various small group activities.\textsuperscript{216}

Experiential approaches have been applied most extensively to humanistic psychology and adult education. The emphasis is on human growth, creativity, and self-directedness.\textsuperscript{217} In adult education students' personal and professional experiences are considered an important learning resource; adults are thought to be motivated to learn when they need new information or skills and they are thought to possess self-reflective skills. The goals of education often focus on improving the students' self-knowledge and on

\textsuperscript{213} Rauste-von Wright & von Wright (1994, 142-143, 157, 173), who advocate the constructivist view of learning, criticize experiential approaches for not acknowledging that even though some experiences are helpful, some may hinder learning or direct the learning process inadequately. However, this criticism can not be generalized to all representatives of experiential learning. See e.g. Miller and Boud (1996) and Jarvis 1987a and 1987b. Rauste-von Wright & von Wright also criticize experiential views for not paying enough attention to the goals of learning. They claim that a lack of planning often characterizes the curricula of experiential approaches. According to their view, in experiential learning experiences and activity may be considered goals as such. Experiential methods have also been criticized because they may enhance the students' self-esteem rather than their knowledge and skills. Their training may provide them with expertise in a narrow field, but the situations they meet in actual work are more diverse, and their excessive self-confidence may hamper their ability to face the changes and to constantly look for new solutions. Rauste-von Wright & von Wright 1994, 142.

\textsuperscript{214} Boud & Walker 1990, 63-64; Boud & Cohen & Walker 1993, 8-16; Miller & Boud 1996, 9-10.


\textsuperscript{216} See e.g. Miller 1993; Heron 1996; Harris 1996.

\textsuperscript{217} Heiskanen 1996, 70, 72; Ojanen 1996, 144.
making them renew their working methods or rethink their attitudes.\textsuperscript{218} Knowles lays special emphasis on the creation of a climate that would enhance learning. According to him, people learn best in a mutually respectful, co-operative, trusting, supportive, open, and pleasurable atmosphere.\textsuperscript{219} On the contrary, his critics claim that overemphasis of a positive climate may lead to overlooking the importance of conflicts for learning.\textsuperscript{220}

The main difference between the experiential and constructivist views of learning is that, while the first emphasizes the importance of experiences and holistic personal development, the main focus of the constructivist view is cognitive, the acquisition of new knowledge. According to the constructivist view, learners always actively choose, interpret and process the information taught. They select and interpret it on the basis of their expectations and previous knowledge. Therefore, the educators representing the constructivist view of learning start from the learner's situation, previous knowledge, and way of perceiving the issue. They try to familiarize themselves with their expectations and learning strategies in order to offer them possibilities of finding their own relevant problems and goals. The task of the teacher is to provide relevant learning tasks.\textsuperscript{221}

The constructivist view of learning stresses that all knowledge is relative, and therefore the central role of learning cannot be the acquisition of information as such, but rather understanding, thinking, and raising questions. The most important skill to be learned is learning to learn.\textsuperscript{222}

Because the life-situations of the students are taken into account in the planning and implementation of the training process, the constructivist curriculum is not very detailed. Generally, it includes only "the big ideas," the basic goals, but they have to be adequately analyzed. The practical solutions are found in the course of the program in co-operation with the students.\textsuperscript{223}

The basic notion of the situated views of learning is that all knowledge is influenced by the context in which it is used. Learning never takes place in

\textsuperscript{218} Knowles 1984, 9-12; Rauste-von Wright & von Wright 1994, 140-141, 156-157.
\textsuperscript{219} Knowles 1984, 117-122; Knowles 1985, 14-18.
\textsuperscript{220} Manninen et al. 1988, 38. See also Jarvis 1987a, 198.
\textsuperscript{221} Rauste-von Wright & von Wright 1994, 121-123; Remes et al. 1995, 28; Rauste-von Wright 1997, 19; Poikela 1998, 55-57. A corresponding emphasis on taking the learners' beliefs and theories as a starting point is present also in the experiential view of learning represented by Kolb (1983, 28).
\textsuperscript{222} Rauste-von Wright 1997, 19.
\textsuperscript{223} Rauste-von Wright & von Wright 1994, 91, 158-159.
a vacuum but is always related to sociocultural factors. Lave emphasizes the relationship between learners and their physical, social and cultural settings. According to her, all "activity is dialectically constituted in relation with the setting." The essence of learning is situated practice.224

Therefore, these views stress the importance of authentic working contexts.225 Cognitive apprenticeship is a characteristic form of utilizing them in learning. It enables the students to acquire knowledge and skills in natural, multiple environments. The students are led to new problems and new territories when they have mastered skills through repeated practice. Skills are often practiced in components in order to learn them better. The students are also encouraged to articulate their learning processes in order to help them internalize and understand what they have learned. Also, stories are often used to aid them to remember things. In addition, technology (e.g. videos, computer programs) is utilized in transferring information and promoting reflection. An essential aspect of cognitive apprenticeship is collaboration with peers and professionals in the field. As in the other views of learning, reflection is a vital component of the entire learning process.228

According to Billet, the major strengths of learning in workplaces are a possibility of practicing problem solving in authentic activities, and guidance and modeling by other workers. On the other hand, it may on occasion lead to inappropriate knowledge.227 Also, if learners are denied engagement in challenging activities and if the experts are not available or willing to guide them, the resulting skills and knowledge will be limited. The learning curriculum should be sequenced to comprise activities of increasing complexity and allow the learners opportunities to familiarize themselves with both the work process and its outcomes.228

Applied to the training of pastoral caregivers, situated views of learning would emphasize that the training should be relevant in terms of the actual challenges the students encounter in their work. Therefore, a thorough


227 Tuomi-Grohn & Engeström (2000) criticize the apprenticeship model for its conservativness and static assumptions of communities of practice. The students are treated as novices, unable to question the master’s way of doing things. However, the actual work contexts often are changing and call for creative solutions and modification of previous skills and knowledge.

228 Billet 1996b, 48-52.
knowledge of the students’ work contexts and their ways of functioning is a prerequisite for the planning of the training. Situated views also stress the impact of peers, supervisors, and many-sided natural work settings during the training.

Experiential, constructivist, and situated views of learning are not, however, mutually exclusive approaches.229 Even though it has most widely been connected with humanistic psychology, experiential learning has also been applied to constructivist and situated learning.230 According to all these approaches, learning is always context-bound and continuous, not restricted only to the organized education or training. All experiences can bring about learning.231 Nevertheless, all these approaches stress the importance of adequate learning environments and reflection on the experiences.

Closely connected to the learning environment is the role of the teacher. In the experiential learning approach that role may be, for example, that of role model, colleague, facilitator, representative of the body of knowledge, coach, or advisor.232 According to the constructivist view of learning, teachers can also be seen as consultants or facilitators. Their role is to enhance their students’ learning processes by giving feedback. Rauste-von Wright and von Wright stress that, in addition to good knowledge of their field, in order to be able to guide their students’ individual learning processes, educators applying the constructivist view have to have good communication and co-operation skills and an aptitude for self-reflection. Teachers seek to direct the process towards the goals by raising questions and paying attention, for example, to their students’ reasoning and self-assessment processes. The teachers should help their students to recognize and assess their expectations and, when necessary, to question and reconstruct their previous scripts of work. In order to do all this, the teachers have to understand the consequences of the constructivist approach both on the practical and theoretical level.233 In the situated views of learning the teacher is, first of all, a coach offering students support and guidance when they are needed. In addition to the actual teachers, professionals and experts in the field can function as mentors.234

229 Poikela (1998, 55) places both constructivism and situated learning under cognitive views of learning.
230 Rauste-von Wright & von Wright 1994, 143-144.
232 Kolb 1984, 197-201.
One of the key issues in the experiential, constructivist, and situated views of learning is the enhancement of self-reflection. In the experiential approaches, reflection is the foundation and crux of learning. In the constructivist views, it is considered an essential metacognitive skill. The situated views emphasize the integration of experiential and reflective cognition. Self-reflection can be defined as a mental activity in which individuals observe and examine certain areas of their inner or outer actions. Its importance has also been emphasized in psychotherapies and in the theories of the acquisition of expertise.

Donald A. Schön is one of the most frequently cited researchers to have dealt with reflectivity. He distinguishes between reflection-in-action and reflection on action. According to him, all professionals reflect in action by framing the situation or problem and conducting experiments in order to discover the consequences that they imply. These experiments may lead to new discoveries and interventions. However, this process is often spontaneous and unconscious, and therefore, professionals may be unable to describe it. Reflection on action means conscious reflection on the aims, working methods, and strategies, ideas, presumptions, and beliefs guiding one's actions. This practical theory is often unconscious and, therefore, may be contradictory to the professional's conscious objectives. Hence, true changes in the behavior and ways of perceiving of professionals presuppose metacognitive knowledge of the practical theory guiding their actions and thinking.

Eraut has criticized Schön's theory for its imprecise definition of the term reflection-in-action, in particular. According to Eraut, Schön does not specify the psychological factors affecting the reflective process and does not take into account the effect of time and context on it. Reflection takes in rapid, small tasks different forms from those of long projects. Context-

236 Leiman 1988, 173.
237 Schön 1983, 128-140.
related issues, such as pressure or teamwork, also affect the nature of reflection. Schön's concept "reflection on action" resembles Mezirov's view of reflectivity. Mezirov defines reflectivity as an awareness of one's own perceiving, thinking and acting, and the habits of perceiving, thinking and acting. Thus, learners can reflect on their 1) assumptions about the content of the problem, 2) actions during the problem solving, and 3) presuppositions. Mezirov specifies reflectivity in more detail than Schön by dividing it into seven levels. By affective reflectivity he refers to awareness of the feelings concerning the objects of reflectivity. Furthermore, Mezirov defines discriminant reflectivity as the assessment of the objects of reflectivity by means of identifying their immediate causes, contexts, and one's own relationships in the situation. Judgmental reflectivity refers to the awareness of value judgements concerning the objects of reflectivity. The highest level of reflectivity Mezirov terms critical consciousness, which consists of conceptual (assessment of the concepts used), psychological (recognition of one's presumptions and stereotyped views of others based on limited information), and theoretical reflectivity (awareness of the cultural and psychological reasons for one's limited judgements). It is meta-level consciousness, an awareness of one's awareness.

The highest form of reflectivity, theoretical reflectivity, Mezirov considers an adult capacity, and it is central in perspective transformation. Perspective transformation, a central concept in Mezirov's thinking, means a learning process in which adult learners become aware of "their culturally induced dependency roles and relationships and the reasons for them and take action to overcome them." Major changes in life can trigger reflection and the transformation process. What makes Mezirov's theory interesting in terms of education of pastoral care and counseling is its correspondence to the therapeutic process. For pastoral caregivers perspective transformation would mean becoming aware of the ways in which their personal histories

239 Eraut states that Schön's theory would be less problematic without the term reflection, understood as a theory of metacognition during skilled behavior. Eraut 1994, 145-155.
240 According to Jarvis (1987a, 92) the above three levels are actually related to non-reflective learning.
241 Mezirov 1981, 12-13; Mezirov 1990, 5-13. Mezirov has adopted the learning domains of his theory from Habermas' three cognitive interests: the technical, the practical and the emancipatory. The highest levels of reflectivity represent the emancipatory domain of learning. Mezirov 1981, 4-5; Mezirov 1990, 12-16.
242 Mezirov 1981, 6-7,13, 22; Mezirov 1990, 13-17. In her doctoral dissertation Ahteenmäki-Pelkonen (1997) analyzed Mezirov's view of self-directedness. According to her, Mezirov also relates the concept of self-directedness to theoretical reflectivity and regards it as the main goal of adult learning (pp. 190-191).
and life contexts have influenced them and distorted their ways of perceiving themselves and others as well as new ways of acting on the basis of this awareness.243

Also, Boud and Walker emphasize the importance of reflecting on the actions, thoughts and feelings before, during and after the learning experience. Reflection can reveal possibly unconscious intents which influence, and may even limit, the learners' experiences of events. Boud and Walker stress that reflection should be focused both on the inner and outer worlds; in addition to helping learners understand their thoughts, feelings and actions, it facilitates the recognition of what takes place in the learning milieu and in the interaction between themselves and the milieu.244 Reflection integrates the previous and new experiences and helps to direct actions. Through reflection, learners can become conscious of the various aspects of the learning situation, and thus, it enables a better control over their learning.245

Reflective skills depend on growth milieu and cultural context but can be developed in various ways.246 Reflectivity can be enhanced by adequate feedback, and by investigating and developing one's own work processes. Schön stresses the importance of either individual or group supervision in the process of learning reflectivity and professional competence. For example, he states that psychotherapy cannot be taught. Student therapists can only be helped in how to do it. Hence, supervision plays an important role in their training. In supervision the students are helped to reflect on their underlying theories-in-use and their implications for their interpretations and interventions.247 This can often be done by helping the students to see the parallels between therapy and supervision, because they often unconsciously act in the same way with their supervisor as their clients act with them. On the other hand, supervisors can teach interventions to their students by performing them after the same fashion as they want the

244 Boud and Walker call this process "noticing."
245 Boud and Walker 1990, 63-76.
246 Jarvis (1987a, 98, 102-109) stresses the impact of social factors on the reflection process. Leiman (1988, 173-174) states that the persons' living contexts may have not provided adequate conceptional tools for self-reflection of e.g. own thinking or other mental activities.
247 Theories-in-use may concern, for example, the therapists' view of man. Education in the helping professions, in particular, should help the students to become aware of their view of man and to adjust it on the basis of the theoretical knowledge. Rauste-von Wright and von Wright 1994, 96.
students to perform them with their clients. However, this process must also be openly discussed. The supervisors need good self-reflective skills and an ability to explain how they have arrived at their interpretations and interventions. If they are not able to do it, the relationship may stagnate. It is possible to carry out a similar process in supervisory groups.248

In addition to supervision, other frank conversations with colleagues or in a peer group offer a safe environment for constructive critical feedback and for expressing one's own thoughts and experiences.249 Furthermore, self-reflective skills have been enhanced by the reciprocal teaching method first presented by Brown and Palincsar. It presupposes a positive learning environment in which the students are encouraged to explain, reason, and analyze their views and compare them to other, possibly contradicting, views. The role of the teacher is to provide stimuli and give a model of self-reflection.250 For the same purpose, Rauste-von Wright & von Wright have developed a debate method. In it each student adopts a different view towards a problem which the group of students is supposed to solve. This method helps students to understand, interpret, and reconstruct the concepts prevalent in their field.251

Jarvis suggests creation of disjunctions between the learners' former and new experiences by questioning as an effective means for enhancing reflection. Also, snowballing, buzz groups, individual silent thought, individual and group projects, and presentation of diverse interpretations of the same event can be used to enhance reflection.252 Other means of promoting self-reflection and self-knowledge include self-study of one's values, life history, and professional experiences. Self-study can be done, for example, by autobiographical writing, memory work, or by creating

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248 Schön 1987, 217-254. Supervision creates one form of a virtual world where new approaches can be safely practiced. Schön 1983, 157-162. According to Erat (1994, 146), Schön's examples of the coaching process do not accurately describe that which is reflective in the supervisor's actions. The supervisory process can be seen as analogical to the therapeutic process. For a discussion of the role of reflection in the latter see e.g. Leiman 1988.

249 Schön 1987, 255-302; Glaeser 1991, 134-135; Eteläpelto 1992, 15; Rauste-von Wright & von Wright 1994, 128; Ojanen 1996, 148-149. Filander (1996, 32, 51) reports an example of a multiprofessional peer group. In this group, experts working in the public sector were challenged by each other. Conversations with representatives of other professions helped the participants to find new meaning for their work.


251 Rauste-von Wright & von Wright 1994, 125.

252 Jarvis 1987a, 202-204.

253 In memory work students critically examine their experiences, successes and failures by writing about them and by sharing them with others. Haug 1987, 36-39; Laine 1996, 162.
portfolios. Self-reflection is not necessary for the students alone. According to all the above-mentioned views of learning, it is an indispensable asset to their teachers and supervisors as well. Without constant self-reflection they are unable to guide their students in their individual learning processes.

Transfer of learning

Regardless of the view of learning, enabling transfer from the original learning situation to novel situations is one of the key goals of all education. Studies on learning outcomes suggest that knowledge or skills learned in a certain context do not necessarily transfer into other contexts. The success of long-term transfer, for example, of updating training or further education has often been questioned. Soon after the training the students’ progress often seems to be good but, in the long run, that which has been learned has not been transferred to actual work practices. Similar backsliding has also been evident in some studies concerning the effects of CPE. Previous experiences may impede the learning of new things or practices as cannot easily be assimilated to previous knowledge. Highly automatized skills, in particular, are difficult to change.

Standard conceptions of transfer define it as application of knowledge in new tasks or situations or as the degree to which students are able to apply to their actual work the things they have learned in the training. Ford extends the concept of transfer to include not only knowledge and skills but also attitudes, self-knowledge and affective changes. Cognitive views of transfer emphasize the importance of metacognition in successful transfer. In order for transfer to occur, the learner has to recognize the requirements of the new problem and to select previous skills or knowledge that can be applied to it. According to Gick and Holyoak, the perceived similarity of the

260 Rauste-von Wright & von Wright 1994, 72, 74, 80.
261 Larkin 1989, 283; Detterman 1993, 4-19; Tuomi-Gröhn & Engeström 2000.
262 Ford 1994, 22-23.
training and transfer situations determines whether transfer will be attempted, and their objective structural similarity determines whether transfer will be positive or negative.\textsuperscript{265}

Dispositional views of transfer differ from the standard notions by seeing transfer as an event instead of an ability of the learner. According to these views, potential for transfer does not reside in the learner but rather in what has been learned. Bereiter differentiates between the transfer of principles and transfer of dispositions. The transfer of principles means recognition of situations in which the principles learned can be applied. He states that teaching aiming at conceptual change should concentrate on teaching for understanding the principles because if things are not understood in the first place, the students are not able to recognize opportunities to apply what they have learned. A more challenging form of transfer is the transfer of dispositions. With dispositions Bereiter means ways of approaching things. He conceptualizes the transfer of dispositions as transfer of situations. When the students have, for example, studied in an inspiring, cooperative group, it may dispose them to recreate similar groups and working models in new contexts.\textsuperscript{264}

Situated views of transfer emphasize that the essence of transfer is transferring patterns of participatory processes across situations. Potential for transfer between situations is shaped by social practices in which people learn the activities. People learn social practices by participating in them. What is transferred is not mere mental representations but social practices as well.\textsuperscript{265}

Tuomi-Gröhn and Engeström introduce the conceptions of expansive learning and developmental transfer. In this view, the locus of learning is not individual but collective; learning is distributed in activity systems. Expansive learning commences when individuals involved in a collective activity start to question an existing practice. This may lead to closer analysis of the situation, to modeling and examining of a new activity, and to its implementation in practice. The new innovation can also be applied to other activity systems and organizations. However, the original model will be transformed and developed when it is applied to new contexts. Developmental transfer means transferring the expansive way of approaching problems to new systems and situations.\textsuperscript{266}

\textsuperscript{263} Gick & Holyoak 1987, 39-40; Tuomi-Gröhn & Engeström 2000.
\textsuperscript{264} Bereiter 1995, 21-33; Tuomi-Gröhn & Engeström 2000.
\textsuperscript{265} Gruber et al. 1996; Tuomi-Gröhn & Engeström 2000.
\textsuperscript{266} Tuomi-Gröhn & Engeström 2000. On expansive learning see also Engeström 1987.
The different views of transfer also suggest somewhat differing ways of enhancing transfer. However, in order to understand transfer and to find ways of advancing it in the training of pastoral care, an eclectic approach to transfer will probably be most fruitful. Various components of the training may require differing ways of improving learning and transfer. Therefore, in the following will be devoted to a summary of ways of enhancing transfer suggested by various theorists in the field.

According to the cognitive views, transfer from one context to another can be enhanced, for example, by applying general principles, using many-sided examples, practicing new skills in as many contexts and ways as possible, and by drawing conclusions based on these experiences. Specific techniques for advancing transfer can be, for example, writing and explaining what was learned to others. The new knowledge should also be constructed so as to take into account, on the one hand, the learners' previous experiences and knowledge and, on the other hand, the contexts to which it is to be applied. Anderson et al. emphasize that concrete examples or experiences alone do not suffice but should be combined with abstract instruction, especially if the area of application is wide.

Similarly, Eraut stresses that knowledge and skills should not be separated and taught separately, for propositional knowledge does not become part of professional knowledge unless and until it has been used for a professional purpose. According to his view, "learning takes place during knowledge use." Also, he stresses that the time gap between the introduction of theoretical knowledge and its use in professional practice

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269 Eraut (1994, 102-116) divides professional knowledge into 1) propositional knowledge (discipline-based theories and concepts, generalizations, and practical principles applied to professional actions and specific propositions of cases, decisions, and actions), 2) impressions, personal knowledge, and the interpretation of experience, and 3) process knowledge. Process knowledge means knowing how to conduct the various processes that contribute to professional action. In addition, it includes skills and knowledge needed in the acquisition of information, skilled behavior, deliberative processes like planning, analyzing and decision-making, giving information to clients, and metaprocesses.

270 Adult students, in particular, are motivated to learn things that they think can be applied to practice. Knowles 1985, 11-12; Rauste-von Wright & von Wright 1994, 71.
should be as short as possible and that there should be enough time for using the knowledge, not only for acquiring it. To enable the best possible transfer, a significant part of the initial qualification should be performance-based. Similarly, much of the continuing professional education should also be based around the workplace.\textsuperscript{271}

New practices can be taught by introducing the new approach on a theoretical level, modeling the approach, practicing it in simulated and in authentic settings, giving feedback, or by directly coaching its application. However, none of these ways is fruitful in isolation. Joyce and Showers state that the best transfer of that which has been learned takes place when all of these components are combined, in particular, in the mastery of a new approach. In the fine-tuning of previous skills the combination of modeling and practice in simulated and real settings combined with feedback may be enough.\textsuperscript{272} New ideas transmitted on a theoretical level need to be talked about and worked out, and observation must include reflective discussion and repeated viewing of actual or recorded events. Learning by experimentation always necessitates feedback. Skill-specific training workshops, for example, have had no lasting effects unless they have been backed up by longer-lasting staff support.\textsuperscript{273}

Some researchers of transfer also consider the inclusion of learners in the planning process an important means of enhancing transfer. It ensures that the program is consistent with the learners' needs and work environment.\textsuperscript{274} Fox and Ford stress that programs should also include components that address the potential barriers of transfer and assist the learners in overcoming them. Cheek and Campbell recommend preparation of a transfer plan as a means of overcoming these inhibitors. The plan includes the objectives, concrete actions, potential barriers, inputs and assumptions, supporters, and evaluation criteria. The implementation of the plan should also be supported and followed up after the training.\textsuperscript{275}

The situated views of transfer, in particular, stress that new skills are learned most effectively by guided participation in authentic work.

\textsuperscript{271} Erat 1994, 108-122.
\textsuperscript{272} Joyce & Showers 1980, 379-385. They classify the outcomes of training on four levels: 1) awareness of the new skill or approach, 2) conceptual and organized knowledge of the issue, 3) acquisition of skills and tools of action, and 4) application of the new approach to real work settings. For example, presentation of theory or modeling alone increases the students' awareness and knowledge of the new approach, but does not lead to outcomes on the other levels.
\textsuperscript{273} Erat 1994, 36-38.
\textsuperscript{274} Fox 1994; Sleezer 1994.
Modeling through both the formal instruction and informal social interactions with other workers is essential in the process. The apprenticeship system can involve a group of peers, each acting as a resource for others. Transfer can also be enhanced by improving the learners' interaction skills because it develops their ability to participate productively in new situations. Sometimes simulated work environments and specially designed social interactions may also be used. Acquisition of specific knowledge or concepts can be enhanced by confronting the learner with a variety of situations in which this knowledge can be used, or by elucidating the same concepts at different times, in different contexts, with different goals and from different perspectives. This helps the learner to understand the different aspects of the same concept and to apply it in a great variety of situations. In addition, the students can be specifically taught how to use the resources they have learned.

According to the dispositional views, transfer can be enhanced by creating learning situations in which the desired ways of thinking and cooperating are manifested and by enabling and encouraging the students to create similar situations in other contexts. The development of cooperation and communication skills as well as getting the students to believe in themselves as learners and thinkers are important in this process. Similarly, Rauste-von Wright and von Wright stress that attention should be paid to the motivation and self-esteem of the students, because these factors can influence on how courageous the students are to test out in practice the things they have learned. In addition to courage, self-esteem effects the students' ways of perceiving their role as learners. Furthermore, good self-esteem makes it possible for them to receive even critical feedback and to actively control their behavior.

The importance of cooperation with peers and other professionals is essential in enhancing transfer both in the situated and dispositional views. In developmental transfer, the learning occurs in the entire system, and students and experienced professionals are considered equally important in the process. According to this view, an important means of enhancing developmental transfer is to increase cooperation between schools and workplaces. The students can act as agents for change because as outsiders they can often better recognize the deficiencies of existing practices. In the course of the project the students have to develop skills of horizontal

278 Gruber et al. 1996.
277 Marini & Genereux 1995, 9.
275 Rauste-von Wright & von Wright 1994, 48, 74, 100-102, 123.
expertise. However, the emphasis is not on individual learning but on developing heterogeneous networks of expertise.\textsuperscript{280}

\textbf{View of learning in training of pastoral care and counseling}

All Finnish extensive training programs have their origin in CPE. Components have been adopted from the American and German models, in particular. Beginning in the United States in the 1920s and 1930s, CPE has considered learning by doing to be its basic principle. Working with "living human documents" under supervision has always been and still is the heart of the training. The main basis of knowledge in CPE, and in pastoral psychology in general, consists of the personal conscious and unconscious experiences of the learners, their life-histories, unconscious mental lives, images, and symbols.\textsuperscript{281}

In its emphasis on personal and practical experiences CPE approaches the experiential views of learning. The learning is experience-based, dialogical, personal and holistic.\textsuperscript{282} In supervision in particular, learning always starts from the supervisees' own experiences of their pastoral work. These experiences are first reflected on in the process of writing verbatims and later in the supervisory encounters.\textsuperscript{283} The first reflection often may be quite intuitive, but in optimal cases the reflective process in supervision includes the conceptualization of the experiences in terms of theoretical pastoral knowledge. This reflection leads to interventions in new encounters with former clients or testing out the ideas in new relationships. Hence, in ideal cases the supervisory process forms a cycle of experiential learning (Chart 1.2).\textsuperscript{284} Probably, the first two steps of the cycle always take place, but the conceptualization and testing out may not necessarily always materialize.

\textsuperscript{280} Tuomi-Gröhn & Engeström 2000.
\textsuperscript{282} deCourcy 1998.
\textsuperscript{283} Verbatims were developed by Russell L. Dicks already in the 1930s. They have been widely used in CPE supervision ever since. Thornton 1990, 178.
\textsuperscript{284} See Kolb 1984, 20-38, 40-42; Heron 1996, 84-87; Jarvis 1987a, 24-26.
Generally, supervisors encourage their supervisees to formulate their own goals for the supervision and, thus, start from the learner's own situation. The first two sessions are often used for this purpose. The emphasis of supervision should remain on the supervisees and their experiences throughout the process. The role of the supervisor is to support their supervisees' self-reflection. Virtaniemi defines the supervisor's role with the terms teacher, supporter, consultant, and evaluator. In the role of teacher, supervisors provide their supervisees with the information that they seem to need, for example, in helping special clients. Teaching may be done not only by direct instruction but by various other means as well. The main objective of the supportive role is to alleviate the supervisees' anxiety, fear, shame, and feelings of inferiority. Some client situations may provoke powerful emotions, which should be reflected on in supervision. Sometimes the helping work also activates the supervisees' personal problems, and, on occasion, supervision also deals with these issues. In the role of consultant the supervisors help their supervisees to analyze their pastoral encounters from a distance and to discover the systems in their relationships both with the clients and with the supervisor. As evaluators, the supervisors give feedback of their supervisees' progress and strive to encourage their self-evaluation. In the Finnish system, long-term evaluation takes place in the middle of the supervisory period and at the end of it. Generally, it is based on the supervisees' self-evaluation. The supervisees often write down their
self-evaluation, but the supervisors’ evaluation seldom comes in writing.\footnote{285} Short-term evaluation may mean, for example, checking how the supervisee has applied the plans and ideas generated in supervision to a given pastoral encounter. Confrontation is an important means in both forms of evaluation.\footnote{286} All of these supervisor roles can also be seen in the experiential view of learning.\footnote{287}

At its best, supervision may improve the supervisees’ self-reflective capabilities and help them to change their working practices. In all likelihood, reflective processes of supervision and practicing in authentic work contexts are the components of the training that most clearly correspond to the basic ideas of effective learning in not only the experiential, but also the constructivist and the situated approaches. The emphasis on reflection is common to all these views of learning, and authentic contexts are recommended in the situated approach, in particular.\footnote{288}

In addition to supervision, the identity groups and growth groups follow rather closely the ideas of the experiential view of learning. They concentrate on improving the students’ self-knowledge and interaction skills. The participants decide the discussion topics. As the identity groups have no outside leader, the entire process is dependent on the students themselves. The teachers offer consultation but do not otherwise direct the process. In the growth groups the role of the supervisor is to guide the group’s progress towards the participants’ goals. This role is demanding because, in addition to being aware of the group processes, the group supervisors must take into careful account the possibly contradictory objectives and needs of the individual members.\footnote{289} The close collaboration with peers in these groups and in the seminars also corresponds to the emphasis of social contexts characteristic of the situated views of learning.\footnote{290}

In the Finnish educational tradition, the content and structure of the seminars are quite similar both in the diocesan and in the national training
programs. Each seminar is focused on a special theme. These themes comply with the CPE models on which the programs were originally based. In line with the characteristics of the experiential approach, the objectives of the seminars are not strictly specified. However, the overall content of the seminars is structured, and it has followed a very similar pattern year after year. However, some individual sessions are directly based on the students’ ideas. The goal of the seminars is to provide theoretical knowledge of pastoral care and to introduce new methodical approaches. In this sense, they represent most closely the conceptualization phase of the experiential learning cycle.291

Most of the working methods used in the seminars start from or take into account the students’ experiences. For example, lecturing has been cut to a minimum, and most working sessions utilize the students’ experiences in their role-plays, drawing exercises, or group discussions. The role of the educators varies from role model and professional expert to teacher and provider of new information.292

From the viewpoint of the learning theories, the biggest problem or challenge of the seminars is probably how to transfer the new information introduced in the seminars and the new approaches practiced during them to the students’ actual work practices. All seminars provide the students with a great amount of new information. However, as the principles of learning introduced in the previous chapter show, the presentation of new information alone does not guarantee that it will become part and parcel of the students’ practices, will change their attitudes, or enhance their self-perception. The new approaches, such as the solution-focused approach, introduced and practiced during the seminars, should be consciously and efficaciously put into practice as soon as possible. Also, they should be reflected in supervision. Eraut states that learning new practices always requires follow-up.293

Hence, the main challenge of the present study is to examine how well the issues and practices presented in the training are transferred to the students’ actual working practices, their attitudes, notions of pastoral care, and their views of themselves as pastoral caregivers. Mainly, I seek to show this by utilizing the students’ self-assessments given in the interviews and questionnaires, the assessments of their supervisors in questionnaires, and by analyzing their verbatims and other reports written for supervision.

291 See Kolb 1984, 21; Heron 1996, 84-87.
292 On the teacher roles see Kolb 1984, 197-201.
293 See Eraut 1994, 36-38.
2. AIM AND METHODS

2.1. Aim of the Study

The idea for this study originated from the practical needs of the teachers of the training in pastoral care and counseling. Regardless of the long history of specializing training in pastoral care in Finland, no empirical studies on the training have been carried out. Elsewhere qualitative studies on the CPE are also rare and doctoral studies on the European counterparts of CPE seem to be entirely lacking.2

The primary purpose of the present study was to examine holistically the professional and personal growth of the pastoral caregivers participating in the two-year training program in pastoral care and counseling described in Chapter 1.4. Another goal was to assess the extent to which the objectives of the training were achieved. The interviews, questionnaires, and other data compiled covered all the major dimensions included in the objectives: the personal, professional, and spiritual dimensions of growth.

However, in the course of the analysis it became obvious that the research material was too extensive for one study. Therefore, I left out the detailed analysis of the personal and spiritual dimensions.1 Even though this distinction was made, the separation of the personal, professional, and spiritual domains was quite artificial, because they were highly intertwined. Thus, data about the life histories, life situations during the training, personality, self-image, and spirituality was utilized to some extent in the attempts to understand and interpret the characteristics of and changes in the professional dimensions included in the study.

A preliminary analysis of the material also revealed that it was not possible to examine change without first describing and analyzing the students' situation at the beginning of the training. This data also offers valuable

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2 I did not find any European dissertations on the counterparts of CPE, either in the Dissertation Abstracts or in the directory of theological dissertations published in Revue Théologique de Louvain. However, I was able to check the volumes of the latter only since 1980 (available in Finland). The only European dissertation examining clinical training in pastoral care is David Lyall’s study (1979) on the effects of hospital-based courses on students of theology at Edinburgh University.
3 I dealt with the spiritual dimension in my paper “The Interaction Between the Spirituality of Pastoral Caregivers and the Spiritual Care They Provide” presented at the 6th Congress of the International Council on Pastoral Care and Counseling in Accra, Ghana, in August 1999.
knowledge for the development of the training because the situation of the learners should be the starting point of the training.

Therefore, the aim of this study was confined to the examination of the professional profiles of the pastoral caregivers and the changes that took place in them during the two-year specialized training in pastoral care and counseling. In accordance with my original goal, the training program was assessed in terms of the fulfillment of the objectives set for it. The outcomes of the training were assessed only on the individual level, based mainly on the students' own experiences and own assessments of their development. On the basis of these objectives the main issues to be dealt with in the study can be stated as follows:

1. One of the basic principles of the training was to encourage the students to work on the basis of their own personal goals throughout the training. Therefore, this study started with the examination of the motives and goals of the parish pastors and diaconal workers who were admitted to the training and consented to participate in the present study. As regards the chaplains working in specialized ministries in hospitals or with the mentally handicapped, their motives for applying for their posts were also explored. In addition, the students' goals were compared to the ones set by the program leaders.

2. The main professional goal of the training was to help each student to find his or her personal way of giving pastoral care and to offer them basic skills in and information about helping people in different crises and life situations. Thus, the second aim of this study was to investigate how students practiced pastoral care and counseling and how their practices developed during the training. In addition, based on this analysis an assessment was made of how well the training met the student's personal goals in this area, as well as the goals set by the program leaders.

3. Another goal of the training was to help the students to clarify and understand the special features of pastoral care in their work setting and to develop their personal theology of pastoral care. Accordingly, the third aim of the study was to examine how students defined pastoral care and formulated their personal theology of pastoral care, and how

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4 A detailed description of the training is given in Chapter 1.4.
5 The objectives of the training are presented in the brochures introducing the training, the letters sent to the participants before each seminar, and interviews of the program leaders. The students' objectives are described in Chapter 3.
their views changed during the training. Again, the training was assessed in terms of reaching this goal.

4. The training also hoped to strengthen the students' identity as pastoral caregivers. Therefore, the fourth major issue studied was how the students saw themselves as pastoral caregivers and how their self-assessments changed during the training. Their identity as pastoral caregivers was also examined by comparing their self-assessments with their supervisors' assessments. In addition, the training was evaluated in terms of its ability to strengthen the students' pastoral caregiver identity.

In this study I generally prefer the terms pastoral care and pastoral caregiver because they apply to all the students and their work better than the terms pastoral counseling and pastoral counselor. Pastoral care is understood as unstructured pastoral activity. It can comprise informal or formal supportive conversations or other caring actions. It assists people with their everyday affairs and with their deeper existential problems. The term pastoral caregiver is also more illustrative in the sense that pastoral care is only a part of the responsibilities of parish pastors, diaconal workers, and chaplains working with people with mental handicaps. The Finnish word stelunhoito "care of the soul" can be employed for both pastoral care and pastoral counseling. Pastoral counseling is generally understood to be more therapeutically oriented help than pastoral care, and it focuses more on clients' problems. Generally it also involves an agreement as to the time and place of consultation. A more detailed definition of these terms is given in Chapter 5.1.

The theoretical frame of reference of the present study was related to learning theories, more particularly the theories of experiential, constructivist and situated learning, theories of transfer, and theories of the development of expertise. These theories, introduced in Chapter 1.5, were used in the interpretation of the results and in a discussion of the potential

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6 The term pastoral care is also used to describe hospital chaplains' work in an English brochure on hospital chaplaincy With You, Hospital Chaplaincy (1996).
7 Mills 1990, 836-837; Browning 1993, 5-7; Jacobs 1997, 32-39; de Jongh van Arkel 1999; Virtanen 1999. According to Ewing (1990, 859), a pastoral counselor has an education in theology and behavioral sciences, as well as professional skills in counseling or psychotherapy. He should also be aware of how his own personality functions. He is authorized to carry out his ministry by a religious group. As regards the participants of this study, they meet all the other criteria, at least to some degree, except education in behavioral sciences.
ways of developing the training. The above theories have been widely used in assessing the outcomes of education of various professions, but not in studies examining training in pastoral care.

The only exception I have found is Anthony O'Connor, who examined how CPE affected the learning of students in Canada. His study was based on rather short student and supervisor interviews carried out during the ninth week of the eleven-week unit or during the fourth unit of residency studies. His study is a description of the participants’ experiences, and critical reflection on the results in the light of the theory of experiential learning is rather limited. Thomas O’Connor relates the teaching styles of pastoral supervisors and learning styles of their supervisees to adult education theory based on Canadian data. Joan Hemenway’s article discusses the American CPE in terms of contextual, behavioral, and experiential learning. The ACPE theory papers published in the *Journal of Supervision and Training in Ministry* often also relate learning in CPE to the learning theories.

2.2. Participants

This study involved participants in a course of the two-year specialized training program in pastoral care and counseling in Finland. This is a national program offered by the Center for Hospital Chaplaincy, Center for Family Issues, and Institute for Advanced Training of the Evangelical Lutheran Church of Finland. The participants of the training course studied here included family and telephone counselors, hospital and prison chaplains, chaplains working with the mentally handicapped, parish pastors or lectors and diaconal workers. The total number of students who participated in all parts of the program was 30. As explained in Chapter 1.4, the training of these employee groups differs to some extent from group to group. In addition, the work of each group differs. Therefore, I included in my study only the two largest groups of students:

1) The group of parish workers comprising five parish pastors, one lector and two diaconal workers. One of these students worked as a substitute family counselor during the training. Nevertheless, he was included in

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8 According to Eskola & Suoranta (1998, 80-83), in qualitative research theories can be used as tools for reflecting on the results and in their interpretation or they can be inductively created on the basis of the data. In this study they are used in the first mentioned way. See also Alasuutari 1994, 69-72.
10 See e.g. Montonye 1997; Springer 1997; Gillman 1998-1999.
the study because he was admitted to the program as a member of the parish group and because at the beginning of the training it was possible that he would return to parish work during the program.\footnote{11} All eight of these students agreed to participate in the study.

2) The hospital group consisting of hospital chaplains and of chaplains working with the mentally handicapped. Altogether, 17 students belonging to this group took part in the training program. However, six of them could not be included in this study because they participated only in some parts of the program. In addition, two hospital chaplains refused to take part in the study.\footnote{12} Therefore, the number of participants of the study belonging to this group was nine. Six of them worked in hospitals and three with the mentally handicapped.

Thus, the total number of the participants of the study was 17. To ensure anonymity, I do not reveal the exact years during which the training took place. However, it was arranged during a two-year period during the 1990s.

The participants came from different parts of the country. Seven of them were male and ten female. The participants' age, work experience and time in present job are given in Table 2.1. At the beginning of the follow-up period, their ages ranged from 30 to 59 years, with a mean of 45. Two of them were single and fifteen married. All the married participants also had children, some of them grandchildren. Also, due to the great variations in their ages, the working experience of the respondents varied a great deal.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|}
\hline
& Age & f & Working experience as minister / diaconal worker & In present job \\
\hline
& years & & years & f & years & f \\
\hline
30-39 & 4 & 0-2 & 3 & 1 & 1.5-2 & 5 \\
40-49 & 7 & 3-9 & 6 & 5-10 & 3 \\
50- & 6 & 10-19 & 3 & 11- & 4 \\
20- & & & & & \\
\hline
\end{tabular}
\caption{The Participants' Age, Working Experience and Time in Present Job. f=frequency.}
\end{table}

\footnote{11} He participated both in the special components for family counselors and in those offered for parish workers.

\footnote{12} Both of them came from the same region. They did not want to have their personal views and growth processes included in the study. They also believed that the study might give a distorted picture of hospital chaplains and would label them as a group. One of them thought the project to involve too much work for her. All these issues were discussed with them, and the aims of the study clarified. They were also given additional time to consider their participation and were contacted once more by phone. They still refused to participate.
Great pains have been taken to ensure the anonymity of the participants because several participants wanted to be sure that they would not be identified from the study. I promised them that I would present the results in such a form that individual students could not be recognized. One way of ensuring their anonymity was to give the participants code names that would not even reveal their gender. They were numbered from 1 to 17 in the order in which they were initially interviewed. H refers to the pastors working either in a hospital or with the mentally handicapped, and P to the pastors or diaconal workers working in a parish setting. In some sections and quotations I have left out even the code names or replaced "he" with "she" or vice versa in order to reduce the possibility of identification.

2.3. Methods of Data Collection

Because of the small number of students, quantitative research methods were not appropriate. Even though an accurate measurement of change is impossible with qualitative methods, they offer better means of understanding students' experiences and the nature of the potential changes. Generally, the qualitative approach provides the best possibilities of exploring participant perspectives. Additionally, it is well suited for the study of processes and outcomes.13

To be able to understand their professional growth processes and the reasons for potential change, the students should be observed as closely as possible during training. However, because the interviews and other special means of collecting research data are always interventions that bring the students to engage in extra self-reflection, the number of such interventions had to be reduced to the minimum. Because the students lived scattered all over Finland, more frequent interviews or other encounters were impossible. Therefore I opted for a before-and-after research design, in which the initial research intervention took place just before the training and the follow-up phase a few months after the program had been completed.14

In order to gain a comprehensive view of the topic, I utilized both method and data triangulation.15 The data were gathered by interviewing the

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14 Vaherova (1983, 85) recommends a before-and-after research design for studying training outcomes. The majority of studies on the effectiveness of CPE have used a pretest-posttest research design. See e.g. Grant 1975; Geary 1977; Thomas & Stein & Klein 1982; Dayringer & Paiva 1986; Leeland 1990; VandeCreek 1991; Fitchett & Gray 1994.
15 On the different forms of triangulation see Eskola & Suoranta 1998, 69-73.
students and program leaders, by observation, and using questionnaires filled in by the students themselves, by their supervisors, and by group leaders. Basically, the questions were the same both before and after training, and the changes were examined by comparing the answers given on both occasions. In addition, in the follow-up phase the participants were requested in a direct question to assess the changes, if any. Also, similar principles were applied to the questionnaires sent to the supervisors.

Table 2.2. The Methods of Collecting Data Pertaining to the Main Questions of the Study.

<table>
<thead>
<tr>
<th>The Main Question</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Motives and goals</td>
<td>Interviews</td>
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<tr>
<td></td>
<td>Aptitude test material</td>
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<tr>
<td></td>
<td>Homework</td>
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<td></td>
<td>Interviews of the program leaders</td>
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<tr>
<td>2. Practice of pastoral care</td>
<td>Interviews</td>
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<td></td>
<td>Written reports</td>
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<td></td>
<td>Questionnaires</td>
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<td></td>
<td>Essays, homework, feedback forms</td>
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<td></td>
<td>Supervisor questionnaires</td>
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<td></td>
<td>Interviews of the program leaders</td>
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<tr>
<td>3. Conceptions of pastoral care</td>
<td>Interviews</td>
</tr>
<tr>
<td></td>
<td>Written reports</td>
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<tr>
<td></td>
<td>Final essays</td>
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<td></td>
<td>Supervisor questionnaires</td>
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<tr>
<td>4. Pastoral caregiver identity</td>
<td>Interviews</td>
</tr>
<tr>
<td></td>
<td>Questionnaires</td>
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<tr>
<td></td>
<td>Supervisor questionnaires</td>
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<td></td>
<td>Questionnaires given to the growth group leaders</td>
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<tr>
<td></td>
<td>Feedback forms</td>
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<td></td>
<td>Final essays</td>
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<td></td>
<td>Personality tests</td>
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<td></td>
<td>Observation</td>
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</tbody>
</table>

The data triangulation utilized not only the material gathered exclusively for the present study but also naturally occurring data, such as verbatims and other reports written for supervision, feedback forms, and essays. One of the advantages of data of the latter type is that it accumulates without any influence being exerted by the researcher. Any other form of data collection is always an extra intervention. Table 2.2 summarizes which methods of

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16 Alasuutari 1994, 74-75.
data collection were used to answer each of the main questions of the study. The methods are introduced in detail in the following chapters.

**Interviews**

The participants were interviewed before the program started and a few months after the last seminar. The follow-up interviews were timed close enough to the training when the various components were still fresh in their minds. Some studies on CPE have shown backsliding during the months following the training.\(^\text{17}\) Therefore, conducting the follow-up interviews a few months after the last seminar probably gave a more reliable picture of the lasting effects of the training.\(^\text{18}\) Naturally, the growth process related to the training will continue much longer. In order to enable an examination of further growth processes, the third interview could be made, for example, five years after the training. In the following chapters, the term initial interview refers to the interviews conducted before the training, and the term follow-up interview to the interviews carried out after it. In the quotations the symbol “I” after the interviewees code name refers to the initial interview and “II” to the follow-up interview. The symbol . . . in the quotations indicates that a portion of the text has been omitted.

The interview method was a semi-standardized open-ended interview.\(^\text{19}\) Basically, the participants were asked the same questions, but the order of the questions, their clarifications, and the probing questions varied according to the occasion. Also, the wording of the questions varied to some extent. This interview method limits and channels the answers of the respondents to a greater degree than the thematic interview. It was, however, appropriate for this study, because standardized questions helped me to use the interview time in the most effective way. Because of the long distances involved,\(^\text{20}\) all of the themes had to be covered in one session. On the other hand, the interview questions could not be strictly structured because many were personal in nature, and it was necessary to ask

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\(^\text{17}\) E.g. Geary 1977; Thomas & Stein & Klein 1982.

\(^\text{18}\) In most of the studies concerning CPE, the follow-up testing has been carried out during the last week or day of the training. E.g. Grant 1975; Dayringer & Paiva 1986; VandeCreek & Valentino 1991; Fitchett & Gray 1994.

\(^\text{19}\) Patton 1990, 284-286.

\(^\text{20}\) The subjects lived all over the country. The total length of my interview trip was about 3500 km.
clarifying and probing questions when needed. In addition, flexibility was necessary for the creation of a relaxed and conversational atmosphere.\textsuperscript{21}

The interview questions were based on the objectives of the training program set by the program leaders. They covered all the main target areas, but this study examines only the questions related to the professional sphere. Originally, it would have been wiser to confine the study to the professional domain. This would have made it possible to focus better on each theme. However, understanding the students' overall life situations is indispensable for the interpretation of the results and, thus, the personal and spiritual spheres could not have been totally excluded from the study.

In the follow-up interview the questions were partly the same as in the initial interview. Some of the initial questions were left out of the follow-up interview, and questions concerning the training program were added. The first interview comprised 72 and the follow-up interview 64 questions. The themes covered included, for example, the students' work situation, their life history and current life situation, their conceptions and practices of pastoral care, their views of themselves, and their spiritual life. In the initial interview they were also requested to describe their goals for the training and in the follow-up interview to assess the various components of the training and their own progress during it. The questions are given in Appendix B.

In accordance with the preference of the interviewee, the interviews were conducted either at the workplace or at home. The interview situation was made as undisturbed and relaxed as possible. During some interviews other family members were at home, but never in the same room. The duration of the interviews varied from 1.5 to 5.5 hours. Generally, the duration of the interviews was about four hours. My tiredness and that of the interviewees might have watered down the answers, especially in the latter parts of the longest interviews. The impact of tiredness was lessened by taking breaks when necessary, as a rule one break during each interview. If questions related to the study were discussed during the break, I wrote down the main issues after the interview.

I had met two of the interviewees before in other contexts but did not know them especially well. Therefore, the initial contact with these interviewees was more personal than with the others. However, it did not seem to affect the content of the actual interviews. Most interviewees spoke very honestly and openly. The atmosphere in the follow-up interviews was even more

relaxed, because all the interviewees already knew me. Furthermore, some interviews may have helped the participants in a pastoral way, because they provided a possibility of talking about personal and work problems.

In a few interviews the arrangements and equipment caused some technical problems. I recorded the initial interviews with a small battery-operated recorder and the follow-up interviews with an electric one. If the recorder could not be placed close enough to the interviewee, some sections of these interviews were difficult to transcribe. These are marked with a line (____) in the transcripts. My own questions, in particular, were not always heard, because I placed the recorder as close to the interviewee as possible. In the interview of P10, a rather long section (from questions 11 to 24) was missing, because the batteries ran out in the course of the interview, and I did not notice it in time.22 In the follow-up interview of H5, large sections of the interview were too unclear to be transcribed, mainly due to the poor quality of the recorder combined with the soft voice of the interviewee and the acoustic qualities of the room.23 Therefore, the least intelligible parts of the interview were re-conducted about five months later.24

When reading the transcripts I noticed that, on occasion, I should have asked a larger number of clarifying questions to obtain a more detailed view of the issue in question. On the other hand, the interviews were very comprehensive and took several hours. Penetration into details in each topic

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22 The interview was made at night and it was not possible to repeat the questions. After the interview I dictated everything I could remember on tape. The main part of the missing section dealt with the life history of the interviewee. Part of that information was available in the paper the student wrote for the first seminar.

23 The recorder I used in the follow-up interviews turned out to be of poor quality. When I tested it before the first interview, the quality of the sound was faultless. However, if the voice of the interviewee was very soft or low, it was covered by the humming noise of the recorder. If the room echoed and the recorder was placed on a hard surface, the quality of the recording was also rather poor.

24 I was not able to carry out the re-interview earlier. In the re-interview the interviewee was given the transcript of the previous interview to be better able to recollect the answers and opinions given in the original situation.
would have excessively lengthened the sessions. Also, the formulation of some questions was rigid, restrictive or unnatural.

The student interviews form the basic material of the present study, and these data are utilized throughout the study. In connection with the follow-up interviews, the program leaders were also interviewed. They were asked about the seminars in which I was unable to participate (the second clinical period for the hospital chaplains and the fourth seminar for the parish workers). In addition, they were asked to describe the objectives that they had set for the training and to assess the extent to which they thought the goals were reached. Furthermore, they evaluated the three seminars common to all and assessed the progress of the individual students in their section and the cooperation between the leaders. The present study mainly utilizes these interviews in the description of the program (Chapter 1.4) and in the evaluation of the achievement of the objectives of the training.

**Questionnaires**

The students filled in a questionnaire during both phases of the study. The questionnaires comprised questions related to their educational backgrounds and work. The students found the statistical questions difficult to answer, because they had not compiled detailed statistics about their work. Therefore, the estimates given were very indefinite and, therefore, most of the figures given are not reported. Also, the questionnaires included questions about the nature of the clients’ problems, the students’ ways of utilizing spiritual resources in pastoral care, and referrals to other professional helpers. Other questions asked in the questionnaires dealt with the preferable characteristics of pastoral caregivers, types of professional help sought by the students, and their devotional lives. The follow-up questionnaire included a list of the literature recommended to be read during the training. The students were asked to estimate the importance of each book/article on a five-point scale. The initial questionnaire of the

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25 In qualitative studies clarifications are often made afterwards, e.g. by re-interviewing the respondents or by contacting them by phone. However, this practice requires the transcribing of the tapes soon after the interviews. I was not able to transcribe the initial interviews until a year after conducting them. My study being a follow-up study also made later contacts problematic, because the training might already have changed the interviewees’ views. After the follow-up interviews, I transcribed the tapes during the following months but under the circumstances additional contacts with the students would have been difficult.

26 For example, I asked the participants to identify the methods that they primarily used in pastoral encounters whereas it would have been better to ask them to describe a typical or a certain pastoral encounter and the way they acted in it.
hospital chaplains and the follow-up questionnaire of parish workers are given in Appendix C.

All students returned both questionnaires, even though some of them not at the time of the interview, as had been requested. However, they mailed it to me later. If the questionnaire was filled in only partly, I asked the missing questions in the interview.

Also, separate questionnaires were sent to the supervisors of the students both at the beginning of the supervision and at the end of it (Appendix D). These questionnaires comprised only open-ended questions. They surveyed the background data of the supervisor and supervision as well as the supervisors' assessments of the characteristics, skills, and progress of their supervisees. In order to be sure that the supervisor would have received permission from the student to fill in and return the questionnaire, the students were asked to take it to their supervisor. Nevertheless, one supervisor refused to answer both questionnaires because, in his opinion, the questions dealt with confidential information. At the follow-up stage, two additional supervisors did not return the questionnaires. One of them filled in only the initial questionnaire because her supervisee had nearly finished his supervision before the first seminar. The other supervisor did not return the questionnaire even though his supervisee reminded him about it. The present study utilized the supervisor questionnaires to compare the students' assessments of themselves as pastoral caregivers with their supervisors' views.

Also, to get a clearer picture of the growth groups, questionnaires were sent to the growth group leaders at the end of the group period (Appendix D). This questionnaire consisted of open-ended questions concerning the functioning of the group and the leader’s assessments of the progress of individual students. All six growth group leaders returned the questionnaire.\textsuperscript{27}

I tested the questions of the initial interview and the questionnaire on one parish pastor. He had no special training in pastoral care, but hospital work was his responsibility area in the parish. After the pre-test, the questions were modified to some extent before the actual interviews. In addition, I made some changes in the questions after interviewing the first student.

\textsuperscript{27} It would have been better to interview both the supervisors and the growth group leaders. However, this was not possible because they lived all over the country and the timing of the supervision of the students varied greatly.
Written reports and other written material

In addition to the interviews and questionnaires, the research material comprised nearly all the written material that the students produced as a part of the training. The largest part of this material consisted of the verbatim28 or other reports written by the students for their supervisors. For research purposes the participants were asked to give copies of some reports completed at the beginning of supervision and a few from the final part of the supervision. The reports written by the hospital chaplains during the clinical periods were also utilized. However, I obtained written reports from only 12 students because all did not write reports for their supervisors or for some other reason did not want their reports to be used as research material,29 while one student gave copies of all of his 40 reports. The number of the reports was 147. Of these, 81 reports were from the initial and 66 from the final part of the supervision. However, only 89 reports dealt with pastoral conversations. The remainder (58) were records of small group meetings or concerned problems in the students’ work community, difficulties in conducting short services or the rite of burial, and other work-related issues.

There were great variations in how minutely the students described their pastoral conversations and in the style in which the reports were written. In fact, very few of them reported the whole conversation verbatim. Generally, only some parts of it were reported in detail and the rest of the report described the client’s background and current problems and the writer’s experiences of the session. The reports of one student were extracts from his diary.

The written reports were utilized in the description of the content of the students’ pastoral conversations and their ways of giving pastoral care. A number of the reports, however, were not very informative in this sense because some students seemed to have difficulties in describing their own actions and emotions during the conversation. They wrote mainly about

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28 A verbatim is written from memory and it reports the conversation in the form it occurred. Frequently, it includes a description of the setting and characterizes the persons involved and their relationships and expectations. Burck 1990, 1300-1301.

29 Reports from P4, P6, P10, P12 and P17 were not available. Two of them reported only orally to their supervisor, and one did not want me to see her reports because of their confidentiality. All were asked to bring copies of their reports to the follow-up interviews. Two students brought no reports without telling me the reason. I made copies of the reports written by the hospital chaplains during the clinical periods. These reports are deposited in the archives of the Center for Hospital Chaplaincy. Also, some hospital chaplains gave me additional reports written for their in-work supervisors.
their client, instead.30 The verbatim reports do not give a reliable picture of the students' pastoral conversations because the writers' perceptions of the encounter may be very different from the reality. However, they give valuable information about the students' perceptions and the things they pay or do not pay attention to. Video or audio recordings would have offered the best view of the students' real ways of giving pastoral care, but because they did not record their sessions for the supervision, such material was not available.31

In addition to the verbatim and written reports, the material consisted of homework done before the clinical periods and seminars, feedback forms (composed by the program leaders) filled in at the end of each seminar, and essays required for the degree. This material was utilized, for example, in the analysis of the objectives for the training set by the students, content of the pastoral conversations, and their ways of giving pastoral care.

In order to familiarize myself with the training program, I also studied all the material (e.g. letters and articles) sent or given to the students during the course as well as most of the books and articles intended as supplementary reading for the course.

**Observation**

Also, in order to obtain a clear picture of the training, I took part as an observer in the three seminars in which all the students participated. During the first three days of the first seminar I observed the group through a one-way mirror. This was, however, problematic and frustrating, because I could not hear what was said.32 From then on I sat in a remote corner of the room

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30 According to Kuusniemi (1990, 27) this is an implication of their inhibitions and lack of independence. These persons often have difficulties in setting objectives for their work. This may lead into difficulties in supervision and imply a need for personal pastoral counseling.
31 Lyall (1979, 171, 176-177) criticizes verbatims as research material because they do not enable exact comparison between pastoral caregivers or even between the encounters with different clients of the same caregiver. However, in qualitative research an attempt to understand the phenomenon is more important than exact measurement. Lyall used video and audio-recorded, simulated counseling sessions. The tape or film was stopped at certain points of the conversation and the participants were asked to write what they would have done or said in that particular point.
32 The program leaders did not want to endanger the start of the training process by my presence. I was introduced to the students at the beginning of the seminar. Naturally, my interviewees knew me already from the initial interviews. In particular, several of them asked me where I was during the sessions, and I felt that it was ethically correct to tell them. On the fourth day I and the program leaders wanted to see whether I could stay openly in the same
where the training sessions took place. The students soon got used to my presence and it did not seem to bother them. However, some of them told me in the final interview that they sometimes wondered what things I paid attention to and wrote in my fieldnotes. I attended all the sessions aimed at the whole group. Part of the time the students were divided into three groups according to their work setting. I attended the group meetings of hospital chaplains and parish workers on alternate days but, due to their intimate nature, I was not present at the identity group sessions. However, I got an overall picture of the functioning of these groups by attending the daily group consultation meetings.33 During the first two seminars I did not participate in all of the morning and evening prayers and evening activities, but took part in them during the third seminar. The main objective of the observation was to come to understand the nature and content of the seminars. Observation also helped to obtain an understanding of the general atmosphere of the seminars and the interaction between the students.34 However, because of their large number, it was not possible to observe individual students. Most of the time the students were divided into smaller groups, and it was not possible to observe all of them at the same time. My observation notes comprise descriptions of the course, implementation of the daily program, and the main content of the discussions, exercises, and role-plays. I also made some notes on the general atmosphere, my own feelings and thoughts concerning the training, my role as an observer, and my communication with the students. If I happened to talk with one of the students during breaks, I summarized briefly the content of these conversations.35

I utilized the information obtained by observation mainly in the description of the program and partly in the assessment of the factors that may have had an influence on the changes in the students.

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33 After each group session one group member wrote a report on the session (what happened during the session, what the communication was like, how efficiently the group leader acted, and plans for the next session). The report writer acted as group leader in the next session. In the consultation meetings the report writers and program leaders discussed group dynamics and plans for the next session.


Personality tests

Material derived from their psychological aptitude tests was utilized with the students’ permission. All of them underwent aptitude tests, either before being admitted to the program or being appointed to the post of hospital chaplain. The tests were carried out by Testor Oy and Suomen Psikologikeskus. Of the test material compiled I utilized only the short life histories and results of the personality tests (Wartegg test, Rorschach test, and Incomplete sentences). I conducted the Wartegg, Rorschach, and Incomplete sentences tests again in connection with the follow-up interviews. The present study utilized the test material only as background information.

2.4. Course of the Study

All those who had been admitted to the program had had to undergo psychological aptitude tests. The hospital chaplains had been tested when they applied for their posts. As regards the parish group, the test was arranged late in Year 1.36 I attended the group interview to give a brief account of my study. The results of the aptitude tests were published a month later.

The first two-week clinical period for the hospital chaplains was held at a Helsinki hospital in the autumn of Year 1. However, six hospital chaplains who had completed their first clinical period the year before also took part in the present study.

Due to the tight timetable of the clinical periods, it was not possible to carry out the interviews during them. Because the students lived all over Finland, visiting them three times (before both clinical periods and the first seminar) to conduct the initial interviews would have been expensive. Therefore, all were interviewed before the first seminar. This was somewhat problematic, because the training of the hospital chaplains was already under way before the initial interview. Also, eight of them had started their supervision before

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36 I refer to the year in question by labeling the years from 1 to 4. Year 1 is the year when the clinical period of the hospital chaplains and the aptitude tests of the parish group were arranged, and the years 2 to 4 are the following years.
the follow-up period. This was taken into account when it seemed to affect the results.

Soon after the publication of the aptitude test results in January of Year 2, I mailed a letter to those hospital chaplains who would take part in all of the training periods and to the parish workers admitted to the program. The aim of the letter was to inform the students about the present study and the practical arrangements it would require. The letter was accompanied by a recommendation written by the program leaders and a questionnaire that the students were requested to return during the interview. About a week later I phoned the students to ask whether they would consent to take part in the study. If they were willing to participate, an appointment was made for the initial interview.

The interviews were carried out during the three weeks before the first seminar. In connection with the interviews, the participants gave permission in writing for the use of their aptitude test material and all other written material they would produce during the training. In addition, each student was given a questionnaire to be filled in by his or her personal supervisor. They were asked to give it to their supervisor at the beginning of supervision. If supervision was already under way, the supervisor was advised to recall the situation such as it was when the supervisory relationship started.

The first seminar took place in the spring of Year 2 at the Institute for Advanced Training in Järvenpää and the second one next autumn. The third seminar was held in the spring of Year 3. I attended each seminar as an observer. All the lectures were recorded. In the third seminar I made the appointments for the follow-up interviews and gave the students questionnaires to be filled in by their supervisors at the end of the supervision period. In addition, I gave a questionnaire to one member of each growth group to give to the group leader in the final group session. Furthermore, I asked all the growth group members not participating in the present study for their consent to let the group leader fill in the questionnaire concerning their group. All gave their consent. The second clinical period for the hospital chaplains was conducted in the autumn of Year 3 at the same hospital as the first clinical period. The fourth seminar

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37 H1, H7 and H15 had started in supervision about two to three months before the initial interview. P6 and H9 about six months before, H5 and H16 about a year before, and H3 almost completed his supervision.

38 I showed each of them the questionnaire I wished to send to the growth group leaders and asked if they would give their consent for their group leader to fill it in. I did not ask for their permission in writing.
for the parish workers was also held during the autumn of the same year in Järvenpää. I did not take part in these events.

The follow-up interviews were carried out during two weeks in late January and early February of Year 4. At that time all the training periods, supervision included, had been completed. The students were reminded of the final interview by letter a few weeks before the appointed time. In line with their preference, the interviews were conducted either at the work place or home of the interviewees. Also, the three program leaders were interviewed.

2.5. Methods of Analysis

Primarily, the research material was analyzed qualitatively. However, I also devised some frequency tables in order to show how prevalent the different categories and phenomena were among the students.39

The recorded interviews and lectures were transcribed verbatim. There were 837 pages of transcripts of student interviews.40 The length of the initial interviews varied from 17.5 to 31 pages and of the follow-up interviews from 15.5 to 32.5 pages. The average length of the initial interview was 24 pages and that of the follow-up interview 24.3 pages. Six of the follow-up interviews were longer (on the average 5 pages longer) and eight were shorter (on the average 3 pages shorter) than the initial interviews.41 The combined length of both interviews varied from 35 to 62 pages.

In the first phase I kept all the interviews, questionnaires, and personality tests of each student in separate files. Next, I combined the files according to the major themes (personality, spirituality, professional skills) so that each file contained both the initial and follow-up interview and

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39 According to Silverman (1993, 163-164), quantification can complement basically qualitative analyses, because it offers a means of sensing the data as a whole and revising the generalizations. See also Eskola & Suoranta 1998, 165-175.

40 The transcripts were written with the font Times New Roman (size 12, single line spacing, left alignment). All margins (left, right, top, bottom) were 2 cm. The length of the transcripts gives a better picture of the extent of the interviews than the time spent, because there were great variations in the interviewees’ speech rate.

41 Students H2, H3, P4, H7, H11 and H16 spoke more in their second interviews. Also, they were more open than in the initial interview, probably because they already knew me. The interviews of H1, P6, P8, H9, P10, P12, H15 and P17 were shorter than in the first interview, mainly because of the smaller number of questions and shorter descriptions of personal life histories.
questionnaire material of all students. These files were further divided into smaller units according to the subthemes (such as *definitions of pastoral care*). I transferred to each file all the information potentially related to the theme in question. Later I heard about computer programs I could have used for coding and selecting the data. However, because I already had managed to organize my data into smaller units with the computerized “cut and paste” method, I did not re-code the material using these programs.

After having created the theme files, I did not know how to continue. I had used quantitative methods in my master’s theses both in psychology and theology, and I had only vague ideas about qualitative analysis. All the textbooks introducing qualitative methods seemed to offer only very general guidelines and no detailed instructions. When I had learned the mind map technique in a course of pedagogy, I started applying the method to the coding of the data. I coded the material theme by theme by placing the theme in the center of the mind map and around it the categories and their subcategories. On the outer circle were the original concepts and the students in whose interview (or other) material each concept was present. Also, I marked in the transcripts the units pertaining to the different categories with different colors. Because of the rather high degree of standardization of my interview method, the themes were formed on the basis of the questions. However, the categories, subcategories, and concepts emerged from the material. Some of the concepts used by the students may, however, have been influenced by the questions. In some cases I combined the information derived from the initial and follow-up phases on the same mind map by using different colors and in others I drew separate mind maps for the initial and the follow-up phases. The mind maps helped me to perceive the whole and its parts at the same time. Also, they helped to clarify the relations between the categories.

Even though the main idea of my initial categorizations was correct, the first drafts were full of details and descriptions of individual cases, which made it difficult for me to see the essential aspects. The constructive

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42 See e.g. Saari 1994, 169-170, 172.
43 Also, looking at my interview questions now, I see that they resembled too closely the quantitative way of asking questions.
44 In the grounded theory approach this phase of analysis would include open and axial coding. Open coding is the first phase of conceptualizing and categorizing the data and axial coding the phase of making connections between the categories. Strauss & Corbin 1990, 61-74, 96-115. Ways of coding the data are also introduced e.g. by Bogdan & Biklen 1992, 165-183 and Eskola & Suoranta 1998, 150-165, 175-182.
45 According to Syrjäläinen (1992, 29; 1994, 89, 94), the chief advantage of the mind map technique is its visuality. In addition, it helps to distinguish between essential and nonessential material.
feedback I received at research seminars on pastoral psychology helped me to reduce the number of categories and raise the level of abstraction of my text. I had to learn to draw several new mind maps in order to reduce the number of categories to a reasonable level.

In the mind maps the material was grouped according to the themes. By using qualitative tables, I also grouped the material based on the mind maps according to the students. On these tables I marked the categories apparent in each student. The objective of this analysis was to group the students into specific types in accordance with the issue in question. In order to clarify the differences between these types, I used qualitative cross-tabulations to combine the major categories and the types. In the cross-tabulations I described the typical characteristics of the types in terms of the categories.46

In order to be able detect the changes taking place during the training, I categorized the material of both phases of the study and compared the results. To summarize the change, I tried to find the major dimensions of the change and to analyze, case by case, the potential transition from one category or type to or towards another one. Generally, the categories were quite similar in both phases of the study and, therefore, the categories were in some chapters (e.g. in Chapter 6) introduced with excerpts from both the initial and follow-up interviews. After the introduction of the categories, the changes are explained in a separate chapter.

When possible, I tried to finally summarize the results by placing the types in a four-field graph (see e.g. Chart 4.1) formed by the most important dimensions. These charts also include an illustration of the change.

Because the research material included different forms of data, I utilized triangulation of the data in the categorizations. For example, the ways in which the students gave pastoral care were analyzed on the basis of the interviews, questionnaires, reports written for supervision, final essays, and some assignments written for the seminars. Similarly, the students’ own assessments of themselves as pastoral caregivers were compared to their supervisors' assessments.

My first draft was based on the mind maps, qualitative tables, and four-fields or models. This preliminary draft comprised the categorization and types and documented the categories with excerpts derived from the interviews, written reports, and occasionally from homework done before the seminars. In addition, I included the qualitative tables and four-field

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46 According to Eskola & Suoranta (1998, 182-186), the creation of types is, at its best, a good and interesting way of compressing the data.
graphs in the text. After this phase, I presented the resulting papers at research seminars on pastoral psychology and rewrote it taking into account the feedback I had received.

During the final phase of the writing process, I studied in more detail the literature related to each theme and tried to clarify for myself the most important conclusions that could be drawn from the results and to specify and modify the categories when necessary.\(^{47}\) Furthermore, during the final process I examined the results in the light of the objectives set for the program by the students themselves and the program leaders, and the content and substance of the training program. In addition to consulting the literature and research on pastoral care and counseling, I also attempted to relate my findings to the theories of learning and transfer and to the theories of the development of expertise. Naturally, I read some literature throughout the process but consciously avoided studying it in greater depth before the basic categorization of the material, because I wanted the categories to emerge from the material, not from pre-existing models or theories. However, my former knowledge and experience inevitably affected the analyzing process.

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\(^{47}\) In the grounded theory approach, literature can be used to validate the accuracy of the research findings. It is also possible to raise relevant concepts and useful questions while the results are being interpreted. Strauss & Corbin 1990, 50-52.
3. PROFESSIONAL MOTIVES

3.1. Motives for Applying for a Specialized Ministry or for Specialized Training

Studies of adult students who apply for supplementary training indicate that they want to continue their studies for various reasons. Their motives may also change in the course of the program. One of the main motives would seem to be feelings of inadequacy in one's profession. In addition, people appear to apply for training courses because they want to improve their competence and thus guarantee their job during times of unemployment. Some of the students apply for supplementary training because they are frustrated or tired of their work or because their job descriptions have changed. Students often appear to plan to supplement their studies over a long time and realize these plans when their life situation allows it or they are offered the opportunity to do so. In addition to work-related motives, people also mention personal and social motives, such as personal development, improvement of self-esteem, social appreciation, and social relationships.¹

Similar motives have also been found in studies of CPE students. Denham has shown that about 50% of the students in their first CPE unit considered development of pastoral care skills their primary reason for applying for the training. Other reasons mentioned were a wish to grow as a person and the requirements of seminary or for ordination.² In his study of Canadian CPE students, O'Connor showed that participants over age 30 gave personal development as the main reason for involvement in CPE, whereas the younger students had applied for the training because of the theology program or ordination requirements. Older students also became involved in CPE because they wanted to change direction in their ministry.³ According to Geary, personal growth was the major goal of CPE students.⁴

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¹ Piesanen 1993, 88-90. The participants in Piesanen's study were adult students (N=389) of a commercial school, a technical institute and a public health care institute. Järvinen (1996, 30-31) examined adult students studying for their master's degree in Health Administration. Participants (N=70) in Nummenmaa's (1992, 18-19, 35-36) study came from six vocational institutions. See also Blaxter & Tight 1995, 231-246.
² Denham 1985, 50.
⁴ His results also indicated that CPE students tended to seek more growth experiences than controls without involvement in CPE. Geary 1977.
In the present study, I asked about the motives for applying for the training of pastoral care only from the parish workers. This question was not relevant for the hospital chaplains and chaplains working with the mentally handicapped because they were obliged to participate in the training after having been appointed to their posts. Therefore, I asked chaplains why they had applied for their current job.

Even though the questions differed, some of the students’ answers were rather similar in both groups. Table 3.1 illustrates both the reasons for applying for a specialized ministry and the reasons for applying for the specialized training in pastoral care. The most frequent reason for the interest of both chaplain groups in specialized ministry originated in their former experiences of pastoral care. Most of them also felt that they were well-suited for a job focusing on pastoral care. Correspondingly, the main motives that the parish workers mentioned for applying for the training were their willingness to improve their professional skills and their interest in pastoral care.

Table 3.1. Motives of Applying for a Position in Specialized Ministries or for Specialized Training. Frequencies are given in the parenthesis.

<table>
<thead>
<tr>
<th>Reasons for applying for a specialized ministry (Hospital chaplains and chaplains working with the mentally handicapped, N=9)</th>
<th>Reasons for applying for specialized training in pastoral care (Parish pastors and diaconal workers, N=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Former experience of pastoral care / of the work with the mentally handicapped (7)</td>
<td>• Improvement of professional skills (7)</td>
</tr>
<tr>
<td>• Personal interest or suitability for pastoral care (6)</td>
<td>• Personal interest or suitability for pastoral care (5)</td>
</tr>
<tr>
<td>• Respect for hospital work / chaplains (3)</td>
<td>• Needs of work (3)</td>
</tr>
<tr>
<td>• Personal life history (3)</td>
<td>• Desire or opportunity for change (3)</td>
</tr>
<tr>
<td>• Desire or opportunity for change (3)</td>
<td></td>
</tr>
</tbody>
</table>

Former experience of hospital work or pastoral care, either during studies or later on in professional life, comprised most frequently the motivation for wanting a hospital job. Several hospital chaplains had done their practical training in hospital or worked there during their summer holidays during their studies. They thought that this experience had given them a realistic view of the work and increased their motivation for considering work in the same field later on. Some students’ interest in
pastoral care during their university studies was also manifested by their choice of practical courses of their major subject.\(^5\)

Well, I got some idea of it during my studies because I majored in pastoral care, [even though] I didn't write my thesis directly on it . . . and then, I was in supervision during my studies and went to a hospital once a month, no, once a week, and talked with patients and was in group supervision afterwards all the time. And then one summer, I also worked for a couple of months in a mental hospital and in a central hospital. But at that time I thought that I wouldn't like to dedicate myself totally to it, after all, it's quite a limited field to work only in it, so it didn't attract me. But now when this opportunity came, so this [interest] awakened again and it has interested me, certainly. (H15, I)

Working experience gained after graduation had also influenced some of the hospital chaplains and chaplains working with the mentally handicapped to apply for their current post. For example, time spent as a substitute for a hospital chaplain had assured one student of her conviction that working in hospital was what she wanted to do in the future. The positive feedback he received from the mentally handicapped students in confirmation classes made another student realize the importance of the work:

Well, a concrete sparkle for it I think was that I taught in confirmation classes for the mentally handicapped . . . and when I met these guys they always asked when we have our next class. I mean the enthusiasm of these 40- to 50-year-old guys, and their devotion, and their experience that they can participate in confirmation classes, and the enthusiasm of the celebration. I mean this experience that this work has such great importance. In a way this attracted me, and I felt that I could do more of this kind of work. (H3, I)

According to a survey sent to the Finnish hospital chaplains, over one third of the chaplains had applied for their post because they felt they had a vocation for pastoral care.\(^6\) The former experiences that the participants of the present study had of pastoral care probably increased their sense of vocation for the work even though they did not use this term.

Nearly all of the hospital chaplains and chaplains working with the mentally handicapped had worked in a parish before their current jobs. Their reasons for wanting to work in a hospital were often related to personal interest or suitability. Some pastors thought that work as hospital chaplain suited their personality better than ordinary parish work:

I find preaching in a parish foreign to me and my personality. The idea that I'm a preacher and that I should make a public appearance is foreign to me. It

\(^5\) These students chose a maximum number of practical courses in pastoral care. One student's thesis was related to pastoral care, and another had majored in pastoral care and counseling.

\(^6\) Sielunhoito sairaalassa 1990, 34-35.
makes me feel anxious or should I say that it was even more oppressive when I started studying. Now it's maybe not so fearsome because I've done some of it in a parish. On the other hand, the work I appreciate best is pastoral care. At some point I wondered is it only my wishful thinking or am I really good at pastoral care, or whether it is only because I appreciate it so much that I want to do it, even though I'm not suited to it. But I think it's mostly a question of personality and I don't like to be in the public eye. I feel safer in a small group. And I appreciate listening more than speaking, even though in my work I sometimes find myself speaking too. (H11, I)

Willingness to help was frequently mentioned, and many found in pastoral care their true vocation to help people or serve the Church. One hospital chaplain expressed this by saying that she felt she had an "inborn talent" for listening to people, taking part in their problems and helping them to try to solve them. Pastoral care comprised an important part of her job, for example, dealing with people in their bereavement. In the survey *Sielunhoito sairaalassa* some hospital chaplains mentioned similar reasons for opting for their jobs.7 Equally, the main motive for starting a grief counseling group was the group leaders' interest in pastoral care and grief counseling.8

Some parish workers also expressed the opinion that their great interest in pastoral care was the reason why they wanted to acquire more training in it. As did the hospital chaplains, they also felt that they possessed an innately pastoral approach to their work or found pastoral work natural for them.

Well, maybe because I've experienced that, I've these contacts, human contacts, it's easy for me to create them. (P12, I)

Apparently, I've got a pastoral approach to my work, and I wanted to get supplementary training in it. (P10, I)

Some hospital chaplains admitted that they felt a great deal of respect for hospital chaplains and all that their work involved. Hospital chaplains were seen to deal with the real and naked problems of life. Therefore, the role of pastor was also considered more important in the hospital than in the parish setting.

Then I noticed, too, that others in the course had also thought that somehow they [hospital chaplains] belong to a special breed, I mean that it's something super to be hospital chaplain. (H1, I)

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7 According to Drewermann, the willingness of priests to help others may originate in their unconscious feelings that their existence is not justified. Thus, they try to earn justification by serving others. Drewermann's (1991) thoughts are introduced by Haapakoski 1994.

8 *Sielunhoito sairaalassa* 1990, 34-35.

9 Harmanen 1997, 82-83.
Because of the limited number of posts, getting a job as hospital chaplain is difficult in Finland. This may also increase the impression that it is a respected job.10 The desire to be respected, to work in an important profession, may have been an unconscious wish of these students. Simply being selected from a large number of applicants may increase self-respect. The first clinical period had, however, already made the students' notions of hospital chaplains more realistic.11

Some hospital chaplains mentioned issues related to their personal life history when describing the motives for their desire to work in hospital. The issues mentioned were related to a personal crisis which directed the career choice or to childhood experiences of hospitals.12

 Probably because I've grown up in a hospital [area]. As I told, it's a very familiar milieu to me, and my wife is a doctor and my brother and my uncle, and I've always had dealings with these people, so that it's terribly familiar to me. . . . My father somehow respected this hospital chaplain, and in a way I had very early this possibility in my mind, I mean that these hospital chaplains exist. (I)

Personal experiences were a rather seldom mentioned as a motive in a study of the leaders of grief counseling groups.13

For some students the primary impulse to apply for a new position was a desire for a change after years spent in parish work. The announcement of a vacancy in their locality gave them an opportunity to try something new without being obliged to move. In the case of one student the need for change came from her family. She enjoyed her work in the parish, but her family wanted her to have more regular working hours. In 1989, 10% of the Finnish hospital chaplains reported that they had applied for their jobs because they wanted to have regular working hours.14

Desire or opportunity for change was also mentioned by a few students in the parish group as a motive for applying for the training. They had worked in the same parish for years and been responsible for different fields of parish work. They did not have "anything special going on" and wanted to

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10 E.g. there were about 50 applicants for a vacancy in Helsinki in 1997.
11 At the time of the initial interview, all of the hospital chaplains had completed the first clinical period.
12 According to the survey Sielunhoito sairaalassa (1990, 34-35), 39% of the hospital chaplains had applied for their job because they wanted to grow professionally and personally. However, none of the hospital chaplains in the present study mentioned this reason for opting for their current jobs.
14 Sielunhoito sairaalassa 1990, 34-35.
face new challenges. One of them wanted some change in order to maintain his motivation until retirement. According to one student, her family situation finally allowed her to participate in the training. Both the personal and work situations of these students also enabled them to devote more time to pastoral care.

Now I didn't have anything else, it was a convenient time to find something new to this system. As I just said, I've been for a long time in this same parish, and my responsibilities have changed. I've gone through, I've been responsible for diaconal work, information services, family work, missionary work, I've gone through them all... I've also been with in several events... they've all taken their part of my resources. Now I didn't have anything like that, and I've also just given up some hobbies and positions of trust... It's a convenient time to turn towards something new, and I've known this is an interesting area. (I)

Adult students in O'Connor's, Piesanen's and Nummenmaa's studies also mentioned change-related motives. 15

As in Denham's study of the participants in CPE, willingness to improve their professional skills was considered by most of the parish pastors and diaconal workers as their primary motive for applying for the training. 16 They also wanted to acquire knowledge of a more theoretical form of pastoral care and of methods of dealing with different clients. 17 Among the client groups mentioned were, for example, bereaved and terminal patients. Most of these students held counseling sessions quite frequently, or the number of their counseling contacts had distinctly increased. With the increasing amount of pastoral care and counseling they were giving, the students had started to face the limitations of their abilities. Experience alone or listening skills were no longer considered to be enough.

I find it easy to make contacts, but I felt like an elephant in a porcelain shop. I know how to listen fluently, but to be able to help someone as well, it might be a good idea to get some kind of certainty so that I wouldn't act in a wrong way.

16 Denham 1985, 50. Also, a study on the continuing education interests of Adventist pastors (Shell 1984) showed that the most frequent reason why the pastors wanted to have supplementary training was their wish to increase their skills and knowledge for ministry.
17 In this study I use the term client to refer to the persons seeking or receiving help from the students. This term implies a specific structure for the relationship, and therefore it is somewhat problematic. However, because the students worked in various settings I wanted to find a term that could be used in all these settings. Hand (1990, 233-234) suggests that the term "seeker" could be used to refer to persons seeking help in a religious context. However, the students never used a corresponding Finnish term, but instead Finnish words for "helpee," "client," "resident," "patient," "parishioner," "person," or "human being."
So that I wouldn't harm anyone and would get some knowledge and skills that I simply don't have. I only have experience. (P12, I)

I'm sure this training will make me stronger in this field and will give me the kind of human capital that I need, so that I'll have motivation for pastoral care and also be able to give it. So that it wouldn't be so haphazard. (P17, I)

Similarly, in some studies of adult learners in other fields, feeling of inadequacy has been one of the major motives for seeking supplementary training.18

According to one student, the training program offered her an excellent opportunity to improve her proficiency in pastoral care. She hoped it would be of help in future job applications. At the time of the interview she did not have a permanent job. In Piesanen's study this was the most important motive of the adult students. Nummenmaa found that this motive is most typical for the students with an unstable work history. Through supplementary training they wish to ensure better work opportunities in future. According to Nummenmaa, these motives belong among the instrumental motives.19 In the present study this motive was not prevailing because nearly all students already were in the jobs they had opted for.

All students in both groups mentioned several motives. In order to find more general types, I categorized the students of both groups on the basis of their primary motives for applying for the specialized ministry or for the training. The categorization was created by reading the students' answers several times in an effort to detect their "primary motive," their most important conscious reason for applying for the program or the special ministry. The students with corresponding or similar primary motives were grouped into the same categories. The categories of the motives for applying for the specialized ministry were termed interest-motivated, change-motivated and crisis-motivated. The motives for applying for the training could be grouped into two categories: the skill-motivated and change-motivated. Table 3.2 illustrates the main characteristics of these categories.

Students classed as interest-motivated thought that, because of their personal characteristics, they were best suited to be pastoral caregivers. Therefore, they had looked for hospital jobs. Their interest had been focused on pastoral care already during their studies. They also felt a great respect for hospital chaplains and their work.

18 Piesanen 1993, 88-89.
Table 3.2. Main Characteristics of Motivation Categories. Frequencies are given in parenthesis.

<table>
<thead>
<tr>
<th>Motives for applying for a specialized ministry (Hospital chaplains and chaplains working with the mentally handicapped, N=9)</th>
<th>Motives for applying for the specialized training (Parish pastors and diaconal workers, N=8)</th>
</tr>
</thead>
</table>
| **Interest-motivated** (5)  
- Interest in or former experience in pastoral care  
- Personal suitability | **Skill-motivated** (5)  
- Wish to improve skills in pastoral care |
| **Change-motivated** (3)  
- Wish or opportunity for a change | **Change-motivated** (3)  
- Wish or opportunity for a change |
| **Crisis-motivated** (1)  
- Wish to utilize personal experiences in helping others | |

The content of the change-motivated category was similar in both motivation groups. This category was also most clearly male-dominated. The students in this group had been working in one parish for a long time and longed for new challenges. For those in the specialized ministries the opening of a new post in their locality and for the parish group, the availability of the training offered them a possibility of a change. Only one of these students had shown special interest in pastoral care during his student days. The female students of this category were interested in pastoral care, but the primary reason for change of job or applying for the training was a change or need for change in their family situation.

Personal crisis was the primary motivating factor of only one student. In the midst of her crisis situation she had become interested in spiritual issues and changed her career because she wanted to utilize her experiences expressly in hospital work.

The main motive for applying for the training of pastoral care was a wish to increase knowledge and skills in pastoral care. Most of the female parish workers were grouped to the category of the skill-motivated. The proportion of pastoral care in their work had increased or they wanted to increase it and felt that they needed supplementary training in order to face these challenges.

The categories of motives for applying for the specialized ministry were rather similar to the motivation groups established by Hannu Sorri in his
study of the motives for volunteering to serve on the crisis hotline. He termed the motives as crisis-centered, development-centered, and situation-centered models. The primary motive for helping others of both the crisis-centered volunteers in Sorri’s study and the crisis-motivated student in my study was their personal crisis and coping with it. However, the numbers of subjects into these categories would appear to suggest that personal crises were a more important motivation for the volunteers than for the professionals of pastoral care.

The closest counterpart of the interest-motivated group of my study was the development-centered model in Sorri’s categorization. Like the interest-motivated students, the development-centered volunteers were interested in people and their problems and thought that their personal characteristics were better suited for private conversations and listening to people than for public appearances. Their professional training and experience indicated similar inclinations. In addition to the former, Sorri included those volunteers whose main motivation for volunteer work was their wish to find new challenges and new meaning in their life. According to Sorri, the development-centered characteristics of these volunteers were demonstrated by their desire to educate themselves by volunteering to serve on the crisis hotline. This last-mentioned group of volunteers resembles closely the change-motivated students of my study. However, I did not combine these students with the interest-motivated students because their motives were clearly different. The interest-motivated students had been directed towards pastoral care throughout their studies and career, whereas most of the change-motivated students were primarily looking for a change, not for a better possibility of focusing on pastoral care as such. For them any other corresponding change in their work would have served the same purpose.

The counterpart of the situation-centered model was absent from my categorization. According to Sorri, voluntary work was a means of coping with major changes in the volunteers’ lives, such as retirement or unemployment. The voluntary work filled the place of their previous work. My interviewees worked full-time and, therefore, this motive was not relevant to them.

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20 The comparison of the parish workers’ motives for applying for the training with Sorri’s results is not relevant because the motives of this category do not concern motives for giving pastoral care as such.
22 In Sorri’s study (1998, 84) about one third of the participants (N=29) were placed into this category.
On the whole, the participants' motives for changing to a specialized ministry were consistent with the findings of previous studies: interest and suitability, their own previous experiences or the need for a change.\textsuperscript{25} Similarly, the motives for applying for the training were typical for adult learners: either the need to improve their skills and competence, or a wish or opportunity to make a change in life.\textsuperscript{26}

### 3.2. Goals Set for the Specialized Training

The goals the students set for the training and their motives of applying for it overlap to some extent. However, the specific goals set for the training were also analyzed separately. The goals set by the students were examined mainly on the basis of interviews, but aptitude test material and preliminary assignments completed before the first clinical period and the first seminar were also utilized.\textsuperscript{27} The students' objectives could be divided into professional and personal goals.\textsuperscript{28} Table 3.3 illustrates these categories and their subcategories. The most frequent professional objectives were improvement of pastoral care and therapeutic skills and knowledge and objectives related to professional identity. Correspondingly, improvement of self-knowledge was the most frequent personal objective. Almost all students set both professional and personal objectives for their training. Only two students mentioned professional goals alone.

\textsuperscript{25} Sielunhoito sairaalassa 1990; Sorn 1998.
\textsuperscript{27} Training expectations were also included in two components of the aptitude tests: 1) in the answers for the question "What do you expect of your future and how do you plan for it?" included in the Personal Data Form and 2) in the "History of Self-Awareness." On the assignments before the first clinical period and the first seminar see Chapter 1.4. I utilized all the above material in the analysis of the students' goals.
\textsuperscript{28} My way of asking about the students' goals might have partly caused this division into personal and professional goals. I asked what personal goals they had set for the specialized training and what issues or skills they hoped to improve during it. However, most students expressed both aspects as an answer to the first question.
<table>
<thead>
<tr>
<th>Professional objectives</th>
<th>Personal objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improvement of pastoral care and of therapeutic skills and knowledge (17)</td>
<td>• Improvement of self-knowledge (15)</td>
</tr>
<tr>
<td>• Improved ability to face certain client groups (4)</td>
<td>• Help for personal relationships (2)</td>
</tr>
<tr>
<td>• Strengthening of positive attitude (4)</td>
<td>• Improvement of self-esteem (1)</td>
</tr>
<tr>
<td>• New insights of spiritual care (3)</td>
<td></td>
</tr>
<tr>
<td>• Strengthening of endurance (2)</td>
<td></td>
</tr>
<tr>
<td>• Strengthening of professional identity (7)</td>
<td></td>
</tr>
<tr>
<td>• Processing of ethical questions (3)</td>
<td></td>
</tr>
<tr>
<td>• Maintaining the strength to go on working (2)</td>
<td></td>
</tr>
</tbody>
</table>

**Improvement of pastoral care and therapeutic skills and knowledge** was the professional goal mentioned most frequently. All students had at least one goal that was connected with skills. Some wished to obtain a higher competence or become more skilled as pastoral caregiver, but they did not further specify their goals. Several students also specified these objectives in more detail. They wanted different methods of pastoral care and therapies to be included in the training, looked forward to improving their questioning and conversation skills, or wanted to become more goal-directed in their counseling contacts. They wished that, aided by the training, they would learn, for example, to react in a correct way:

> Technique is one [thing]; that it would be inside my head so that I wouldn't need to think of what to say. It'd come automatically. There's room for improvement there. And of course standard answers to some extent. Of course if you give them in wrong way, they won't work. But somehow you should develop a reserve set of answers so that you'd react correctly in each situation. So that you'd know what the question's about and where you are going. With standard answers I don't mean advice; like when he says so you answer like this. I mean that you'd know that now we go this way. (H9, I)

Like the above student, several others wanted to develop their analyzing skills. They looked forward to improving their judgement of people and to developing their ability to recognize the clients’ problems and to analyze their overall situation. They also wanted to be better able to observe with more objectivity the prevalent elements of pastoral encounters or to listen and hear their clients. Most of them mentioned these aims only briefly, but some explained them in more detail:

> I think I've mainly worked on a 'how it feels basis', led by my instincts, by what I feel is good. I wish I'd get more skilled in my profession. For instance to
learn to see from the talk how it’s going on and to see more objectively, in a way [learn] to step aside and to analyze the situation even though at the same time being subjectively present in it. At the moment I think I'm not able to see the situation as a whole. (H11, I)

To recognize the feelings and life situations of people correctly. I think that'd be an important skill for the pastoral caregiver, to be able to diagnose where the person in going. And also to learn to know what you can do yourself, that is to assess your own possibilities with these people and also how to guide and help these people otherwise. So that you'd learn to know where to direct the client to get more and better help. You often notice that what you can do is nothing but scratching the surface and that much more is needed. You should be able to distinguish the person who can process the problem forward and grow by himself and what kind of person needs support and what kind of support. (P12, I)

The latter interviewee also stressed her willingness to learn to better recognize the limitations of her skills. In addition to improving their pastoral skills, several students also wanted to obtain theoretical knowledge of pastoral care and counseling. They expected information about counseling and therapy methods. They were also interested in the current trends of pastoral care and counseling and the position it held in the therapeutic field. The participants of this study were more skill-oriented than the CPE students in Denham’s study. According to his results, only 49% of the students in their initial CPE unit were in CPE primarily because they wanted to develop their pastoral care skills. In Nummenmaa’s study about one third of the adult students had sought for supplementary vocational training to develop their skills in their current profession.29

Some wanted the training to contain information about how to give pastoral care to special client groups. Two students considered their knowledge and skills insufficient in particular with mentally ill clients:

Another sector is meeting the mentally ill. It's not a thing that fascinates me, but it's a thing that you run into. It comes over the phone into your living room. So I need more knowledge and skills for instance in that area. (P14, I)

The other client groups mentioned were people with marital or religious problems.

Closely connected with the conversational methods were the objectives stated by some students of deepening their positive attitude towards their clients. They wanted to learn how to encourage their clients, how to give

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29 Denham 1985, 50; Nummenmaa 1992, 35.
them more space, how to adopt a correct pastoral approach, or how to create a confidential atmosphere.

Only three students referred to objectives related to spiritual care. They wanted the training to give them preparation to utilize confession in their work more than before or wished to learn how to make the Holy Communion a natural part of pastoral care. Objectives related to strengthening of endurance were mentioned only by two students. They wanted the training to help them to better bear difficult situations and increase their tolerance as far as divergent opinions were concerned.

Goals related to professional identity were mentioned both in the preliminary assignments and in the initial interviews, but only by the hospital chaplains or chaplains working with the mentally handicapped. In the essay written for the first clinical period some of them described as a challenge the finding and deepening of their role as a chaplain in a hospital work community. One hospital chaplain took up the same issue in the initial interview, but more deeply internalized towards his theological identity:

Another central question is also what there is in this Christian tradition such as, could you say, eternal, which must have therapeutic dimensions. And how I as a pastor can anchor myself and pastoral care in those things. I think there'll be enough things that can survive in the jungles of today. Let's call it the theological identity, ok? (H5, 1)

Together with their professional identity as hospital chaplains, these students wanted to improve their self-confidence as pastoral caregivers or as experts in the pastoral care and counseling of the mentally handicapped.

In the essays completed before the first clinical period, some hospital chaplains raised a few ethical questions that they hoped to discuss during the course. Among the topics mentioned were how to learn to accept meaningless suffering, the human worth of the severely retarded or demented, questions of guilt, and what the theology of redemption could contribute to work with the mentally handicapped. All these topics originated from the literature studied for the course. The students did not mention these questions again in the initial interview.

Two students stressed the importance of their need to maintain the strength to go on working, because of converse reasons, however. One had a great deal of work to do and, as a new hospital chaplain, was very keen. She needed help in defining the most important areas in order to be able to better focus on them in her work and to avoid burn-out. The other was approaching retirement age and, therefore, wished the training would help
him to maintain his enthusiasm and motivation for the rest of his tenure of office.

The primary personal goal was to **gain a better self-knowledge**. Good self-knowledge was hoped for not only for personal reasons, but it was also seen as an essential prerequisite for helping others. The students thought that in order to be able to help others, they needed to be aware of their personal strong points, weaknesses, limitations, and blind spots. Even the students who thought they were not familiar with analyzing themselves set personal growth as one of their objectives:

> Of course there is always room for personal growth. This kind of training might help you to see yourself in a more realistic light and better analyze your feelings and behavior. To be honest, I was not as much interested in myself and my inner world as I've noticed some psychologists to be. I thought that there might be some interest in that area, but I've been avoiding that side. I've been thinking that life is more interesting if you don't turn out your own heart and soul or backgrounds or motives. This is the way I think, but I might be wrong. So that might be helpful, too. (P4, I)

Some other students specified their goal of a better self-knowledge also in more detail. One of them, for example, considered her self-centeredness problematic:

> When I think about myself as a pastoral caregiver, I can't specify what things from my past still remain in my personality. For this I need more self-knowledge and I hope I'll get it during this course. . . . Maybe because I'm the only child in my family I too easily focus on myself. I sometimes think about my own problems and what other people say about me when I should ask how the other person is doing. (Who I am)

Two students thought that their emotional life was problematic. They found it difficult to recognize their inner feelings or to express them. They both hoped the training would help them in this area. The studies on CPE students have also shown that personal growth is an important motive for applying for the training. According to Denham and O'Connor, it is typical for older students and for students with previous training in pastoral care, in particular. However, in Lyall's study the students' of theology participating in clinical training also ranked improvement of self-knowledge as one of their most important goals.30

Other personal goals mentioned were related to **personal relationships** and **self-esteem**. The issues surfacing included the hope that the training would give them more courage to take part in group work, teach them how to meet

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males in a more natural way, help them straighten out relations with their parents, and improve their self-esteem and self-discipline.

If possible, to get rid of that which prevents me from entering into things, that's the first barrier to this process . . . that I would grow as a person, my self-knowledge, self-esteem, would strengthen and grow. (H7, I)

The students' objectives coincided with those set by the program leaders most obviously where the improvement of self-knowledge was concerned. The program leaders stressed this objective both in their letters to the students and when I interviewed them. They thought that the students' personal processes would be enhanced, for example, by assigning them essays on personal topics before the seminars and, more particularly so, dealing with them in the identity and growth groups. On the whole, according to the program leaders, the relationship between the students, both in the groups and in individual encounters, is an important part of this process. However, in their opinion group processes sometimes also tend to outshadow the professional objectives of the training.

The emphasis put on the objectives related to counseling and therapeutic skills was markedly stronger in the students than in their teachers. All the students hoped to acquire new techniques and methods of helping during the training, whereas their teachers stressed that the training must not standardize the students but help them to find and develop personal ways of giving pastoral care. The method introduced and practiced most profoundly during the training was the solution-focused approach presented in the second seminar. In addition, the program leaders also introduced crisis counseling and counseling people with mental problems. In their opinion, however, the time available for introducing these approaches during the seminars was insufficient, and therefore they strongly doubted that more than adoption of some rudiments could take place.

Strengthening the students' professional identity was one of the central objectives the program leaders set for the program. Among the students, however, only those working in a hospital or with the mentally handicapped expressed a similar goal. None of the parish workers referred to it, even though the program leaders considered the strengthening of their professional identity and identity as specialists in pastoral care in the parish setting an important objective. For the hospital chaplains the question of professional identity was acute, because they were all new in their profession and most of them the only representatives of clergy in the
hospitals they worked in.\textsuperscript{31} Conversely, most parish workers had held their jobs for years, and the adaptation process into their work was not central to them anymore.

The program leaders also stressed the importance of the integration of the students' spirituality, personality, and their way of working and giving pastoral care. A similar emphasis is characteristic for all CPE programs.\textsuperscript{32} As a step on the way towards this goal, the program leaders wanted to help the students create and develop personal notions of pastoral care and theology of pastoral care. These issues were dealt with, for example, in the "The Word in the Hospital" seminar on preaching during the second clinical period and in the lectures, bibliodrama and other exercises during the entire fourth seminar. The program leaders also thought that the identity groups and growth groups would offer opportunities for this reflection. However, none of the students mentioned this aspect when listing their objectives for the training; even those who mentioned spiritual care merely wanted to improve their skills in this area.

The students' emphasis on practical goals, viz. expectations of clear, observable results of the training, is in accordance with the characteristics typical of adult learners. According to Knowles, adult students are motivated to learn that which they need in their personal or professional life.\textsuperscript{33} Several parish workers, in particular, had sought training because they had experienced that their current skills were insufficient. The participants working in special ministries had started to work as full-time pastoral caregivers, and therefore, they also had practical goals for their training. All students also hoped that the training would improve the quality of their personal lives through the enhancement of self-knowledge. Conversely, the more conceptual goals of developing their notions of pastoral care and its theological foundations were missing from their objectives.

Differences in the phase of expertise may explain the discrepancy between the students' and program leaders' goals. Most students were novices or advanced beginners in terms of pastoral care, and the teachers can be

\textsuperscript{31} Finding their place in the hospital is a problem common of most new hospital chaplains. According to the survey sent to Finnish hospital chaplains in 1989, nearly 80% of the new chaplains thought it was the hardest thing in their work. \textit{Sielanhoito sairaalassa} 1990, 28. On the adaptation problems faced by hospital chaplains see also Häyrynen 1991, 87; Barrows 1993.

\textsuperscript{32} See e.g. Thornton 1990a; \textit{The Standards of the ACPE} 1998, WWW pages of the ACPE, 11 August 1998; \textit{Betrounslener en Rammenplan for PKU i Norge} 1997; Centrum voor Voorgezette Pastorale Educatie; Klinische Seelsorge-Ausbildung.

\textsuperscript{33} Knowles 1985, 11-12. On the characteristics of adult learners see also Vaherva & Ekola 1986, 20-22.
considered as experts. The students had not yet created a holistic view of
giving pastoral care, and therefore, they set quite technical goals for the
training. Conversely, the program leaders did not consider the process of
becoming a pastoral caregiver to entail the acquisition of separate skills or
knowledge, but viewed it more holistically. This was shown in their
emphasis on self-reflection and the integration of personal, professional and
spiritual aspects. In addition, their experience both in pastoral care and its
training was indicated by their moderate objectives: they stressed that the
training only could start the students’ growth process, whereas the students
expected new, observable competence.34

The differences between the students’ and program leaders’ goals may also
imply their divergent views of learning. The students’ emphasis of the
acquisition of skills and information may indicate a traditional behaviorist
view of learning. They seem to expect that during the training teachers
transmit the required skills and knowledge to their students.35 The program
leaders’ emphasis of holistic, integrative processes would imply an
experiential view of learning.36

In sum, the students set both professional and personal goals for the
training. Conversely, goals related to the conceptual development of the
views of pastoral care and theology of pastoral care were lacking. In
general, the goals of the students appeared to be more skill-oriented than,
for example, the goals of CPE students have been shown to be.37 Because of
the differences in the phase of expertise between the students and the
program leaders, the students’ goals were rather technical, whereas the
program leaders set more holistic goals.

34 In the first phases of expertise the helpers concentrate on themselves, and their actions can be
a rather mechanical application of methods. In the last phases of expertise experts act
intuitively, and therefore they no longer view giving pastoral care as an application of
specific discrete skills. See Dreyfus & Dreyfus 1986, 19-36; Hawkins & Shohet 1991, 106-
109.
35 On the behaviorist view of learning see Poikela 1998, 53-54.
36 Experiential views of learning emphasize holistic growth, reflection, enhancement of self-
knowledge and the importance of students’ experiences. Kolb 1984; Boud & Walker 1990;
37 See e.g. Denham 1985, 50; O’Connor 1993, 88-90.
4. PRACTICE OF PASTORAL CARE

4.1. Introduction

A thorough examination of the settings in which students give pastoral care and of their actual practices before training is essential in assessing the relevance of the training. Situated views of learning, in particular, emphasize that training should be relevant in terms of the challenges encountered by the students in their work. Therefore, knowledge of the students' work contexts and their ways of functioning is a prerequisite for the planning of the training.

Additionally, an exploration of the students' working practices is of great importance in the light of the objectives of the training. The major professional goal of the training was to offer the students basic skills and knowledge to enable them to help people in different crises and life situations. The program also aimed at helping the students to find their own personal ways of offering pastoral care. Improvement of their pastoral care and therapeutic skills was also the main professional goal mentioned most frequently by the students. All students had at least one goal connected with skill improvement. Therefore, it was essential to investigate how the students practiced pastoral care and counseling and how well the program succeeded in helping them to develop their practices.

In order to provide a versatile picture of the students' ways of giving pastoral care, I have divided the theme into three components. Firstly, I shall examine the settings in which students gave pastoral care. In this section I try to give a picture of their work as a whole, of the place occupied by pastoral care among their duties and responsibilities, and of the changes they introduced during the training.

My original plan was also to include in Chapter 4.2 a description of the students' client contacts in terms of the proportion of time dedicated to pastoral care, the frequency, duration, and initiators of the contacts, the gender distribution of the clients, and the physical setting of pastoral care. This data was given in the questionnaires and in the annual statistical forms the hospital chaplains filled in for the Center for Hospital Chaplaincy. However, the interpretation of the data proved to be impossible because the students found it very difficult to assess their pastoral encounters quantitatively. They told me in the interviews that the figures they gave

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1 See e.g. Love 1988.
were based on very rough estimates. The great differences in the figures given by the hospital chaplains in the questionnaires and in their annual statistics confirmed the unreliability of this information. Because of these reasons a reliable evaluation of the changes was also impossible. Therefore, I decided to exclude all this data.  

Secondly, in Chapter 4.3 I shall explore the content of the students' pastoral conversations. This section studies the most frequent topics of conversation and the reasons affecting the perceived difficulty or ease of the topics, and the changes in these respects. The examination of the content of the students' pastoral conversations was essential in terms of how well the content of the training corresponded to the challenges that the students faced in their work.

The final chapter discusses the students' methods of pastoral care by describing their main ways of giving pastoral care and by summarizing their ways of helping in three approaches. The chapter also discusses the changes in these approaches. Additionally, I shall assess the training in terms of the transfer of the techniques and approaches introduced in training to the working practices of the students.

4.2. Setting of Pastoral Care

Duties and responsibilities

The duties and responsibilities of the students differed depending on where they worked. Table 4.1 shows the main work areas of parish workers, hospital chaplains and chaplains working with the mentally handicapped. The results are primarily based on interview material. The questionnaire contained an item about the division of the respondents' weekly working time, but since most of them did not compile statistics about their work, they felt it was a difficult question to answer. Because of their inaccuracy, the statistics are not reported in detail.

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2 The unreliability of the statistical data leads to question the appropriateness of questionnaires in examining the practices of pastoral care. However, most of the previous studies on the Finnish pastoral caregivers have used questionnaires in data collection (e.g. Aurén 1984; Vanhanen 1986; Hiltunen 1992; Kyllönen 1994). It might have been better if the students had filled in a detailed diary of their work during, for example, one week. However, this method was not chosen because it is very time-consuming and the students might not have been willing to keep the diary. Nuorala 1981 and Kruus 1983 used the diary method.
Table 4.1. Duties and Responsibilities.

<table>
<thead>
<tr>
<th>Parish work</th>
<th>Hospital work</th>
<th>Work with the mentally handicapped</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rites of baptism, marriage and burial</td>
<td>Rites of baptism, marriage and burial</td>
<td>Rites of baptism, marriage and burial</td>
</tr>
<tr>
<td>Services</td>
<td>Services</td>
<td>Services in central institutions Services for the mentally handicapped in deaneries</td>
</tr>
<tr>
<td>Other devotional meetings</td>
<td>Short services</td>
<td>Short services on the wards and in smaller units</td>
</tr>
<tr>
<td>Home visits</td>
<td></td>
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<tr>
<td>Small groups</td>
<td>Small groups</td>
<td>Small groups</td>
</tr>
<tr>
<td>Short services at schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visits to institutions</td>
<td>Visits to units for the mentally handicapped</td>
<td></td>
</tr>
<tr>
<td>Pastoral care and counseling</td>
<td>Pastoral care and counseling</td>
<td>Pastoral care</td>
</tr>
<tr>
<td></td>
<td>Supervision of staff</td>
<td>Training of parish workers</td>
</tr>
<tr>
<td>Confirmation classes</td>
<td></td>
<td>Confirmation classes</td>
</tr>
</tbody>
</table>

Six students did ordinary parish work. Their spheres of responsibility consisted of varying combinations of work with children, families, and adults, confirmation instruction classes, school work, mission, seamen’s mission, diaconal work, and work among the mentally handicapped. An essential portion of the pastors’ work included officiating at the rites of baptism, marriage and burial, services and other devotional meetings, making home visits, and heading small groups. Nearly all of the students

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3 Schoolwork means here holding short services at schools and offering services for students.
4 The employees’ responsibilities are defined in their work assignment orders. The employee responsible for each work area has administrative responsibility, leads the work, organizes its operation, and participates in the practical work of his or her area. Content and amount of practical work vary depending on work area and parish size.
5 Home visits comprise birthday visits (paid every fifth year to parish members from 70 years upwards), consultations before the rites of baptism, marriage and burial, and visits for pastoral care. In one parish, home visits were made also after funerals. One student also made many home visits to administer communion.
6 In 1998 Finnish parishes offered 143,568 events, including services. The total number of small groups was 10,212. Most popular were the groups of old people. Both the number of small groups and participants has decreased throughout the 1990s. Heino & Salonen & Rusama 1997, 34; Heino 1999a.
working in parishes also conducted grief-counseling groups. Since the late 1980s these groups have become a part of ordinary parish work.\(^7\)

The parish workers, as Finnish pastors in general, were quite satisfied with their work.\(^4\) However, some of them wished they could change their area of responsibility. Most parish workers would have liked to devote more time to pastoral care and consultations before the rites of baptism, marriage and burial.\(^3\) They had recognized the need for it, but felt it was impossible because of the amount of other work. According to them, another reason for the difficulties of increasing the proportion of pastoral care in their work was the parishioners' hesitation to contact pastors or diaconal workers when they had problems. Some students thought that the image the pastors gave of themselves affected their parishioners' willingness to seek pastoral care: if a pastor radiates an image of being a perfect human being or appears rushed, it raises the threshold of seeking help. Other negative experiences of the clergy may also affect their reluctance to seek help from them. The results of Lumijärvi confirm that the ministers' haste, prejudice, and lack of interest are experienced as dismissive. According to Vilenius, parishioners also experience pastors' formality and lack of authenticity negatively.\(^9\)

Some pastors thought that their familiarity might hinder active parishioners from revealing their personal problems to them. It may be easier to confess the most intimate things in one's life to an unfamiliar counselor. Conversely, one student thought that an important reason why people did not actively seek more help from her was that they did not know her because she had worked in the parish only for a short time.\(^11\) Some students mentioned that the role expectations the parishioners place on their pastors may be an

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\(^7\) Harmanen 1997, 69-71.
\(^8\) A study of Finnish pastors showed that 86% of all respondents were satisfied with their work as a whole. Salonen 1998.

\(^9\) The rites of baptism, marriage and burial are an essential part of Finnish spirituality and the main reason why Finns want to be church members. In 1998 88% of the babies were baptized into membership in the Lutheran Church and 77% of all the bridal couples (when both or either the bride or bridegroom were church members) had church weddings. Finnish pastors meet those involved nearly always before funerals and weddings. Conversely, about 70% of pastors met the family before baptism and 30% contacted the parents by phone. Heinro et al. 1997, 110-111; Heinro 1998; Heinro 1999b. The results of Vilenius (1997, 157-158; 224) suggest that the figures are in reality somewhat lower than the official church statistics indicate. According to Vilenius, pastors in Helsinki area meet 78% of those involved before the rite of baptism, 98% before the rite of marriage and 88% before funerals. Contacts after the ceremonies are rare, even though 44% of the parents of the baptized children and 23% of the relatives of the deceased wished the pastor would also contact them after the ceremony.


\(^11\) The parish pastors in Vanhanen's (1986, 36) study felt that the number of their pastoral contacts increased when the parishioners learned to know them.
impediment: if they feel that they are allowed to talk only about religious issues, they go for help elsewhere when their problems are not predominantly religious. The results of Salonen support this interpretation by showing that Finnish people consider pastors more frequently "servants of the parish" than listeners and helpers.\textsuperscript{12}

One general factor related to the amount of pastoral care given in the parish setting appears to be parish size. In Finland approximately 85\% of the population are church members, and urban congregations in particular have large memberships.\textsuperscript{13} Consequently, a large majority of parishioners and pastors remain strangers to each other. In the Finnish cultural atmosphere the threshold of seeking professional help for personal problems is also quite high.

The students also mentioned things that might encourage parishioners to seek pastoral care more readily. According to some students, the role expectations of the pastor may not be only an impediment, but also an advantage, because people experience pastors as reliable and bound to secrecy. Clinebell lists similar disadvantages and advantages the parish pastors possess as pastoral caregivers. He states that the main restrictions are the limited time available for pastoral care, insufficient training in pastoral care, and pastors' social and symbolic roles. However, pastors' role as representatives of ethical and religious values may also help people to trust their confidentiality. The great variety of relationships the pastors have in their congregations, in crisis situations in particular, offer good opportunities for pastoral care. Pastors are also more easily available than many other professional helpers.\textsuperscript{14}

Six students worked as hospital chaplains, one of them part-time, and two part-time in a hospital and part-time in a parish. All of the hospital chaplains had done hospital work for less than two years at the time of the initial interview. They worked, respectively, in a central hospital, in a district hospital, on the wards of local health centers, in old people's homes, or in various combinations of the latter three. The students working in central or district hospitals had heterogeneous patient material, whereas the students working in local health centers and old people's homes mainly worked, as a

\textsuperscript{12} The respondents (284 randomly chosen parishioners from Helsinki and Raase) were requested to complete the sentence "I think a pastor is..." The results indicated that 27\% of the respondents thought pastors were servants of the parish and only 11\% considered them listeners and helpers. However, 92\% of the respondents wished that pastors would understand the problems of ordinary people. Salonen 1992, 41-47, 76-78.

\textsuperscript{13} Heino 1999b.

\textsuperscript{14} Clinebell 1980, 57-61.
matter of course, with geriatric patients. None of the students worked full-time in a psychiatric hospital.\textsuperscript{15}

The work of the hospital chaplains had many characteristics in common. The main part of their work consisted of pastoral care and counseling.\textsuperscript{16} All the chaplains held regular short services, either on the wards or via the central radio. The chaplains working with geriatric patients held more short services than those working in central or district hospitals did. Most chaplains also conducted short services for the immediate family of the departed by the deathbed, or in the hospital chapel before the body was taken to the mortuary. One of the chaplains held services and officiated at the rites of baptism, marriage and burial in the local parish. The other hospital chaplains ministered on such occasions only from time to time.\textsuperscript{17}

Some of the hospital chaplains headed small groups brought together for counseling either their patients or their close relatives. One chaplain supervised a group of volunteer hospital workers and a hospital staff group.\textsuperscript{18} All full-time chaplains counseled the staff to some extent, and they were interested in increasing this sector of their work. A survey of Finnish hospital chaplains showed that the emphasis of co-operation with staff and counseling them had increased along with work experience.\textsuperscript{19}

The hospital chaplains appeared to be highly motivated and satisfied with their work.\textsuperscript{20} In the initial interview they expressed their interest in focusing their work even more on patient contacts. The chaplains working in homes for the elderly, however, found work with demented patients sometimes frustrating because meaningful conversation was in most cases impossible.

The chaplains working part-time in hospital and part time in the parish felt that their workload was excessive. Their parish colleagues did not understand that on the days they were on hospital duty they should not be

\textsuperscript{15} In 1998 about one third of the Finnish hospital chaplains worked in general or central hospitals, 11\% in psychiatric hospitals and 2.5\% in geriatric hospitals. Nearly half of the chaplains (48\%) worked at several types of hospitals. KSKA "Kirkon sairaalasielunhoidon keskuksen toimintatilastot 1998."

\textsuperscript{16} Finnish hospital chaplains dedicate about 50\% of their working time to pastoral care. KSKA "Kirkon sairaalasielunhoidon keskuksen toimintatilastot 1990-1998."

\textsuperscript{17} On the short services of Finnish hospital chaplains see Chapter 1.2.

\textsuperscript{18} The students lead fewer groups and gave less supervision than the Finnish hospital chaplains on the average because they were still new in their jobs and had no training in supervision. Finnish hospital chaplains hold on the average from seven to nine group sessions monthly and give supervision for six hours. KSKA "Kirkon sairaalasielunhoidon keskuksen toimintatilastot 1991-1998."

\textsuperscript{19} Sielunhoito sairaalassa 1990, 26-27.

\textsuperscript{20} According to Salonen (1998), 95\% of Finnish hospital chaplains are content with their work.
Four students were working with the mentally handicapped. They worked either in an institution for the mentally handicapped, in a larger area or in a parish federation. Their work was quite similar, as they were all responsible for spiritual work among the mentally handicapped in their area or institution. Another aim of their work was to support the families of the mentally handicapped and the staff of the institutions. They practiced pastoral care and arranged short services and Bible or conversation groups on the wards or in the activity and work centers for the mentally handicapped. All of them also arranged outings, excursions, and were elders at camps. Confirmation instruction was also an essential part of their work.

The chaplains working in a larger area regularly visited the special schools, residential homes and family-care homes for the mentally handicapped. These visits normally consisted of a short service and talks with the residents and staff. Another part of their work was to see to it that services for the mentally handicapped were conducted in each deanery. In larger institutions services were arranged on a weekly basis, conducted either by the chaplains themselves or by pastors from local parishes. The local parishes arranged most of the short services held in the activity centers, and therefore the chaplains trained parish workers for these tasks. Unlike the others, one student also made a lot of home visits and taught in circles for the mentally handicapped.

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21 In the middle of 1980s, the specialized ministry of hospital chaplaincy was strongly questioned and plans for changing the positions of hospital chaplains into parish ministries were made e.g. in the Helsinki parish union. The hospital chaplains and hospital staffs opposed these plans. Sielunhoito sairaalassa, (1990) was one of the reactions to the discussion the plans provoked.
Changes

During the training most students' work had changed. Some changes were carried out on the students' own initiative: they had increased their focus on pastoral care, reorganized their work, or had more courage to implement their own ideas. Changes that occurred due to other reasons than the students' own initiative were, for example, assignments to new hospitals. Table 4.2 illustrates the most important changes and their frequencies in each of the employee groups.

Table 4.2. Changes in the Students' Work. The frequencies are given in parenthesis.

<table>
<thead>
<tr>
<th>Increased focus on pastoral care</th>
<th>Parish work (N=7)</th>
<th>Hospital work (N=6)</th>
<th>Work with the mentally handicapped (N=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efforts to provide more time for pastoral care (4)</td>
<td>Focusing on pastoral care (2)</td>
<td>Staff supervision (2)</td>
<td></td>
</tr>
<tr>
<td>Finding out new possibilities for giving pastoral care (4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New sphere of responsibility (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertising the possibility for pastoral care (1)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other forms of reorganization of work</th>
<th>Parish work (N=7)</th>
<th>Hospital work (N=6)</th>
<th>Work with the mentally handicapped (N=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular services (1)</td>
<td>Surveying the needs of the field (2)</td>
<td>Goal-oriented reorganization of work (1)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>More courage to carry out own ideas</th>
<th>Parish work (N=7)</th>
<th>Hospital work (N=6)</th>
<th>Work with the mentally handicapped (N=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>More active participation in hospital projects (1)</td>
<td>Finding and implementing new ideas and approaches (1)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New assignments</th>
<th>Parish work (N=7)</th>
<th>Hospital work (N=6)</th>
<th>Work with the mentally handicapped (N=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New hospitals (3)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Increased stress reactions</th>
<th>Parish work (N=7)</th>
<th>Hospital work (N=6)</th>
<th>Work with the mentally handicapped (N=4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>More severe burn-out (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The most conspicuous trend in the changes in the work of the parish workers in particular, was their increased focus on pastoral care. The means of fulfilling this goal varied. Some of the parish workers tried to find
more time for pastoral care by reorganizing their work. They accomplished it, for example, by cutting down visits to small groups. One student tried to find more time for pastoral care by making a list of all her daily duties during one week and putting them in order of interest and degree of necessity. The list helped her to straighten out her situation, although she was able to drop very little work from her list.

Some parish pastors looked for and found new possibilities of giving pastoral care. One of them started a grief-counseling group in his parish, and another looked for new ways to contact people by introducing religious meetings at a local restaurant. One pastor started negotiations on the possibility of giving part-time family counseling in addition to his parish work. A fourth parish pastor started paying weekly visits to a local hospital. In addition to these visits, he participated in the "Evenings of Word and Prayer" in his parish. These meetings were charismatic in nature, and he had previously taken a relatively reserved stand on them. However, in the course of the training he realized that they offered him a new opportunity for ministering pastoral care. In order to be better able to concentrate more on pastoral care he also, like another student, actively tried to find ways to change his sphere of responsibility. Both of them found colleagues who were willing to switch with them.

One means of increasing pastoral care was also informing parishioners of the possibility of contacting pastors. The following excerpt of an interview illustrates the efforts of one student to "advertise" pastoral care:

I've talked for instance in this circle about such possibilities, because somehow people just don't appreciate that even in the parish we can have these conversations by appointment, like in hospitals or family counseling centers. I feel that it's in some respect a new field you have to start clearing yourself. Some people say pastors are always in such a hurry, they haven't got any time for talks or such, and I've tried to explain that it's a very important thing to us, and we do have time, and please contact us. (P13, II)

22 Similarly, Taylor (1980) discovered that a skill-training program increased pastors' interest in counseling.
23 These were visits to groups headed by other parish workers or by lay persons. The pastor's task was to hold, for example, a short service, a presentation or Bible study for the participants.
24 One student gained new responsibility areas during the training, but not on her own initiative. She was appointed to chair the refugee committee and was invited to be a member in the crisis group of the local health center. The group was formed to help the victims of major accidents and other crises.
In addition to the parish workers, also two hospital chaplains tried to focus more than before on pastoral care. One of them had accomplished it by reducing the number of short services. He gave up all short services broadcast on the central radio, partly because of the low numbers of listeners and partly because of his wish to focus his work increasingly on patient contacts. His reluctance to preach probably was an additional reason for cutting back on the short services.

The students working with the mentally handicapped did not give markedly more pastoral care than before, but a new element in their work was staff supervision. Two of them had supervisory conversations with members of staff, and one of them started to head staff supervisory groups. Also, several hospital chaplains wished, in the initial phase of the study, to be able to increase giving pastoral care for the staff. However, the follow-up interviews did not indicate more counseling contacts with staff than before. Nevertheless, their cooperation with them had increased.

Table 4.2 shows that the changes in the work of the hospital chaplains and students working with the mentally handicapped were not related to the increase in pastoral conversations alone. One of the hospital chaplains had **reorganized her work** by providing services in the hospital more regularly. This change was related to her strengthened identity as pastor and the spiritual renewal she experienced. The students working with the mentally handicapped had also restructured their work during the training. For example, they had surveyed the need for confirmation classes in their areas. The survey revealed a need for confirmation instruction for people with severe mental handicaps. Consequently, the chaplains began holding them for these groups in the deaneries and in central institutions for the mentally handicapped. In addition to this, they had trained groups to assist in the preparations for confirmation in all the deaneries in their responsibility area. One chaplain reorganized his work also by arranging meetings in each deanery with representatives of the units for the mentally handicapped, local authorities, supportive associations, and parishes. The aim of these meetings was to chart the existing needs of the mentally handicapped, as well as the training expectations of parish workers and the staff of the units for the mentally handicapped. He had also held similar meetings in some of the largest municipalities in his responsibility area. His goal was to solve problems locally and to enhance the commitment of local parishes to work among the mentally handicapped. He felt the need for reorganization was acute, since the trend in social welfare directed to the mentally handicapped was to transfer residents from central institutions to smaller local units. This increased the need for spiritual care and fellowship services for the mentally
handicapped in local parishes. According to this chaplain, the outcome of these meetings was promising.

Two students had carried out their own ideas more courageously than before. A student working in a district hospital in particular had managed to considerably diversify her work. She had participated, for example, in the establishment of a crisis team inside the hospital and was heading it. The team had, for instance, reorganized the post-treatment care of cancer patients. The chaplain played a very active role in the team: she introduced new ideas, found lecturers for hospital staff meetings, and called the team together when needed. On her initiative, a hospice project was also introduced. An example of the results of this project was a group of volunteers taking turns twenty-four hours a day at the bedside of a dying patient during the last days of her life. Correspondingly, a chaplain working with the mentally handicapped had, for example, introduced an Easter drama in the unit she worked in.

Table 4.2 also displays changes that did not occur on the students’ own initiative. One of these was assignment to new units.\(^{27}\) The students’ appointments were made when the posts of hospital chaplains in the area were reorganized. These changes naturally affected markedly the chaplains’ work, mainly because they had to adapt themselves to new staff and patients.

The chaplains working part-time in hospital and part-time in parish did not find their situation markedly easier after the training. They suffered from more severe stress-related symptoms than before the training. Both of them had clear symptoms of burn-out. Their exhaustion was a result of several cumulative factors: a discrepancy between their own wish to concentrate on pastoral care and the requirements of the parish, difficulties in the relationships in their work community, lack of positive feedback, their ambition and the great importance of their work in their lives, personal problems, and low self-esteem. Brosché lists similar reasons for the ministers’ burn-out.\(^{26}\)

To sum up, all students in the parish group had tried to bring about changes in their work patterns and some of them had succeeded in their efforts.\(^{27}\) They all aimed at increased focusing on pastoral encounters. The changes

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\(^{25}\) Two students started visiting new old people’s homes and one an institution for the treatment of alcoholics.


\(^{27}\) The work content of the family counseling student did not markedly change during the training. This was natural because of the different nature of the work.
they made in their work imply that they were better able than before to listen to their own desires and needs concerning their work. This indicates changes at the attitudinal and affective levels. The most effective components of the training in this respect were probably the supervision and the seminars. They offered the students opportunities to reflect on their work and encouragement to carry out changes. The results of O'Connor also imply that CPE helped the students to examine their life and to confirm or change their vocational direction.

In addition to parish workers, also the chaplains working with the mentally handicapped and one of the hospital chaplains made major changes in their work, but the changes they implemented were related to a general reorganization of their work, to the introduction of new ideas, and to increased co-operation, not to the increased emphasis on pastoral encounters. In the changes of their work a central feature appeared to be the strengthening of the horizontal dimensions of expertise: polycontextuality and boundary crossing. They seemed to function more than before in multiprofessional contexts and to be able to utilize the expertise of other professionals and to co-operate with staff, other aid agencies and local authorities. Some of them thought, however, that this change was not a result of the training, but rather a consequence of the increased work experience and greater familiarity with the staff and the work field as a whole. However, the reflection on their work situation with their supervisors may have helped to increase their courage to create new contacts and advocate issues that they considered important.

4.3. Content of Pastoral Conversations

Most frequent topics of conversation

The content of the students' pastoral conversations was examined in order to see how well the content of the training corresponded to the issues the students encountered in their work. This chapter is based on material derived from various sources. In the first place, the students were asked in both interviews about the topics they most often discussed with their clients. I had also prepared separate questions on how they had dealt with the
following problems in their counseling work: death, suicide, grief, physical illness, marital or family problems, mental problems, alcoholism, and spiritual problems. In the follow-up interview these areas were not separated. Instead, the students were encouraged to assess the problems they felt easiest and most difficult to deal with. The students’ references to the problems discussed with their clients in any other context of the interviews were also taken into account.

In addition to the interviews, the content of conversations was surveyed by analyzing the reports written for the supervision, the homework done before the second seminar (dealing with family issues), and the final essays.

Thirdly, both the initial and follow-up questionnaires included a multiple-choice question concerning the most central problems of the clients. The areas mentioned in the question were marital problems, family problems, other problems with human relationships, alcoholism, growth as a human being, mental problems, physical illness, death, suicide and spiritual problems. The students assessed the occurrence of these issues on a five-point scale (never - very often). However, these results are not reported in detail because the qualitative data gave a more thorough and reliable picture of the conversation topics.

I shall first summarize the topics most commonly mentioned in the initial interviews and in the written reports from the first half of the supervision. After then illustrating the most important changes, I shall also discuss the reasons why certain topics were considered relatively easy and others relatively difficult to encounter.

In addition to undertaking the qualitative analysis, I originally tried to analyze the various conversation topics quantitatively as well, 1) by counting how many students mentioned each topic in the interviews, 2) by counting how often each topic appeared in the verbatim and other reports written for supervision and 3) by computing the means of each topic on the basis of the questionnaires. However, this analysis proved to be problematic for several reasons. To begin with, the estimates given in the questionnaires were very rough. Secondly, the analysis of the written reports revealed that several topics were taken up in most pastoral conversations and the problems were often intertwined. This may be the reason why the students found it difficult to assess in the questionnaire how often any certain area was discussed. Some issues were only briefly mentioned, whereas some were discussed in great detail and with intense emotions involved. A detailed analysis of the range of each topic was also impossible because of great variations in the students’ reporting styles. Furthermore, five students did not turn in their written reports in the initial phase and six in the follow-
up phase. All these were parish pastors or diaconal workers.\textsuperscript{31} Therefore, the written reports concerned mainly the work of the hospital chaplains and chaplains working with the mentally handicapped.

However, on the basis of the quantitative analysis it was possible to classify the topics into three groups in terms of their frequency. Table 4.3 summarizes the results. The most central issues discussed with the pastoral caregivers were spiritual issues, death, and physical illness. The analysis of the written reports indicated that the history of the clients' life or their life situation was also often discussed. Marital and family issues were discussed quite frequently, as were mental problems. Among issues dealt with less frequency were problems with other human relationships, alcoholism, suicide, and questions of everyday life.

**Table 4.3. Issues Dealt with in Pastoral Conversations.**

<table>
<thead>
<tr>
<th>Issues discussed frequently</th>
<th>Issues discussed somewhat frequently</th>
<th>Issues discussed quite infrequently</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Spiritual problems</td>
<td>• Marital, family or sexual problems</td>
<td>• Other problems with human relationships</td>
</tr>
<tr>
<td>• Death or grief</td>
<td>• Mental problems</td>
<td>• Everyday life</td>
</tr>
<tr>
<td>• Physical illness/ disability</td>
<td></td>
<td>• Suicide</td>
</tr>
<tr>
<td>• Life history / life situation</td>
<td></td>
<td>• Alcoholism</td>
</tr>
</tbody>
</table>

The three occupational groups differed to some extent in terms of the issues discussed most often (Table 4.4). Death and grief were often dealt with in all groups. Spiritual issues were discussed most frequently in hospitals, quite often also with the mentally handicapped. Physical illness was often talked about in the hospital and rather often in the parish setting. Conversely, marital and family questions were more common in the parish than in the other settings. In parishes pastors meet people of all ages and in diverse situations, whereas in hospitals questions related to illness and death may overshadow family problems. With the mentally handicapped the most

\textsuperscript{31} Two of them did not write any reports for their supervision. One student did not want to give me her reports because of their confidentiality.
frequent topics were related to death, spiritual questions, everyday issues, and human relationships.32

Table 4.4. The Most Frequent Conversation Topics in the Various Settings.

<table>
<thead>
<tr>
<th>Parish</th>
<th>Hospital</th>
<th>With the Mentally Handicapped</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Death or grief</td>
<td>• Death or grief</td>
<td>• Death or grief</td>
</tr>
<tr>
<td>• Physical illness/disability</td>
<td>• Physical illness/disability</td>
<td>• Spiritual problems</td>
</tr>
<tr>
<td>• Marital, family or sexual problems</td>
<td>• Spiritual problems</td>
<td>• Everyday life</td>
</tr>
<tr>
<td></td>
<td>• Spiritual problems</td>
<td>• Problems with human</td>
</tr>
<tr>
<td></td>
<td>• Life history / life situation</td>
<td>relationships</td>
</tr>
</tbody>
</table>

According to the questionnaires, spiritual issues were discussed most frequently with hospital chaplains and chaplains working with the mentally handicapped. In the parish setting these questions were, as a rule, dealt with in groups or in spiritual events, such as the Evenings of Word and Prayer and other prayer meetings, occasionally also in the conversations that took place before funerals or christenings. In the parish setting spiritual issues are probably mainly dealt with in other contexts, such as small groups, and parishioners seek pastoral care because of other problems. Conversely, in the hospital people connect the chaplains in the first place with the church and spiritual issues, and may therefore more frequently talk with them about spiritual topics. Their illness may also awaken them to thinking about ultimate questions. However, the interviews and written reports showed that the patients’ problems were seldom clearly spiritual. Spiritual issues were intertwined with other problems, and often they were only briefly referred to or the patient talked about other problems by using spiritual language. According to Sainio, people may think that with the chaplain you have to talk about "appropriate things."33

32 Knus (1983, 83-85) observed similar topics to be the most frequent in hospital setting. The issues discussed most frequently were physical illness, devotional life, depression, meaning of life, and suffering. In the pastoral conversations of parish pastors grief and suffering were the most common topics. Depression, loneliness, and physical illness were also frequently discussed. Kyllönen (1994, 62-64), The same issues were also the most frequent in the pastoral conversations of diaconal workers. Hiltunen 1992, 62-64.

33 Sainio 1997, 292.
The issues dealt with varied a great deal. Two of the most general religious questions were feelings of guilt and the fear of being condemned by God. People could, for example, fear being unworthy of being accepted by God. Some people with mental problems and sometimes the mentally handicapped had neurotic guilt feelings or fears of hell or demons. This could manifest itself, for instance, by a repetitive, compulsive need for confession or by religious delusions.

Patients quite often talked about how they experienced God. Some patients felt that their illness was God's punishment for their actions or expressed their anger against God's injustice.

At some stage the question came up of why God allows this and what've I done that's so bad that I'm being punished like this or that this is unfair. I guess that in those cases this spiritual dimension comes up in one way or another. If by spiritual you think about how these ultimate questions come up and the question of if there's a God and why God treats [me] like this and why God doesn't hear and what prayer could do and such things. (H2, 1)

According to Virtaniemi, these questions are typical for seriously ill people. Their life is in danger, and they express their anxiety by asking why. Virtaniemi states that people asking these questions first of all relate justice to God. According to their views, God punishes those who do something wrong. These people should be helped to ask "what this means for me" instead of "why." This question indicates a notion of God as a travelling companion.34

Positive experiences of God also came up a few times in the written reports. Some patients had interpreted their illness as God's way to call them or had talked about God's healing power.

According to the written reports, the meaning and experiences of personal faith and values of life were also discussed, especially with believers. People told the pastoral caregiver about their devotional life, sometimes also about their disbelief.35 Some were worried about their nonbelieving

34 Virtaniemi 1987, 206-212.
35 Similarly, devotional life was one of the most frequent religious conversation topics of Finnish parish pastors and diaconal workers. However, God's care was discussed slightly more frequently. The pastoral conversations of diaconal workers also dealt frequently with the meaning of life, guilt and forgiveness. Kyllönen 1994, 64; Hiltunen 1992, 62-64. The results of Vanhanen (1986, 54-56) showed that in the parish pastors' pastoral conversations in 1985 the meaning of life, devotional life, guilt and forgiveness were discussed more frequently than God's care. Similarly, Krüts (1983, 83-85) discovered that devotional life and the meaning of life were the most common religious topics in the hospital setting. God's care was dealt with quite often, whereas forgiveness and guilt were discussed less frequently.
family members. Prayer - either its meaning or experiences of prayer - was also frequently discussed. Sometimes prayer was not a topic, but patients asked the chaplain to pray for them.

Occasionally spiritual issues included dogmatic questions and were related to the patients’ or parishioners’ fundamentalist conception of the Bible. These issues could be, for example, conceptions of sin or an interpretation of certain Bible verses. However, these questions often reflected some personal concerns.

And then there are those who phone the pastor on duty in his office, and the call's almost always about some religious problem that the Bible says thus and so or how's this thing really, this Communion or that it's very difficult for me to forgive so-and-so. . . . Some totally isolated problem, let's say for instance that husband is wife's head, what it means or if homosexualists are bigger sinners than some other people, or if you are allowed to eat blood pancakes. (H9, I)

Occasionally clients asked practical questions concerning other religious groups: their child had joined a religious movement, or mentally handicapped persons were confused because Jehovah's Witnesses had started to pay visits to them.

The written reports showed that hospital conversations quite often also touched the patients’ negative experiences of church, pastors or believers. Patients also frequently asked about the chaplain’s background, work or education.

The mentally handicapped sometimes tended to talk with the chaplain about issues they considered appropriate to discuss with a clergyman, such as a specific hymn, service hours or the Ten Commandments. The same phenomenon was apparent in the hospital, but more indirectly.

Death was discussed often in all settings. In the hospital these conversations were focused on questions concerning the patients’ own death, but they were also dealt with by the parish pastors.39 The persons who talked about their own death were generally old or terminally ill. Old people often expressed their wish to die. Some of them also talked about their fears and other feelings concerning their approaching death. Sometimes the death wish was intertwined with the fear of death and uncertainty about their lot after death or with feelings of guilt.

39 This contrasts with Kruus' (1983, 86) findings according to which the pastoral conversations of hospital chaplains dealt very seldom with death. However, the more recent studies on parish workers' pastoral care have shown that issues related to death and grief are frequently discussed. Hiltunen 1992, 62; Kyllönen 1994, 64.
With those who still are able to talk, it naturally depends on the occasion. In many cases the question is what's to become of me after this. I've never been especially religious, so what's to become of me. (H9, I)

As a rule these people were no longer able to burden their family or friends with their troubles. I learnt to know that they couldn't talk about all these thoughts with those people, because they were afraid that they'd start to grieve terribly or that they were not mature enough to start talking. So I felt I was some kind of a safety valve whom they could talk to about their own pains and feelings, and also quite distinctly of faith, I mean about preparing [for death]. (P12, I)

The written reports showed that in most cases death was not the main content of conversation. On the contrary, patients mentioned it only briefly or referred to their wish or readiness to die. The wish to die could be the patients' expression of their weariness of constant pain and suffering. Sometimes the superficiality of the conversation might have shown the pastoral caregiver's inability to deal with death.

Hospital chaplains and parish pastors also paid visits to terminal patients who were already unconscious or so weak as to be unable to talk. Because during these visits conversational means of pastoral care were not applicable, most of them used touching, prayer and hymns instead, sometimes also absolution.

In the parish and with the mentally handicapped, the death of spouse, child or some other family member was the central issue more often than the person's own death. The parish pastors naturally held these conversations before a parishioner's burial, some met members of the immediate family occasionally also after the funeral.

Often when I meet the immediate family of the deceased, . . . it's not just for making funeral arrangements, but it can be a very profound, I mean clearly pastoral conversation about past life, and feelings of guilt surface, that it was a difficult marriage. I mean people nevertheless talk quite honestly, many do, and then there's the grief, of course. (P13, I)

These meetings were often group conversations because in most cases several family members were present. The results of Vilenius showed that the pastors always talked with the relatives of the deceased about the departed, 72% of the pastors about grief and suffering, 63% about the change of life caused by the death, and around 50% about problems of death or spiritual issues. 37

The hospital chaplains met mourners mostly when holding a short service by the deathbed of the deceased. The mentally handicapped also talked quite often about the death of their parent, even if it had occurred years ago. Sometimes the burial practices troubled them; they could, for example, be afraid that cremation would hurt the deceased. The chaplains found these questions hard to deal with because the mentally handicapped lacked the intellectual ability to understand abstract explanations. One student paid regular visits to mentally handicapped parishioners who had recently lost one of their parents.

Suicide was a fairly infrequent conversation topic, but nearly all students had met people with suicidal thoughts or those who had attempted suicide. The hospital chaplains sometimes encountered persons who had been taken to a hospital after suicide attempts. Parish pastors faced this situation either on the crisis hotline with people contemplating suicide or when they met the family of a person who had committed suicide.

Confronting suicide appeared to arouse thoughts about its legitimacy. Some students could not approve of suicide, others thought that everyone had the right to decide about his own life.

I'd see it like this that a human being has a right to it, too. I mean it's no longer such an awful catastrophe if a person no longer has the strength to live here. In my mind it's rather [a question of] not having the strength to go on living and you've just got to see it like that. (P12, I)

Those students who did not personally condone suicide did not, however, judge those who committed it:

I must say I think life is a gift of God and man has no right to end it but, on the other hand, I don't either consider it right that such a deed is condemned, thus increasing the guilt of the relatives. Instead, I think that a person's life and death should be left in God's hands. (P14, I)

The written reports showed that the hospital chaplains' pastoral conversation often started with talk about the patient's physical illness, especially in the initial contact. The chaplains frequently started the conversation by asking about the patient's condition, and patients responded by telling their case history. Sometimes old patients also complained about the nursing care or accused the staff of negligence or stealing their belongings.\(^{30}\)

\(^{30}\) Kruus (1983, 83- 85) found that physical illness was the most frequent topic in the pastoral conversations of hospital chaplains. Kruus interpreted that these conversations reflected the service aspect of pastoral care.
Physical illness was frequently discussed also with the parish pastors and diaconal workers. Old people, in particular, talked about their fears and problems concerning their illnesses, pains, deterioration and aging.

[Frequent topics of conversation are] issues related to their illness and growing old of course, that you're getting older and you've got to accept your own illnesses and that you won't get any better any more, and also the fact that you're no longer capable of looking after things. And then there's the fear that you'll be put in an old people's home or otherwise under care, and how'm I going to cope with this life during the rest of my life. Of course these are the most common [fears] when you think of a diaconal worker, and then for instance there's Parkinson's disease, how are you going to manage, when they can't express themselves and there's dementia and everything. However, these [clients] have been able to comprehend their own situation (P8, I)

People suffering from mild mental retardation talked with the chaplains about the meaning of their disability, because they, unlike the mentally handicapped with moderate or more profound retardation, were aware of being different.

People with milder mental handicaps, they're the ones who experience their handicap most strongly because many of them are conscious of it and realize their own limited resources and ask about it and ponder it. The conversations with them are the most difficult in the sense that they might think about all this and then ask you why am I handicapped, why can't I go to school and get married and have a baby, I mean these goals of normal life that not all people can reach. (H3, I)

Sometimes the meaning of disability was also discussed with the staff, even though they had already processed this issue in their everyday work. The chaplains appreciated the staff’s way to relate to and take care of the mentally handicapped. The theme was also occasionally discussed with parents of the mentally handicapped. According to the students, confirmation classes, in particular, seemed to raise these questions anew in parents.

I think that along with these confirmation classes these pastoral questions also come up. There the family in a way processes the fact that they've got a disabled child, really in a way very forcefully, I mean that when these spiritual [things] are concerned, like the Church's teaching, and in connection with the baptismal teaching and regarding the human dignity the parish gives to a handicapped person. And somehow it's so moving that the process starts in some sense anew. (I)

The written reports indicated that, in addition to the physical case history, the patient’s life history was the most central topic especially in the initial conversation with the chaplain.
It's the whole story of their life that comes out. It can happen in one sitting. Awfully many [things] from childhood and their younger days, things that haven't been clarified. . . . Of course they are most often old people whom I meet. And I guess old people try to assemble the jigsaw puzzle of their lives, bring the pieces together. Then there are the things that haven't been cleared up. (H2, I)

A client's life history was discussed clearly more often than his current life situation or questions related to the future. Nevertheless, only some students mentioned in the interviews the life histories of their clients as an integral part of their pastoral conversations. They may consider it a way of creating contact, not a specific issue or problem to be dealt with as such.

**Marital, family and sexual problems** were mostly discussed in the parish setting and with the mentally handicapped. The parish pastors told that they encountered family issues, for example, in the consultations before the rites of baptism and marriage, in family camps, family circles, during marital communication courses, or on the crisis hotline. Sometimes family conflicts were also openly expressed or clearly perceptible in consultations with the family of the deceased.

Then often in connection with consultations before the rites of burial, marriage and baptism; somebody gives birth to an illegitimate child, what's related to it and the relationship with its father. . . . But for instance a consultation before the rite of marriage can be very pastoral, there you've also got to deal with previous marriages, they are brought out and what they mean to the new marriage and stuff like that. . . . When you arrange these marital communication courses, they also make these questions surface, and then we've had prenatal classes, the parish participates in the work of this maternity clinic. in prenatal classes with its own contribution, and there we meet these young couples expecting babies. There we talk about their situation and what's going to come later on. [I've] sometimes [been] on the crisis hotline and occasionally also in the St. Thomas Mass and sometimes this and sometimes that. (P4, I)

As a rule, parish pastors talked about marital and family issues only with women, and their conversations with both spouses present mostly took place in the context of the rites of baptism, marriage and burial. They considered situations with both husband and wife present difficult and, therefore, perhaps hesitated to suggest them.

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30 Vilénius (1997, 162-164) reports that 52% of the pastors had talked about the coming change of life during the pre-service consultation with the married couples. With the parents of the baptized children 64% of the conversations included issues related to marriage and family life and 87% to the change of life caused by the birth of the child.
Some pastors said that often in a consultation before the rite of baptism they instinctively perceived that the couple had severe problems even though they did not talk about them. The pastors felt that people’s threshold of contacting them to discuss their family or marital problems was high. When the pastor was finally approached, the situation was often critical and difficult.

In the foreground there are the celebrations related to family life, weddings, christenings, anniversaries and funerals. . . . Everyday problems are hardly ever referred to. The nearest experience I have of it is from today, when I visited the home where I was going to baptize their baby and I somehow sensed the presence of problems. But what it was about, that remained the spouses’ secret. It may be that a valid explanation is difficulties at the birth, the mother feeling faint, the baby crying and the father’s recent unemployment. However, the pastor doesn’t seem to be the first one with whom the family problems are taken up. Health care people and even day care staff might be closer helpers and listeners, at least for families with children. A model for dealing with the problems may also be that they are taken care of - or not taken care of - between the two of them, privately, in secrecy. Or possibly in family counseling centers or other corresponding clinics. The situations that I’ve had to be involved in have been extremely critical, painful crises related to marriage and primarily to the husband and wife relationship. In connection with home visits, relations between children and parents sometimes surface. (P10, homework for seminar II).

According to the written reports, marital and family problems were talked about only rarely in the hospital setting. Only a few hospital chaplains reported conversations on these issues. Most discussions where family was mentioned comprised general talk, for example, about children and their families and life situations, and the visits they paid to the patient. In a few cases these conversations could be categorized as pastoral counseling. These patients talked, for example, about their conflicts or break with their parents, children, brothers or sisters, or parents-in-law. If marital problems were discussed, the situation was generally not acute but the patients talked, for example, about their divorce.

I can actually say that they haven’t been such problems that would’ve been out in the open, that would call for a solution. They’ve usually been such problems where divorce or breakdown of the relationship already was a fact. Or relations with children were already broken, actually the question there has been of listening to the patient, not solving the problem, I mean. (H2, I)

With the mentally handicapped, sexual and family problems were discussed quite frequently and openly. They told the chaplain when they had a new

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47 The results are consistent with the findings of Kruus 1983, 84-85.
boy or girl friend or about their unhappiness about not being able to get married and have children. When a marriage or a live-in partnership between two mentally handicapped persons was considered, the chaplain was often included in the negotiations.

Well, in these appointments that I've made, the conversation's been about courtship problems and the limits and boundaries set by the staff and, on the other hand, currently there's this problem of a couple getting engaged, where the bride's been already several times engaged and is eager to get married, but her numerous bridgrooms have vanished into thin air and now there's a new one, and now the question's of whether I'll marry them or should they have a civil marriage and thinking about their life situation [within that framework]. . . . In some situations you're left in the middle of the staff's limited and narrow viewpoint and the human rights of this resident. I mean you must just listen to both and try to understand both of them, too. However, I've got the principle, I mean my starting point is that if the situation is in some way reasonable and realistic, I feel you must see the rights of the handicapped from a wider viewpoint than that of some ward bureaucrat. (H3, I)

If the staff opposed the marriage, the chaplain's role was to be a mediator between them and the couple. The chaplain talked with the couple about the practical issues related to living together and, together with the staff, tried to find the best practical solution for the couple, concerning for example their living arrangements in the institution or in a residential home. The chaplains would appear to support the marriage plans if they were in any way realistic. They all thought the mentally handicapped should have equal rights to intimate relationships and sexual life. All the chaplains considered cohabiting an accepted form of relationship. They justified it with practical reasons:

As a chaplain you have to accept companionate marriage as a practical solution. I don't find insisting on marriage before moving together justified. In some situations courtship does not give a clear picture of their compatibility. Then living together reveals the possibilities of having a real life together. The economic situation is impaired since pensions are cut down after they're married. It is difficult to explain. I would like to see respect returned to marriage at all levels. (H3, homework for seminar II)

In addition to discussing marriage plans, chaplains working with the mentally handicapped often faced problems related to the mentally handicapped persons' process of becoming independent of their parents. This separation process was often difficult because of parental feelings of guilt and complex symbiotic relationships with their handicapped children. Sometimes parents advanced in age did not want their mentally handicapped adult child to move from home because they were dependent on the child's pension or help in the household.
All these feelings of guilt even in quite small things. Now let's take some parent who's got a mentally handicapped child going to school, who doesn't dare send her child to camp, and the reason for this is revealed to be her inability to push this handicapped child away from her, because she feels guilty that she's somehow abandoning her child in order to be able to be in peace. . . . For instance a mother tries the whole time to talk [on her child's behalf] or to remote control her child, even though the child is here in my office, I can hear how the child really speaks with the mother's mouth here. There are here such vast symbioses between parents and especially [their] older handicapped children so that you don't really know if they have personalities of their own at all. . . . And then these questions of guilt and giving up are really important in the [process] of becoming independent. (I)

The above passage shows that these questions were not necessarily brought up by the clients in the conversations. On the contrary, they were problems the chaplains recognized and tried to deal with.

Other problems with human relationships discussed with the students were referred to only rarely. Some people talked about their loneliness: young or middle-aged clients expressed their fear of or sorrow at failing to find a life partner, and aged patients their disappointment with having no visitors. Written reports show that patients sometimes talked about their observations or feelings concerning other patients or other mentally handicapped people in the institution or residential home. Often quarrels or another patient's odd or aggressive behavior was involved, sometimes worry for another.

With the mentally handicapped, pastoral conversations most generally dealt with everyday issues rather than any specific problems. The chaplains counted also these discussions as pastoral care. Most mentally handicapped persons were satisfied with their life, and simply talking to the chaplain was important to them.

In a way it's also pastoral conversation when you talk [with them] when everything's going well in their lives, too, it doesn't always have to be talk about problems. I mean when you ask them what's new and how are you doing, let's say that in 95% of the cases the answer is quite all right and everything's okey dokey. (H3, I)

My [pastoral] conversations to a very great extent deal with the next church holiday and where did you spend last weekend and did you have a good time at home and what happened there and what did you eat today and somebody had been shoveling snow the whole day or got new dungarees. . . . And then these things that are part of ordinary everyday routines, trips, anniversaries, what's been happening in general. I think that here they also come to talk with you because it's another happening, going to talk to the chaplain. (H16, I)
According to the chaplains, the mentally handicapped also wanted to hear about ordinary life outside the institution; they, for example, asked the chaplains to tell them about their children and families. For some of the mentally handicapped the chaplains were like friends who had come to visit them.

Most students encountered people with mental problems. The parish pastors met these people in connection with various religious events; some pastors were leading or had led groups for them. Occasionally they also received telephone calls from mentally ill people. A pastor described his contacts with them in the following way:

Well, they belong to this group you meet both after services, after events, who kind of like to talk, or then they sometimes phone you at home and sometimes you just have to leave very quickly. They may come to the church and then the janitor phones that there's this guy here who's threatening with suicide or something else. (P4, I)

In the hospital setting, mental problems surfaced less frequently. Some chaplains mentioned mentally ill patients who had been hospitalized for physical reasons. Only one chaplain worked on an open out-patient ward for mentally ill persons. The chaplains working with geriatric patients encountered demented, disoriented patients, patients with delusions of their possessions being stolen from them, or with clear psychosomatic symptoms.41

Nearly all the students had encountered clients whose problems were related to alcoholism, but only a few of them frequently. The parish pastors met alcoholics on various occasions: accidentally, in camps for alcoholics, alcoholics contacted them on the phone or came to ask for money. Sometimes also their spouses contacted pastors for help. However, as a rule work with alcoholics was the responsibility of the diaconal workers. Some parishes had also provided groups for alcoholics. The hospital chaplains encountered problems related to alcoholism less frequently. The reports written in the first half of supervision referred to only two such incidents. One hospital chaplain often met alcoholics because they entered the hospital to be detoxicated. He had regular counseling relationships with some of them.42

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41 Previous studies have shown that the most frequent of the mental problems discussed with pastoral caregivers is depression. Fears and mental problems or mental illness in general were also quite frequent topics. Kruus 1983, 84; Hiltunen 1992, 64; Kyllönen 1994, 64-65.
42 Results of Hiltunen (1992, 64) showed that problems related to alcoholism were discussed with the diaconal workers "to some extent."
The content and contexts of the students' pastoral conversations are essential in terms of how well the content of the training corresponds to the challenges that students face in their actual work settings. Theories of transfer stress that new knowledge should be based on the learners' previous experiences and be easily applicable to the contexts in which it is needed. Learners are more motivated to test out things that they have learned if the learning environments resemble their natural work settings.41

When the content of the program was assessed in terms of the issues dealt with in it and those that the students encountered in their everyday work, it was obvious that the topics related to death, dying and grief were highly relevant. Students confronted these issues frequently in their work. In this sense it seemed justifiable that one of the seminars was dedicated to the issues of death and grief. In addition, the supplementary reading included several books and articles on these topics. Students were also encouraged to process death on a personal level.

Suffering and physical illness were frequently-discussed topics. However, these issues were dealt with in the training only in terms of death and dying. The students also met demented or mentally ill people quite frequently. Nevertheless, during the seminars encountering demented patients was dealt with only in one article given to the students, even though several students worked with geriatric patients. Also, the time dedicated to pastoral care of the mentally ill was limited to three sessions during the third seminar week and to some books and articles in the supplementary reading. Spiritual questions were discussed frequently with hospital chaplains, in particular. However, these aspects of pastoral care were dealt with rather infrequently during the three seminars. The clinical periods included components related to these issues but not to the same extent as the fourth seminar of the parish workers. Similarly, the hospital chaplains and chaplains working with the mentally handicapped were encouraged to process their own spirituality considerably less than the parish workers.44

The compatibility of the training and the students' work was probably most complicated in connection with marital and family problems. The contexts and focus of the encounters were very different in all the employee groups participating in the training. In order for learning to be effective, the great variety of the contexts should be taken into account. However, the second seminar focused strongly on encountering married couples in a family-

44 On spiritual reflection in the training see Hakala 1999.
counseling-type setting. The situation of hospital chaplains and chaplains working with the mentally handicapped was only dealt with to some extent in the sessions of their own section.

Changes

The topics discussed most often did not change markedly during the training: death and grief, physical illness, spiritual issues, life history, and marital or family problems were the topics dealt with most often even after the training. Because a more detailed examination of the potential changes in the frequencies of the topics was highly problematic, the changes were studied mainly on the basis of the students' own assessments of the change. In the follow-up interview I asked them to assess the probable change in the conversation topics. I tried to verify their evaluations by tracing similar aspects in the written reports, when they were available, and by comparing the issues they mentioned as the most frequent conversation topics before and after the training, respectively.

Six students\(^5\) had perceived no obvious change in the topics of their pastoral conversations. The analysis of their written reports\(^6\) showed no clear change either. These students were representative of all three occupational groups, but four of them were male.

The rest of the students (11) had not necessarily perceived any clear change in their conversation topics either, but considered that the central change was in their improved ability to recognize and endure people's problems. These students felt that people spoke to them more openly than before, but also that they were themselves better prepared to see the importance of what was said to them. A student explained this change in the following way:

I: Have you noticed that there's been some change in these topics compared to the situation of two years ago? Do people now talk to you about different things than then?

P8: I think they do. I mean I guess they do talk about [different things], but I feel that I also see more, so its both-and. . . . In my opinion it [the talk] gets going more easily now than two years ago. Perhaps it's due to the questions you ask them. I don't know if you're somehow forcing them [to face the issues], and then a relationship like this is born easier.

\(^5\) H1, H3, H7, H9, P10, H15.

\(^6\) Turned in by four of them.
I: You just said that you're perhaps seeing things better; could you tell me what kind of things you experience you're seeing more sharply now than then?

P8: One visit to a home for the elderly comes to mind. I was visiting the sick ward and [pause] I felt that all those people who spoke to me there, I mean I'd just asked them how they were, and what they said, all of it was very important and meaningful to the speaker – that more could have come out of it, that it was very important, something that in some other connection would've felt like having no sense. I mean that you see it more profoundly. I mean what that person really wishes to say.

This improved ability to endure and understand people's problems was indicated in various ways: some topics were discussed more frequently than before, the counseling process went deeper, conversations were centered on the client, not the pastoral caregiver, and some students had supervisory contacts with staff. These changes were perceivable not only in the students' own assessments but also in the written reports.

One of the topics that the students felt they were better able to discuss than before was death. In the following excerpt a hospital chaplain discussed his altered valuation of death-related issues:

When I took up this work and post, I think my approach to a great extent was derived from my experiences in a psychiatric hospital, where a chaplain is perhaps nevertheless quite definitely something other than a consultant on death, like here. And that environment largely induces you to take a therapeutic approach and in a therapeutic direction. In a general hospital like this it's not at all so clear. I mean I simply can't go to their bedside and say now we'll start your pastoral care. I mean when there are no therapy contracts made. And within this starting frame I guess I experienced myself as some kind of a heroic healer figure who wasn't so much interested in these questions of death at all. I mean now later on I've been forced to admit that people relate the pastor's role very closely to death and the feelings connected with it. I think that this training, together with this work, has led in such a way . . . that I've come to understand the meaning and meaningfulness of these questions of death as well. And through it, when you've started to appreciate it yourself, you see that you also produce material like that in increasing amounts. (H5, II)

The improved ability to understand death may be related to a strengthened pastoral identity and formation of the hospital chaplain's role. The students' personal death-related processes had also probably affected their abilities to see the importance of these questions. During the training, especially the seminar focusing on terminal pastoral care and counseling the bereaved, including the supplementary reading related to it, seemed to have aroused a
The most and frequently discussed topics included death and bereavement, but was also included in the seminars and readings while in supervision. Some students in particular had also frequently discussed their encounters with severely ill patients or with the bereaved. Additionally, several students reflected on their personal losses during the training. Thus, the topics were relevant to the students at several levels, and the integration of theoretical knowledge, practicing, and reflection helped them to develop or change their notions of the meaning of death and bereavement and their ways of helping these client groups.

Another area some students felt better able to deal with after the training was the field of spiritually related issues. These students had learned to understand that ostensibly spiritual problems could provide essential information about the person's life:

I've noticed that my tolerance, my receptiveness could have changed. [pause] I guess I seize on these religious questions perhaps more than before [pause] or give them more emphasis or regard them as somewhat more meaningful sources, points of view than before. I mean that earlier you're doing like a novice's job, that the training in particular has given a bit of faith or trust that

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47 The supplementary reading included several books and articles on death and bereavement, and the students had also read them rather actively. E.g. the recommendable books chosen most frequently were related to these topics. See Appendix A.

48 On the importance of the integration of theoretical knowledge, practicing in authentic contexts, and reflection on the work see e.g. Joyce & Showers 1980, 379-385; Eraut 1994, 102-122; Tuomi-Gröhn & Engström 2000.
that can also be analyzed, and there you find some hints about where the shoe pinches. (P4, II)
The students also seemed to be more willing to accept the clients' use of spiritual vocabulary in expressing themselves and to respond by using similar language.\textsuperscript{19} This implies that their intuitive theories of religious language had changed. The new information acquired during the training had shown the narrowness of their previous thinking. A wider understanding of religious language was meaningful because it offered them new information about the client.\textsuperscript{20}
The written reports of a hospital chaplain provided evidence of this change on the practical level as well. In a report written at the beginning of supervision, he ignored his patient's repeated religious appeals, even though he seemed to be aware of doing so:

Patient: It's Jesus who's the only shelter and salvation. In Him I trust, that He helps.

[Hospital chaplain writes:] At this stage I noticed that I'd shifted into some kind of analytical gear. I noticed I was doing an instantaneous visual analysis of the patient's character, whereas he stopped to see the impression his comment had made. At the same time I noticed the change in my own approach. I was wondering why my reaction to this side of the patient was so hesitant as if I was estimating his mental distortion. Outwardly he kind of gave the impression of not taking very good care of himself.

[Later on the patient returns to the spiritual theme:] . . . In those days life was still quite different. Many were the ways in which I trespassed against God's Word. I guess that was when I started thinking about these matters of faith. We were left each of us kind of on our own. We had an intercessor, but mother died when I was xx years old.

Hospital chaplain: Were there many of you?

In a report written in the latter part of supervision, a patient's religious appeal still seemed to evoke negative feelings in the chaplain, but, nevertheless, he responded to it more readily than before:

\textsuperscript{19} The importance of spiritual vocabulary was discussed, for example, in an article of encountering religious phenomena in a mental hospital (Virtaniemi s.a.) given to the parish group in the fourth seminar.

\textsuperscript{20} Studies on conceptual change have shown that the change requires that the students are 1) dissatisfied with their previous conceptions, 2) they understand the essence of the new way of thinking, 3) and find it meaningful and 4) profitable in their future actions. Hakkarainen & Lonka & Lipponen 1999, 111-112.
Pastors' difficulties in using spiritual vocabulary were discussed during the program, for example, in *Den outgrundliga människan* by Owe Wikström. This publication was included in the supplementary reading before the first seminar.\textsuperscript{51} According to Wikström, pastors and chaplains should be able to interpret their clients experiences also by using spiritual terms and, at the same time, be aware of that religious vocabulary is sometimes used defensively.\textsuperscript{52}

A third area emerging more frequently than in the initial interviews, was sexual problems and mid-life crisis. These topics were discussed in particular with some of the female students. They had processed their personal life and femininity during the training or in personal psychotherapy.\textsuperscript{53} Therefore, they were probably better able to understand their clients and to respond specifically to these hints in the conversation. According to a hospital chaplain, especially dealing with sexual issues in the second seminar attuned her to paying attention to these problems of her clients:

H2: I've found that there are those work periods where some issues always come up. I mean by it this wordless communication, like this wordless readiness for some issue, and I don't know how it's born, but certain kinds of problems come up in bunches in these pastoral relationships. . . .

I: Have you noticed that it'd be somehow related to, have you yourself thought of something. . . .

H2: There's one thing I know, but it's just one. But I think that it works a little in these other things, too. The middle seminar we had, it was a kind of sex seminar, if you remember. Where there was a lot of talk about sexuality and

\textsuperscript{51} However, only eight students reported that they had read the book. Four of them considered it important or quite important to them.

\textsuperscript{52} Wikström 1991, 101-135. See also Clinebell 1984, 103-113; Stone 1994, 64-65.

\textsuperscript{53} Two of them started personal psychotherapy during the training.
stuff like that. And what do you know, when I came back to work, didn't those kind of problems start coming up! I didn't understand it at all, but then I understood that here I've got all these readinesses and that people sense that she's an awfully sexual being, that these things could be discussed. And then it again disappeared. But I was perhaps also in some way eager to hear about these things.

I: And that's why you perhaps seized on those things?

H2: Yes, I guess I grabbed any little thing given [to me], took that alternative. I mean it's [pause] awfully exciting how we communicate and how we kind of react and what we bring to the surface.

The phenomenon can also be explained by selective attention. Personal life situations or processing sexual questions in the training activated these issues in the students' minds and directed their attention to similar issues in their pastoral encounters.54

According to the analysis of the written reports a topic discussed less frequently than before the training was the pastoral caregivers themselves. Reports written during the first part of the supervision showed that some students answered the patient's questions about themselves and afterwards had difficulties in refocusing on the patient. Later reports indicated that they had become better able to keep the focus on the client during the entire conversation.55

To sum up, the students seemed to benefit most when the training dealt with the issues they encountered regularly in their work or that were current in their personal life. Additionally, the improvement was most evident in encountering the topics that were dealt with quite thoroughly in the various components of the training. When the topics were relevant and processed extensively, the students were able to integrate the theoretical knowledge presented in the seminars and supplementary reading and reflected on in supervision into their actual work practices. The change of conceptions occurred when the students discovered the usefulness of the new ways of thinking in their work. When they received help for processing their personal problems, their ability to direct their attention to similar issues increased.

Correspondingly, the benefits of the training were lowest when theoretical knowledge, opportunities to practice and reflection were insufficient. Encountering alcoholism and mental problems are good examples of such

54 Hakkarainen & Lonka & Lipponen 1999, 23.
55 Both Kilpeläinen (1969, 106-115) and Olivius (1990, 105-107) warn pastoral caregivers about speaking to the client about themselves or their opinions.
topics. The students faced them rather seldom in their work, and they were dealt very little in the training and reflected on rarely in supervision. As a result, students still considered these topics difficult after the program.

*Reasons affecting difficulty or easiness of conversation topics*

The students were asked in both interviews to assess the conversation topics or the type of client they found difficult and, respectively, relatively easy to encounter. My intention was to group the material on the basis of the topics. However, the preliminary analysis of the answers showed that nearly all conversation topics were considered both easy and difficult, depending on the situation and pastoral caregiver in question. Therefore, I categorized the material according to the *reasons* why the topics were experienced in a certain way. The students were not asked to assess why they experienced certain topics as easy or difficult. Nevertheless, they often expressed these reasons or they could be clearly inferred from their answers. Table 4.5 illustrates the main results of the analysis.

The students most often referred either to their work experience, their possibilities or ability to help the client, their personal experience of the problem, or to the lack of these, when they described the topics that were easy or difficult for them to encounter. Some students also mentioned communication problems and their sensitivity to criticism as affecting factors.

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56 Alcoholism was not covered at all during the seminars, but the supplementary reading included an article and two books on it. The students had read the article, but only a few of them had read the books. The books were included in the recommended reading. The article was included in the important reading and was sent to the students. Pastoral care of people with mental problems was one of the themes of the third seminar. One of the program leaders stressed the importance of this theme, but thought that the time available for dealing with it was not sufficient. The theme was dealt with in three sessions during the third seminar week. Additionally, supplementary reading included three articles and four books on psychiatry or pastoral care of the mentally ill. Students had generally read the articles but of the books only the textbook on psychiatry.

57 Matters related to this topic were dealt with in the initial interview also when the students described how they helped their clients with specific problems, such as family problems, alcoholism or mental problems. In both interviews the students were also asked about counseling (or other) situations that aroused strong emotions. Their references to difficult and easy topics in any other context of the interviews were also utilized.

58 If the student did not refer to or hint at a reason, it was not included in Table 4.5 even if the connection with the student's life situation had been clear. An example of this was the student who felt it easy to help young persons trying to find themselves. Her own children were of the same age, but she did not refer to this connection.
Table 4.5. Reasons Affecting the Difficulty or Easiness of Conversation Topics. Frequencies before (B) and after (A) the training are given in parenthesis.

<table>
<thead>
<tr>
<th></th>
<th>Experienced as easy</th>
<th>Experienced as difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work experience</strong></td>
<td>• Problem encountered often in work (B 13, A 9)</td>
<td>• Problem area less often encountered in work (B 2, A 3)</td>
</tr>
<tr>
<td><strong>Possibility and capability of helping</strong></td>
<td>• Problems considered solvable (B 3, A 1)</td>
<td>• Problems considered hopeless or very difficult (B 10, A 8)</td>
</tr>
<tr>
<td></td>
<td>• Adequate knowledge and skills to deal with the problem (B 7, A 7)</td>
<td>• Knowledge or skills inadequate (B 9, A 3)</td>
</tr>
<tr>
<td></td>
<td>• Other professionals mainly responsible for helping the client (B 1)</td>
<td>• Impossibly to see results (B 1, A 1)</td>
</tr>
<tr>
<td></td>
<td>• Acceptance of own limitations to help (B 1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Positive feedback and success (B 6, A 8)</td>
<td></td>
</tr>
<tr>
<td><strong>Personal experience</strong></td>
<td>• Similar problems in own family (B 4, A 2)</td>
<td>• Similar problems non-existent in own life or family (B 4, A 2)</td>
</tr>
<tr>
<td></td>
<td>• Similar problems personally, overcome or processed (B 8)</td>
<td>• Similar problems personally, acute or unsolved (B 3, A 3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Strong identification with client’s problems (B 3, A 3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Value conflict (B 4)</td>
</tr>
<tr>
<td><strong>Risks or criticism</strong></td>
<td></td>
<td>• Physical or other risks (B 3, A 3)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Criticism of one’s work or personality (B 7, A 1)</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>• Good relationship with client (B 1)</td>
<td>• Communication problems hamper interaction (B 3)</td>
</tr>
</tbody>
</table>

The students’ work experience was the most frequently mentioned factor affecting their perception of each problem area: the more often they encountered a specific problem in their work the better able they considered themselves to help people struggling with the issue in question. Therefore, several students considered helping the bereaved, dying or sick people relatively easy.

Well, I’ve of course had to do with grief and the dying for many years, so that in that way I know how people react and how the whole thing functions and what’s difficult and stuff like that, so I think that in that way it’s possible for me to confront it. (H15, I)
Because the students encountered death-related issues often in their work, they did not need to invest so much mental energy in these situations. They also had developed some specific ways of handling the situations. Accordingly, some students experienced helping alcoholics, the mentally ill, suicidal people, or victims of incest as being quite difficult, because they encountered persons faced with these problems only rarely. However, the infrequency of the problem was seldom the main argument for considering these topics difficult. In new situations they had not developed any routine ways of reacting and had to invest more emotional energy in dealing with them.\footnote{Hakkarainen \\& Lonka \\& Lipponen \textit{1999, 53, 84-85.}}

Primarily, the reasons for considering a problem area difficult or easy were related to the students' expectations of their possibilities and capabilities of helping. If they considered their client's problems solvable or clear, such as grief or concrete spiritual problems, they felt that they were able to help. Conversely, when the students felt their clients' problems were hopeless or extremely complicated, they found encountering these clients very difficult. Such problems were, for example, alcoholism and severe mental problems.

Well mental health is, they're difficult questions, if a person sees visions and hears voices that I don't hear and things like that. Then the things you can do are almost nil. And then of course this liquor question is also something where your skills just aren't enough. . . . I'm quite pessimistic where they [alcoholics] are concerned, of course it's wrong and bad, but somehow I've just so often seen that their life is, time after time, hitting the skids. Perhaps I see it as too discouraging, after all. (P4, I)

I mean it's especially difficult with psychiatric patients [pause] that you'd like to help them, not only to disturb them further. But there are many others who've lost in that game so that I'm not the only one. But I'd be able to feel satisfaction if I could to a greater degree do better with more knowledge [pause], because with psychiatry, in mental care [pause] there is no possibility of getting very far there. . . . But there, especially in that situation, I find myself badly lacking. (H15, I)

The students were pessimistic about the possibilities of permanently helping alcoholics or the chronically mentally ill, or they thought it required very high professional skills. Some students did not consider alcoholism and mental problems hopeless, only very difficult. Among other problems difficult to encounter because of their profundity were, for example, suicide, symbiotic family systems of the mentally handicapped, incest, severe jealousy, denial of approaching death, accumulated problems, the question of the meaning of being handicapped, and complicated marital problems.
I've in mind one married couple who came to see me in early autumn, . . . They'd been married for over xx years and were at the point where they could've erupted any minute. The wife was so exhausted that I wondered how she'd in general managed to stay alive. All those xx years they'd been telling each other off in a very bad way and they're so mean to one another that they don't see anything good in each other. . . . They had no means of functioning with each other but: well, when you talk like that I'm not the one who's gonna give in. I mean they had such strong tentacles and curlicues going through their relationship that it was a totally inconceivably messy tangle. It was hard.

I: Why was it hard?

One of the reasons was that they were my first married couple, or was it the second. I mean I had no experience and no muscle to say that now you stop it, it won't do that you go on with that stuff here, too. I guess I just didn't have the courage or the skill to put them in line. (I)

The results of Kyllönen showed that parish pastors experienced rather similar client groups as difficult. The problems considered difficult most frequently were mental illness, alcoholism, suicide, marital problems, financial problems and acute crises.60

All the above excerpts show that another reason for the difficulty of encountering these problems was that the students felt they lacked the required skills and knowledge. Kyllönen also reported that the pastors experienced pastoral care as difficult if they felt their skills and training were inadequate. Similarly, the findings of Vanhanen and Hiltunen showed that some pastoral caregivers felt inadequate training and their lack of experience made it difficult for them to give pastoral care.61

More particularly so, several students felt that they lacked adequate skills to counsel mentally ill people. Conversely, with easier problems the students thought they possessed sufficient skills. Such problems were, for example, spiritual questions, illness, recent marital problems, grief, or loneliness. Several students also felt that they were able to give first aid also in more severe problems by supporting their clients and listening to them:

I: How do you feel about your own readiness to cope with these marital or family related problems?

H5: Let's say that I don't feel that I am completely prepared, but I feel that I'm able to be kind of a first mediating level where I can try to find things that might be of use to these people in just that situation.

60 Kyllönen 1994, 71-73. According to Rantavuori (1995, 71) hospital chaplains felt the severe illnesses or death of children and clients' deep hopelessness and guilt to be difficult to face.
H9: I'm not an expert [in mental problems], but I do know something. I've got fifteen credits in psychology and the course gave me some kind of a general picture of what this is about, but then to be able to help somebody keep on going forward, well, for that I am not prepared. Of course I'm able to listen and be there and be a fellow human being to a person. I mean that many times these people who are outpatients, their loneliness is terrible, and there you can help them.

Encountering difficult problems was considered easier also when the student knew that other professional helpers had the main responsibility of helping the client, for example, when they gave pastoral care to mental patients during their stay in a general hospital. Likewise, if the students accepted the limitations of their possibilities of helping, for example, because of the short duration of the patient’s hospitalization period, they were satisfied if they could at least lend them some support.

Positive feedback and other experiences of success also appeared to be related to their perceiving some problem areas to be easy. Similarly, Kyllönen demonstrated that parish pastors felt that positive feedback and experiences of success supported them in their pastoral work.62

Some students recounted case examples; others talked more generally about situations in which they had received positive feedback or had experienced they were able to help.

Perhaps the pastoral care of cancer patients, there are both good and difficult cases there. When the illness extends over a very long time, finding the meaning of life and finding the values of life can be a very important thing to some patients. And then of course, religious patients are also, you could say, rewarding. All those who clearly need the chaplain. And then the grief-counseling groups, they're also rewarding. (H5, I)

Home visits are rewarding in that no matter where you go, people experience it as a good thing, that a parish worker visits them, in a rural commune like this. It's difficult to say what [it is] . . . in hospital visits the thing that always helps, but also there you often hear that please come again and . . . do you remember when we met that time in the hospital. I mean that it's been important to them, even if I didn't remember it myself. (P10, I)

Other situations considered rewarding were, for example, helping the lonely or mourning or people with simple spiritual questions. Positive feedback was either direct, or the same people contacted the students again when they faced new problems. However, only one student admitted that he would like to see more definite results of his work. The inability to perceive results

62 Kyllönen 1994, 74-75.
seemed to be related to the difficulty he experienced in helping especially the mentally ill:

I feel that with the mentally ill and the mentally disturbed, that I don't get anywhere with them, that I just don't reach them, and that feels real frustrating.  (H15, I)

Briefly, the results would indicate that the students perceived those situations to be easy in which they could attribute the positive outcomes of helping to themselves, or respectively, failures to help to external factors. However, if they thought the problem was hopeless, they experienced the situation as difficult but did not blame themselves for their failure. This is the way people generally interpret their success and failures. Correspondingly, if the students attributed the failure to their personal or professional deficiencies, the situation was experienced as difficult. This form of attribution may have been related to the students' low self-esteem.65

Personal experience was perceived as a resource if the students had experienced similar things as their clients in their immediate family. These students stated that their experiences helped them to understand the essence of the problem and the emotions of the client. Some students mentioned, for example, that they had alcoholics or mentally ill people in the family and, therefore these problems were familiar to them:

My grandfather was an alcoholic, a grandfather whom, it's true, I never met, but I know the effect it had on Dad and what kind of world it was. The family was thrown out once in a while, and then all that shame and everything. And then Dad's brother is an alcoholic, I mean it runs in the family, so I know what it's like outside the immediate family, too. The family, they really suffer. . . . I mean that you can mirror something through them, a little of the feelings and events that relate to it. (I)

Of course I don't run scared of them [psychical problems], because my own sister suffers from schizophrenia, and once in a while she has also these delusions. I mean that I can recognize it fairly easily when a person starts to speak, I mean I can say now, that's way out. . . . But in any case it doesn't startle me much. But I also feel that I'm not trained to deal with it. (I)

Family experience helped the students to identify and understand such problems, but it did not necessarily imply that they considered themselves fully capable of handling them, particularly alcoholism or mental problems.

Lack of personal experiences had an opposite effect on the extent to which the students felt they were able to understand their clients' situation and

empathize with it. The unmarried students, for example, thought that helping people with marital problems was difficult, because they were single themselves.

Even more influential than family experiences seemed to be the problems the students had experienced or processed personally. Among the issues the students mentioned were, for example, spiritual questions, death of a close family member, depression, serious illness, or being married and having children. Their own processes helped them to empathize with clients with similar problems or life situations.64

I: In what kind of problems do you feel best able to help the people struggling with them? If you think of your own field of work.

H: I think especially those struggling with questions of death and suicide. There the issue is depression, I mean I've experienced that myself and I've also experienced that the deadlock doesn't have to be the ultimate truth... in other words, something you've been through yourself.

P: I've felt that I've succeeded in situations in which the problem is still quite recent, I mean that it hasn't stewed in their system for the past twenty years. That is to say, they've been young couples. And another thing related to it most often has been that they haven't talked with each other, haven't known how. And there I've felt that I've been able to help them... . .

I: What do you think is the reason why you've been able to help?

P: I think it's because I attended a marital communication course and have been in instructor training and I've found help there for myself or discovered that it's made my own life easier in many situations, so I think it's just because of that.

The students’ personal experiences helped them to see that similar problems were solvable and probably also offered them the means of helping. On the basis of their experiences they had created intuitive theories relating to the problems and the ways of solving them. These theories directed their actions when they encountered clients with similar problems. However, intuitive theories often are incongruent with scientific knowledge of the phenomenon and even with the professionals’ own conscious objectives. Because they often are unconscious, these theories are difficult to change.65

64 The supervisors interviewed by O'Connor (1993, 156-157) also thought that childhood difficulties had sensitized the students to the suffering of others. Similarly, Lindqvist (1985, 120-121) states that resolved personal crises can become resources because they help those giving help to empathize with their clients' problems.

True behavioral changes presuppose metacognitive knowledge of them, or critical consciousness, to use Mezirow's phrase. Therefore, the training should help the students to reflect on their intuitive conceptions and theories and to become aware of their possible limitations and distortions.

If their personal problems were acute or unsolved, this seemed to have an opposite effect on the students' experiences of helping others. If the students' clients had similar problems as the students themselves, this seemed to evoke strong, often negative, emotions in them and could hamper their counseling efforts.

A real difficult one was this marital [problem], it came so close to my own similar questions, and I saw in it also one of these martyr-victim [- combinations]. Whatever I tried, that woman lived in every issue totally through that man.

I: What was the feeling it provoked?

Hatred, and almost fury, I mean I recognized it, too, I've had the same thing in my life, but of course I never told her that. And then once in a while she also wanted to ask if I've had something like that in my life, but I absolutely refused to take that trail. But I felt that I just didn't have the strength for many more times, when she kept inviting me to her home, she had that kind of dependence [on me]. She admired me terribly. [A thing like] that makes me somehow want to push away, and I understand, too, that this dependence thing is one of my own big questions that I have yet to answer.

Personal problems also seemed to impede some students from contacting people in similar life situations or of their own age. Sometimes the students were not fully aware of this connection, even though they realized they had difficulties in establishing relationships with certain people. These findings stress the importance of acknowledging and processing personal problems as a means of improving abilities to provide pastoral care. In order to be effective, the training should not only help to bring the problems to the surface, but also offer the students opportunities to process their pain either in pastoral care or in psychotherapy.

Sometimes the students identified so profoundly with their clients or their situation, for example at a funeral, that they had difficulties in coping with

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68 Personal psychotherapy or pastoral care is recommended for pastoral caregivers in several textbooks of pastoral care. See e.g. Clinebell 1984, 420-421; Olivius 1990, 158-159; Viika 1997, 380.
their own strong emotions. Generally the situation had some resemblance to the student’s own life.69

One of those things was the burial of a small child, a six-year-old, and I hadn’t contemplated it at all. You see I had recently buried a young person who had died in a motor accident . . . and I thought this would be the same thing. And then I noticed that the coffin was small and then something very motherly exploded in me, that it was so small that you could have taken it into your arms. I could barely hold myself together and it was so surprising and I only had the time that the last verse of the hymn lasted, I mean I saw that this won’t go the way I had thought. I mean there surfaced in me some of these feelings of a mother grieving for her child, and it was hard. (I)

Some students experienced certain cases as difficult because their lifestyle or own values were contradictory to their client’s solutions or values. This discrepancy made the students feel angry or caused difficulty in understanding the clients’ views.70

Perhaps with those who just ask for money, I’ve had difficulties of relating to them in a very caring manner, because it’s difficult to understand people whose attitude to life is so different, that they’re broke every month before payday and stuff like that. That’s a situation where your compassion just runs out. You get to feel like taking too heavy a stand, I mean how it should’ve been, patience runs out. (P4, l)

The chaplains working with the mentally handicapped experienced value conflicts when they were placed between the mentally handicapped and the their parents or the staff. They felt they should fight for the rights of the mentally handicapped but at the same time understand the viewpoints of staff and parents.

Perhaps right now it seems in some way tough, this question. An employee contacted me and invited me to come to her support, so that a thirty-year-old person with a relatively mild mental retardation could, with some support manage to live outside the institution and could move from there. In the first place I thought do I have the right to enter this conspiracy? . . . I mean I [should] try to be such a friend to whom this lad could talk just about anything and . . . of course support him in his efforts of gaining independence. (H7, l)

Similar situations often came about when mentally handicapped persons planned marriage and the staff was against it. The chaplains often found themselves in the middle of the parties. In these situations the chaplains

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69 A similar phenomenon was observed by Rantavuori 1995, 71.
70 These situations created a cognitive dissonance: the students condemned the client’s irresponsible behavior and at the same time felt a professional obligation to show understanding. Reber 1995, 134.
may also have experienced a threat of criticism. Not they alone, but also several other students considered both direct and indirect criticism very difficult to take. If the students were openly criticized, it aroused strong emotions:

I: What have been the pastoral care situations like in which you've had difficulties in controlling your own feelings, have you had such [experiences]

H1: Perhaps a situation where you're rejected out-of-hand without any consideration at all. Perhaps with a lot of hidden aggression and in a manner that makes you feel that they're not doing justice to you. Even though you know that it's not aimed directly at you but perhaps at the Church in general. But perhaps it's one of those situations that really make your feelings boil up.

I: Can you give a name to those feelings?

H1: Well, perhaps a backlash of some kind, or that in some situations you notice that you're personally hurt. I mean like I'm not at all what you imagine. But on the other hand these are sensitive situations, and in that sense easy, that you still somehow know what it's about. I have yet to scream at the top of my voice at somebody.

Sometimes students interpreted people's behavior as criticism even if it was not openly expressed:

I had a patient who always almost jumped when she saw me. And that aroused in me some kind of aggressive feelings. I mean she avoided me. . . . She walked about here, went wandering all over the place and she was quite obviously startled when she saw me and tried to avoid [me] and pretended not to notice [me], and this of course evoked aggressions in me and made me ask why. But in fact I then found out the reason later on when the patient died and I met her family. . . . I mean that it wasn't me personally. And then I felt real bad. This was one of those [situations], but it was cleared up and I'm awfully glad that I got this answer. I mean it bothered me an awful lot. (H2, I)

At the intellectual level the students were able to attribute anger and aggression to the clients' problems and previous experiences, but emotionally they attributed it to themselves.71 According to a psychodynamic explanation, the difficulties of facing criticism may originate in the caregivers' unconscious desires to be useful and loving. Therefore client's criticism is experienced as a personal failure.72

Some students mentioned physically threatening or mentally offensive situations as examples of difficult pastoral encounters. Some female students had been afraid of physical threat when being alone with male

71 Nurmi & Eronen & Salmela-Aro 1995, 105-106.
72 Jacobs 1997, 61-68.
alcoholics or aggressive, mentally handicapped men. Mentally offensive situations were, for example, when a parishioner fell in love with a pastor, or when female students got sexual phone calls on the crisis hotline.

According to a hospital chaplain the issues discussed were not essential themselves: instead, the nature of the pastoral caregiver’s relationship with the patient was relevant. If their relationship was good, all communication between them was open and natural. Correspondingly, the chaplains working with the mentally handicapped thought that they had difficulties in some encounters because of the severe communication problems of some mentally handicapped people. They could neither understand what the person said nor could they explain abstract things in a sufficiently concrete way.

Changes

Five issues came up regarding the changes in the reasons that the students expressed in terms of the easiest and the most difficult conversation topics: 1) students referred less frequently to their personal experiences as a helping factor, 2) some students were better able to recognize the ways in which their personal problems hampered their pastoral work, 3) experiences of inadequate knowledge or skills were referred to less often, 4) the student's ability to tolerate criticism had improved, and 5) neither value conflicts nor communication problems were referred to (Table 4.5).

Firstly, after the training, several students no longer referred to their personal experiences as a helping factor. However, personal experiences were still referred to in the context of difficult conversation topics. The analysis of these references revealed that some students who had difficulties in expressing and recognizing their emotions before the training more readily referred to their personal experiences after it. These students had reflected on their emotions in supervision, in particular. They had learned to see the importance of emotions and to utilize them more readily in their work. At the same time, a student whose main explanation for the difficulty of certain encounters in the initial phase was her personal experience or the lack of it, referred to it less often after the training. Her increased attribution of her failures to other than personal factors may imply strengthened professional identity. Therefore, either increased or decreased references to personal experiences might be indications of progress.

Secondly, a few students recognized more clearly those situations in which their personal unsolved problems hampered their counseling work. This
change was probably related to their improved self-knowledge. A hospital chaplain, for example, recognized before the training that she had difficulties when dealing with people her own age, but did not give any reasons for it:

The only group I experience as problematic is young men. In some situations I can establish quite a good contact even with a group of them – I mean that women of my age – perhaps [my] own age category is the most difficult one, but here that threat usually does not exist. (I)

After the training she connected her difficulty of encountering young men as clients with the problems she might have with her femininity:

I must say I see quite a lot of such things you realize are, . . . I mean that it's in that way a problem to me myself, that it prevents [me from doing] something in my work or that then I encounter some kind of a problematic situation in which I feel that I'm unable to work as a pastoral caregiver. Or some such vulnerable areas. One of them is that I just find encountering men awfully difficult. With old men I'm doing all right, but men of my age and a bit older, a bit younger. Some kind of uncertainty about, I mean I don't really know what I should talk to them about. . . . I find that there the fact emerges terribly clearly that I'm a woman and the one facing me is a man. I mean you realize inside yourself that there's a problem of some kind here, because here goes the line beyond which I'm noticed as a woman. And I realize myself that I'm here as a woman. And there's something there that tells something about myself. Something about my being a woman. I mean that there's still something problematic for me [to solve] myself. (II)

The improved self-knowledge on a deeper level was possible if the students had started personal psychotherapy during the training. The training often caused painful problems to surface, but only a few students looked for help. Therefore, it would be important that the training offered the students possibilities of finding pastoral care or psychotherapy.

Thirdly, experiences of inadequate knowledge or skills were referred to less frequently than before the training. Instead, the students attributed their failure to help to the difficulty of the problems. They felt that, in principle, they were able to deal with the problems because they had acquired new skills and knowledge during the training. They were competent and trained, but some problems were so profound they called for more than ordinary pastoral care and counseling. This change of attribution implies a decreased sense of omnipotence and a more realistic assessment of their own limitations of helping.

Fourthly, the students' ability to tolerate criticism appeared to have improved, as after the training hardly any of them mentioned as difficult the situations in which they were criticized. However, they may still have had
difficulties in encountering clients who criticized them, but they no longer interpreted the criticism as an attack on their person. Therefore, these situations were probably easier to tolerate. The following excerpt from a report written during the second clinical period illustrates this:

[The pastoral caregiver has been talking with a patient known to be difficult on the ward. The patient's spouse had died a few months earlier. The patient answers the counselor occasionally in an angry tone and the conversation hardly advances. The counselor comments the situation as follows:] There's animosity in the mood of the conversation that she partly vents on me, it made me feel that 'nothing I did was right'. . . . I think that through the conversation Mrs. X was venting her hatred of grief on me and the nurse, too. Nothing was right and she kept seeking reasons for discharging her own bad feelings. I experienced it [the situation] as difficult when I was regarded as totally lacking in understanding. I just tried to help out in a situation [where the nurse and her patient were having words] and in return I was hauled over the coals. I also felt that it was difficult to continue speaking when I was faced with animosity. I see that the patient's problem was how to overcome her grief, and by dealing with the thing I endeavored to untangle the skein of grief at least a bit. . . . I meant to continue untangling that skein of grief. My personal aim is to try to find the strength to receive the animosity without feeling hurt. To discern that it's not necessarily a question of my person.

Finally, neither value conflicts nor communication problems with the clients were any longer referred to as difficult situations.

All the above changes may indicate an improved professional identity and approach, perhaps also a greater personal balance. When the students felt more capable as pastoral caregivers, they did not interpret, as easily as before, their difficulty of encountering certain problems, such as alcoholism, to be a result of their inadequate skills or lack of personal experience, but referred instead to the profundity of the problem. Similarly, their strengthened pastoral identity also helped them to perceive criticism not solely as an attack on their person. Likewise, value conflicts as well as communication problems still existed after the training, but they were not experienced as insurmountable.

It is difficult to assess to what extent the various components of the training contributed to the above changes. The reflective processes in supervision were probably the most influential in this respect. The peer groups also offered the students opportunities to observe their peers' successes and failures, and thus, gave them a more realistic view of the possibilities and
limitations of helping. In this sense learning was a social process and the outcome of learning a strengthened professional identity. Theoretical knowledge of pastoral care may also have added new influences to the students' perception of themselves.

4.4. Methods of Pastoral Care

Ways and means of helping

The following analysis of the students' ways and means of helping is based on their own descriptions of their work methods in the interviews, in their written reports, written assignments for the seminars, and the final essays. All this material consists of their own assessments and interpretations of what happened. Therefore, the analysis of this material builds a picture of the interviewees' notions of their ways of working. However, acquiring an objective view of the manner in which they give pastoral care would have required recorded or videotaped pastoral encounters, which was impossible to carry out in this study.

It was possible to divide basic methods that the interviewees utilized in their counseling work into seven categories: empathetic listening, chatting and ordinary conversation, challenging, applying counseling methods, spiritual care, nonconversational means, and referrals. Table 4.6 summarizes the main characteristics of these categories. These categories were revealed by the utilization of qualitative tables and the mind-map technique. First, I collected from the interviews all references to the ways in which each pastoral caregiver gave pastoral care in practice. Then, I combined these data in a table where the students formed the rows and the data derived from the initial and follow-up interviews the columns. I also read through all the written reports, written assignments and final essays, striving to recognize the ways in which the students acted and, then, added this information to the

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73 Both supervision and peer groups are effective means of enhancing the students' reflection on their intuitive theories of the relationship between their clients and themselves. Schin 1987, 217-254.
74 De Corte 1995, 100.
75 In the initial interview I asked them to describe how they had tried to help different client groups. I also encouraged them to tell about their way of giving pastoral care or counseling. Sometimes their answers were very general. Some of them told about concrete situations and their behavior in them. These descriptions were the most informative. Therefore, it might have been better to ask all of them to describe some specific situations and their actions in them.
Table 4.6. Ways of Helping.

<table>
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Referrals:
- Family counselors
- Social services
- Parish workers
- Psychiatrist / therapist / psychologist
- Mental health clinics
- General practitioners
- Clinics for the treatment of alcoholics
- Crisis hotline
- Some other person or assisting agency
above-mentioned table. The data from the first half of the supervision were added to the before-the-training column, and data from the latter half of the supervision, respectively, to the after-the-training column. Then, I collected from this table the methods of giving pastoral care into mind-maps. After this procedure I had approximately 20 categories. I tried to find the closely related aspects and by combining them ended up with the seven categories reported here.

These categories are not fully mutually exclusive, as several of them can be used for a variety of purposes. All of them can also be included in the same conversation. First, I will describe in detail each of these categories in order to show what the students thought they were doing in their pastoral encounters. Then, I will reduce these basic approaches into three types of pastoral care. This categorization will be based on how and why the caregivers utilized the above seven methods.

*Empathetic listening*

Empathetic listening is one of the basic communication skills required in pastoral care. Its importance is stressed in most textbooks on pastoral care and counseling.\(^76\) Empathetic listening can be divided into attending, listening and empathy. Egan defines attending as a means of being actively present with clients and expressing this verbally or nonverbally. Similarly, active listening involves listening to both the nonverbal and verbal messages of the client, as well as listening to oneself. Empathy includes attending, listening, and understanding the clients and expressing this understanding to them.\(^77\) Massey defines empathy as "an ability to identify with and experience another person’s experiences."\(^78\)

All interviewees seemed to prefer empathetic listening as the basic way to help.\(^79\) All its main aspects – empathizing, listening, attending, and communicating their understanding – were manifest in their practice of

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\(^76\) See e.g. Kilpeläinen 1969, 58-69; Clinebell 1984, 75-78; Oliviis 1990, 58-74; Jacobs 1997, 47-49.

\(^77\) Egan 1994, 91-121.

\(^78\) Massey 1990, 354. Clinebell (1984, 417) defines empathic understanding as entering into the clients' inner world of meaning and deep feelings by listening to them with caring awareness.

\(^79\) Studies on the pastoral care offered by Finnish parish pastors and diaconal workers show that listening is also their most widely used way of providing pastoral care. Vanhanen 1986, 66; Hiltunen 1992, 57; Kyllönen 1994, 50-52.
pastoral care. They stressed that they attempted to **listen** to what their clients really wished to say and tried to **empathize** with their situation. The students seldom clarified what they meant by the terms listening or empathy. Both aspects seemed to belong to their natural and fundamental ways of encountering their clients. The chaplains working with geriatric patients, the mentally handicapped, or the bereaved stressed the importance of listening patiently to the same stories again and again.

Well, old people talk a lot about them [their hurts and pains], of course you've got to have [the patience] to listen to it, too. I mean sometimes you get the feeling that I hurt, therefore I am. (H1, I)

Active listening also includes hearing and understanding nonverbal behavior. However, judging from the few such observations in their written reports from the first half of the period of supervision, the interviewees did not appear to pay much attention to the nonverbal messages of their clients. They may not yet have seen the importance of nonverbal information, or they had actually paid attention to it but for some reason failed to report it.

Some students mentioned that they attempted to **express their empathy and understanding** by using nonverbal means, such as nodding or looking the patient in the eye. According to the written reports, several students also expressed this verbally, for example, by commenting, "You really must have faced difficult things in your life" or "Yes, it must be hard."

I listen and I kind of try to communicate it, too, that I'm listening, I mean I mouth mmm's or uh huh's or nod my head, or then I say something like "it must have felt like this or that to you", I mean trying to make this person, give this person the possibility of talking about whatever they ever want to talk about and try to encourage them to talk. (H11, I)

Previous studies indicate that **comfort** is widely offered by Finnish parish pastors, diaconal workers, and hospital chaplains. Most of the students also

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80 These aspects are emphasized in most textbooks on counseling and pastoral care. See e.g. Egan 1994.
81 On the importance of nonverbal messages see e.g. Kilpeläinen 1969, 63; Olivius 1990 65-68; Egan 1994, 94-97.
82 The instructions for the written reports stress that the reports should also include a description of non-verbal communication. KSKA "Sairaalasielunhoidon konutus. Työnjärjestys. Yhden liuskani raportti;" KSKA "Runkoehdotus raportin laatimista varten."
83 Egan (1994, 110-116) stresses that empathy always involves communicating it to the clients by responding to their feelings, experiences and/or behavior.
84 The reports showed that the student appeared to act exactly like this.
expressed their empathy by offering comfort. They would try to "say something that would bring relief" and generalize the situation by referring to other people who had overcome similar difficulties.

[In marital problems] . . . by creating an atmosphere that now, after all, this thing isn't so unusual or unique, I mean that these things happen and human life is like this and implying that many people have got over even things like this. (P4, 1)

Also, they provided comfort by resorting to the Bible:

[A hospital chaplain had been talking with an elderly, somewhat demented patient. She talks about the death of her husband and expresses her hope of getting to be with him, but doubts if the man will recognize her after all this time. The hospital chaplain writes]: I just can't say anything about this. We are silent, both of us. I was touched, even shocked, by that last statement. But I still want to say something comforting to make her feel safe. "There is an eternal life. We know at least that from Jesus' own words: There are many rooms in my Father's mansion." (H1, written report)

Patient: I wish I could believe in God.

Pastoral caregiver: Even when we cannot believe in God, He is present. God is not dependent on our beliefs. The psalm [Psalm 139:5] says: "You hem me in, behind and before; you have laid your hand upon me." (H2, written report)

A few written reports and one interview implied that religious comfort could on occasion turn into teaching or preaching, for example when the meaning of prayer or salvation was at issue. 26

[I try to] make them understand that it's forgiveness, that's what I've got when I belong to Christ. And the fact that I belong to Christ, so it's first and foremost up to him, for he wants all to follow him and it depends on me if I want to participate. In almost 100% of the cases that seek pastoral care because of religious matters, they want to be Christians, I want to show them that they are [Christians] and that they are allowed to be Christians because they want to be. And then at the same time I want to show them that because they belong to Jesus they are forgiven for everything they've done before, everything they're doing now and everything they will do. (H15, 1)

Both the generalizations and religious phrases are often clichés that novice helpers resort to when attempting to express empathy. However, Egan states

26 In some categorizations the main forms of pastoral care are proclamation, service and fellowship. E.g. Kruus utilized these three categories in his study. His results indicated that hospital chaplains used proclamation mainly with aged female active parishioners. Kruus 1983, 122-125.
that this type of comfort may be dismissive to the client.\textsuperscript{97} These efforts to express empathy may reflect the pastoral caregivers' inability to endure the pain and anxiety of their clients. Therefore, they may actually be comforting themselves, not the ones they are trying to help.\textsuperscript{98} Piper states that excessive eagerness to comfort others may also imply an unconscious conception of human beings as persons without anxiety, pain, or fear.\textsuperscript{99}

Another aspect of empathetic listening reported was \textbf{attending,} being present in a holistic way.

The only living objective I set for myself as caregiver can really be said in one word: presence. Some aspects of being present:

- being present physically, mentally, intellectually, and spiritually wherever I am, be it the patient's bedside, chatting in the day room, talking in the hospital corridor with a nurse or in a ward meeting.

- being present is hearing: your hearing aid must be tuned in so that you can hear all that they don't know how to say or can't say. (H11, homework for the first clinical period)

Attending was understood as giving time and space to the clients and listening peacefully and calmly to whatever they wished to say.

Kind of relating to things calmly in some situations, I mean when somebody's really gone off the rails, and you don't really know how to be or what to do, so that you can then stay calm and sit there waiting for them to calm down and the situation to clear up, I mean just waiting there without blowing my top. (H3, I)

According to some students, especially as far as the bereaved, the terminally ill or suicidal clients were concerned, being present, standing by their side, was often enough. Several of them also related faithfulness to being present. They wanted to be available and, therefore, regularly visited those parishioners or patients who they thought needed their presence. The students' descriptions of their ways of being present were consistent with Egan's definitions of appropriate forms of attending.\textsuperscript{100}

To sum up, at the beginning of their training the students thought that their attending and listening skills were generally rather good. However, in their written reports they appeared to concentrate on verbal communication and

\textsuperscript{97} According to Egan (1994, 119), other inappropriate forms of expressing empathy are not responding at all, questions, interpretations, offering advice, and parroting.

\textsuperscript{98} Kilpeläinen 1969, 132-135; Sainio 1997, 281.

\textsuperscript{99} Piper 1982, 11-16.

\textsuperscript{100} Egan 1994, 91-94. On attending see also e.g. Parsons 1993, 106-108.
to ignore nonverbal messages. The students also felt that they were empathetic, but the results imply that they had difficulties in communicating their empathy and understanding to their clients in an appropriate way. Therefore, it seems that ways of interpreting nonverbal information and of expressing empathy, in particular, and responding skills in general, should be dealt with in training.

**Chatting and ordinary conversation**

Several students stated that they did not deliberately endeavor to use "methods" in their work. That is, they did not try to act in accordance with the principles of client-centeredness or some other approach, but reacted mainly on instinct in their pastoral encounters. They felt that their encounters were "ordinary conversations." One form of these conversations could be termed chatting. Chatting was mainly used in initial contacts, in chance encounters, with patients unable to talk or with reticent clients.

Chatting was a typical way of creating a contact. According to several students, in the first encounter they often talked about general things in order to create a relaxed atmosphere and, thus, tried to find out whether the person wanted to talk with them. By asking questions they tried to establish a contact and, at the same time, to summarize their client's situation and potential problems.91

I introduce myself and say that I do rounds here meeting the patients, and then I ask for instance how they're feeling, or of course it depends a little on whatever gets the talk going, sometimes the beautiful weather or the meals or whatever. However, I do try to find out quite a lot about them, how long they've been here, do they possibly know what's going to happen to them and what's up front now, and if they've got close family, where they live, things like that so that I get to know the field where I'll be operating. (H11, I)

In several previous studies asking questions was one category of the methods of pastoral care. In my original categorization it was a separate category. However, because the students used questions for various purposes it was included in the respective categories. Both the results of the present study and the previous studies on Finnish pastoral caregivers show that questions are widely used in pastoral care.

A conversation could also be classed as chatting about the news in chance encounters, for example, with the hospital staff or with the mentally

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handicapped. When the patients were unconscious or, because of their illness, were unable to talk, the chaplains would also peacefully chat to them in order to signal their presence and caring.

I: In which ways have you as a pastoral caregiver sought to help terminal patients?

H2: When these people have been conscious, we've talked. But always on the patient's terms. When this kind of a conversation hasn't been possible, I've nevertheless kept speaking in a low voice, just because I've thought that hearing a human voice might possibly still give them the awareness and certainty that someone's there, that they aren't alone.

If the patients were uncommunicative, some chaplains tried to keep the conversation going by themselves, mostly by asking questions.

P10: But then of course if silence just falls, then you'll just have to throw something [into the conversation] to move the situation along.

I: Do you ask questions or how do you do it?

P10: I guess quite a lot; perhaps they're mostly questions.

[A pastoral caregiver meets for the second time an old man who's visiting his terminally ill wife at the hospital. The man is very taciturn and the pastoral caregiver tries to strike up a conversation by asking questions]:

PC: You and your wife got along quite well?

Man: Quite normally, but one still wants to be here.

PC: You want to be with your wife until the end?

Man: Yes.

PC: What do you think, when you're here all by yourself?

Man: Nothing special. (written report)

This chaplain tried to avoid mere chatting and wanted to direct the conversation towards the emotions of the husband. However, her attempts were not successful and, therefore, the conversation remained on a rather superficial level. According to Sainio, this situation is familiar to all hospital chaplains. Some patients, Finnish men in particular, are not used to talking about their personal issues and emotions or do not have any need to talk. In these situations new pastoral caregivers easily become distressed.92 Similarly, Krus discovered that most hospital chaplains had difficulties in

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92 Sainio 1987, 78-79.
encountering aged male patients. Conversations with them were generally short and dealt with physical illness or spiritual issues.95

The main objective of chatting was to encourage the clients to talk. Egan uses the term “probing” to refer to the counselor’s statements, interjections and questions aimed at prompting the clients to tell their stories. He states that helpers should not ask too many questions even though they are an important part of the interaction. The questions should always be focused on the client, open-ended and challenge the client to think.94 In hospital settings, in particular, chatting about the patient’s situation is a central way of establishing a relationship. However, Sainio emphasizes that the entire encounter should not remain at this level.96 On the other hand, Oglesby stresses that when the chaplain has taken the initiative, the patients’ freedom to refuse to talk about their personal issues with the chaplain should be respected.96

A step further than chatting was discussing the problem with the client. Some counselors defined their "method" as ordinary conversation, in which they discussed the problem together with the client, using common sense as their guideline.

It's just normal conversation like this, I mean I haven't really got any of these [methods] you learn from books . . . I mean it's kind of like common sense talk, like we talk the situation over, and the other one speaks, and of course I then grasp some specific thing, according to the situation, that feels like it ought to be pondered upon, and perhaps we could then get going from there in a helpful and supportive way. (H3, I)

These conversations were more in-depth than mere chatting because they aimed at helping the clients to reflect on their situation. Most students who reported that ordinary conversation was their main method did not give me their verbatims, and therefore it was difficult to analyze their ways of helping in more detail.

It seems that even though the students frequently used both chatting and ordinary conversation, they did not reflect much on what they were actually doing and why. Conscious reflection on what seems an instinctive way of acting would probably help the students to discover both their resources and deficiencies as helpers. According to Schön, an ability to consciously reflect on one's working methods also is a prerequisite of changing them.

93 Kruus 1983, 162.
94 Egan 1994, 121-129.
95 Sainio 1987, 77-78.
96 Oglesby 1980, 55.
Development of work through constant self-reflection is also one of the characteristics of horizontal expertise. The issues related to creating contacts and encouraging clients to talk would also seem important to be dealt with in the training.

**Challenging**

The term "challenging" is borrowed from Egan's introduction to the problem-management approach. With this term he refers to all the counselor's attempts to challenge the clients to examine and change their self-defeating or harmful internal or external behavior. In pastoral counseling contexts the term confrontation is more commonly used. It is understood in a non-pejorative sense to be a means of bringing clients face-to-face with feelings and behavior that they have earlier avoided. The methods of confrontation may include, for example, interventions, clarifications, and interpretations. Confrontation always requires the active participation of the counselor. In the present study I prefer to use the term "challenging" rather than "confrontation" because it is wider and thus describes the variety of students' ways of acting better than the term "confrontation." Even challenging may be a somewhat misleading term to describe all of the actions I have included in this category. It refers here to all the active ways by which the students attempted to broaden, change, or influence their clients' viewpoints, notions, or self-understanding.

One way of challenging was the effort to *broaden the client's narrow fundamentalist notions* concerning especially God, the Bible, or other religious ideas.

Quite often these things [spiritual problems] are somehow related to the concept of the Bible, and [I've] tried to provide possibilities of seeing the Bible question in another way. So much harm's been done by the Church's teaching when they've taught a concept of the Bible that doesn't work in all situations, and people then feel terribly distressed. (P4, I)

[I've tried to help] if people are feeling terribly guilty and fear judgement by bringing [them] another kind of God image. (H1, I)

In order to try to change the client’s behavior the students' *gave information and expressed their "own opinions" or "spoke their mind." The interviewees

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98 Egan 1994, 158.
99 Jenkins 1990, 213.
were most likely to express their opinions when they had to confront alcoholics, their spouses, or the mentally handicapped.

There's quite a lot of those who phone on their own behalf or then the wife phones that her husband's an alcoholic. . . . And I listen as much as I can, then I tell them about these alternatives of getting help, I mean there's AA and A-clinic and all that. But that the solution is yours, what you do, are you happy drinking away your home and your belongings, your human relations, drinking away everything, the only other alternative's then that you seek help. You can make the decision. And then these wives of alcoholics, who are beaten and stuff like that, I say the same thing, like how long can you take it, stand it, that either you go looking for help, from Al-Anon, or I tell them to go to family counseling, too, if there's something [wrong] in their mutual relationship and of course there is. . . . Then when many of them ask if they ought to get a divorce or not, I say it's your own choice, what you can take I mean. If you're happy and this situation is better, like your husband beats you up every weekend, as long as you can take it, you stay, but then when you can't take it any more, then you've got to make some kind of change in your situation. It's quite a harsh line. (H9, I)

The pastoral caregivers challenged alcoholics and their spouses either by asking direct questions or by telling them what they as pastoral caregivers thought about the situation. The purpose of challenging was to help these clients to be responsible for their actions and to encourage them to gain control over their lives. As to the mentally handicapped and sometimes also their parents, challenging could mean, for example, setting clear limits to their behavior:

Sometimes I say to the mother that it seems to me this is one of those things Liisa here wants to talk to me about, so could you go to another room for a while, I mean [I say it] even this directly. . . . Or then I say that I've only got two ears, so I can't listen to you both at the same time, so let's make a deal, you both can talk to me with your own mouths, but at different times. And then I remark out loud that I've noticed that even if Liisa here likes to do things in this way because you want her to, she herself would need to do them in another way, and then I try to frame the question so that their feelings won't come to a head, but that it would move the conversation forward. (P17, I)

In the context of the marriage plans of the mentally handicapped, the chaplains tried to challenge the couple to see their anticipations of living together more realistically by talking about the practical issues of everyday life.

Somehow I bring out the question of what about then, how are they going to live. . . . I mean that you have to clear up what their folks will say, will they let them get married. Do people usually ask their parents, they don't. . . . The boy's asked at home and obviously he's fantasizing a bit, I mean like he's asked;
though they haven't talked about it. And then we've tried to deal with how they'd live, how much is your pay. Eighty, 120 marks a month, industriousness pay at the workcenter. Well and how much is the rent. All right, then we'll have to find out with the social worker what the chances of getting a flat for you two are. (H7, I)

Challenging was also utilized in order to increase the clients' self-understanding and self-acceptance. One of the most typical ways of attempting to achieve this purpose was to help the clients to find meaning for their lives and generate hope. This was the students' way of helping, for example, depressed or suicidal clients.

I guess I've tried to make them understand why, after all, it would be worth it all to go on living, like what they mean to their immediate family, that it's important they think about it one more time for their sake. That just . . . their just being there can be so important, that it's an awful lot for someone. (H15, I)

Helping to find meaning and purpose in life was also central in counseling old people and terminal patients. Several students stressed that they tried to help these clients to accept their life and to be integrated into it.

Perhaps something like finding reconciliation in life, on a large scale, too . . . being reconciled with your own past, kind of finding peace so that you don't have to fight against it any more, why life's been what it's been, I mean. Of course you could say it's finding a purpose [of life]. But somehow I think this reconciliation is perhaps better. (H11, I)

Sometimes for instance like they should try to think of all the positive things they've had in life after all, things they can feel happy about in their present situation. For example their children and grandchildren, that things have gone all right for them, that at least in that way they've done well in the task they've had in life, that they in that way at least can be satisfied with a lot, too, no one's perfect and there are many things they'd like to change, you can bring that out, too, but still they ought to be able to understand that [pause] they have lived their life and [pause] under the circumstances they've had and all that they've hauled with them from home and so on, they've done just what they could, and they can be satisfied with it. (H15, I)

Not only did they try to help these people find a meaning for their life, but they also attempted to lend them support in their efforts to become aware of the positive things and resources that they still possessed, in spite of their hurts, pains, or handicaps.100

My task is to be with the patients . . . trying to discover the possibilities they've got, and perhaps under some circumstances seeking to open their eyes for everything life can possibly hold that you can be grateful for, what you can

100 On the method see e.g. Egan 1994, 194 and O'Hanlon & Weiner-Davis 1990, 98-116.
enjoy, where you can find meaning for life. . . I mean if you'd want to find a common denominator for those things, I guess I'd want to be looking for the resources that people have in themselves. By their side, not giving them [the resources] to them or defining that these are the resources you've got. . . If I may give one example here. There was this patient who was in the hospital for a long time last spring, they defined him as terminal, but he recovered and is still alive today. . . He had to spend the whole winter in the hospital. That spring we were talking, we found it important to find some kind of fantasy resources that there were in him. When it was a beautiful winter day, we closed our eyes and [thought] how it'd feel to be skiing out there in the snow. They were in a way new things in his life, when he found out that he had a great deal in his life, though he was physically bound to the hospital. (H5, 1)

But then on the other hand, I've at least sought to [bring out] that you've got to learn to be content even in this situation. That now your eyesight's getting poorer, but that there are still things you are able to do, even if your eyesight is becoming poorer. Or when their mobility is declining, they're still able to read or go somewhere in an invalid taxi, so that they'd start thinking of what I still could do. I mean that it isn't just that "all right, now everything's gone and let death just come and soon, too". (H9, 1)

Finding positive aspects and client's strengths is a typical method in solution-focused approaches, but before the training most of the participants were not familiar with these approaches and did not apply them intentionally.

Some female caregivers, in particular, attempted to improve their clients' self-acceptance and self-development by encouraging them to appreciate their own emotions and needs, and by coaxing them to take better care of themselves.

Mostly they've been women who've brought out these problems [marital and family], so I guess it's just listening and encouraging her to [do] it. I mean what this woman's talked about from her own experience, she has the right by that experience of hers, [pause] to sometimes think about what she feels first, not just what about the family now, her husband or the children. (H11, 1)

Also, the caregivers would occasionally encourage their clients to express their feelings more openly and to talk about their problems. However, they did not always succeed in these efforts.

[The pastoral caregiver is visiting a married couple. The wife keeps complaining about how lousy she feels, like, she hopes to die. The pastoral caregiver tries to encourage her to express her feelings]:

Caregiver: "It's also good to be able to cry and let out those bad feelings."

Wife: "It's no good crying over spilt milk now."
Caregiver: "Of course it does no good in that way, but always when these things come up, and you start feeling bad once more, if you just could cry again."

Husband: "She can take it, she doesn't cry. I'm different, I cry much more easily." [Having said this, the husband changes the topic. (written report)]

Their purposes to challenge were also evident in their attempts to direct the conversation to topics that they considered essential and important to those they were trying to help.

The most important thing of all is listening. I mean it's mostly listening and then I try to ask questions about the things I think might be worth additional questions. (P12, I)

I've brought the conversation forward by asking questions. What I don't know is if I've taken it in the right direction and generally after the situation when they then talked like that about their own things. But is it then taking it too far? I've thought about that, too, I mean that if they after all weren't ready for it or willing for it, and then I've caused [it] by my questions. (P8, I)

The reports written during the first half of supervision included only a few examples of cases in which the caregivers tried to affect their clients' views by giving their interpretations. The following excerpt from a written report is one of them. However, in this case the interpretation does not concern the persons the hospital chaplain is talking to.

[The hospital chaplain is talking with two patients. They tell about the negative behavior of one of their fellow patients. The chaplain writes]: "I suggest aloud that perhaps L's feeling bad in her own mind and that she's venting it on something, that is, her table companions. . . . I don't talk right out about delusions, but I try to make these two friends see that L's outbursts are caused by her own fancies." [On top of this one of the patients says that the ward sister is stealing her things. The patient thinks that the nurse is jealous because of her academically educated sons. The hospital chaplain interprets in her own mind the patient's delusions as follows]: "I start wondering if it's own feelings towards her daughters-in-law aren't involved, whom the ward sister, a young, good-looking but rather bossy woman, has to represent now." (H1, written report)

One form of challenging is to ask the clients to clarify the terms they have used. At the same time the pastoral caregivers can check the accuracy of their interpretations:

I've tried to ask specifying questions, first of all to check that I've understood correctly what they've said. To some it's been some kind of a key that they've had to clarify and analyse what all this is about and then been able to talk [some of it] out [of their system]. (H5, I)
The variety of ways of the students used to challenge their clients shows that they did not remain in the passive role of a listener. On the other hand, their ways of challenging were also not fully consistent with the notions of challenging or confrontation in problem-management or psychodynamic approaches. It seems that the students’ ways of challenging mainly aimed at supporting the clients, whereas the ways of challenging in the problem-management approaches are more action- and change-oriented. In psychodynamic approaches confrontation aims more directly at increasing self-understanding through uncovering the topics or emotions the clients appear to avoid. Therefore, it seems that various ways of challenging and confronting the clients should also be dealt with and practised during the training.

**Applying counseling methods**

The term counseling method is used here in a very broad sense to refer to all methods, specific techniques or emphasis adopted from any particular counseling approach or therapy. In their opinion, most of the students did not intentionally apply any therapeutic or other particular method in their pastoral work. The main reason for this was that they felt they did not know these methods well enough to employ them. According to Kruus, helpers who state that they do not apply any theories or methods of helping can be "dangerous manipulators," because they are not aware of the ways in which they affect their clients.

The method most familiar to them was the neighbor-centered approach introduced by Irja Kilpeläinen. She stresses the unconditional acceptance and respect of the clients and holistic focusing on them, the here-and-now nature of helping, active listening, and responding to by participating verbally in what the client is saying, sometimes using the client’s words. The previous studies on Finnish pastoral caregivers have shown that they consider neighbor-centered or client-centered conversation their main method of helping, along with empathetic listening. All the students were also familiar with Kilpeläinen's method, because they had read her textbook. In the initial interview, some interviewees thought the neighbor-centered method did not agree with their personality, because the role of

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102 Kruus 1992, 121-122.  
pastoral caregiver promoted by Kilpeläinen was too passive. Conversely, five others said that they had tried to apply Kilpeläinen's method. However, some of the latter also thought that they were more active in their approach than what they felt this method called for.\(^{105}\)

I: Have you sought, in your own work, to use any of these means derived from therapeutic methods?

H1: No I haven't. I feel that I'm still quite a novice [in these matters]. However, perhaps I'm inclined to [use] Irja Kilpeläinen's listening [-centered method], but I'm not totally convinced by her, I guess I just don't only nod my head, but I also take a stand on things, and might even talk about myself. But, as a matter of fact, I haven't had a great number of pastoral relationships, because it's awfully different with these old people. . . . Those who've still got their marbles live in their realities, they are not used to, perhaps have not learned to express such things, you have to milk them a bit. But I've tried – how should I put it – to work on their terms and to proceed at their pace.

Several students, including those who said that they did not employ the neighbor-centered approach, stressed that they tried to move the conversation forward on the client's terms as far as its pace and topics were concerned. Also, according to the written reports some of them at least occasionally tried\(^{106}\) to apply the principles of the neighbor-centered approach by mirroring or accompanying the client's speech.

Patient: I'm so terribly depressed and the depression just won't go away, it's enough for me to look at the coffee ad to start crying. This just isn't normal.

H2: You're feeling bad . . .

Patient: I should've entered the hospital for the operation this summer but my condition was so bad that I could've died in the operation.

H11: What's your frame of mind now when you think about the operation tomorrow?

Even though they stressed the importance of neighbor or client-centeredness, the students' written reports showed that they did not always know how to apply it in practice. They would, for example, ignore messages sent by the client by changing the topic. Occasionally they also failed to keep the focus of the conversation on the client, especially when

\(^{105}\) The various examples in Kilpeläinen's textbook show that the role of the pastoral caregiver in the neighbor-centered approach is not as passive as the image of the model in the students' minds implies.

\(^{106}\) Their attempts were not necessarily in all respects "model examples" of the method.
the client would ask them questions. Sometimes these questions concerned the pastoral caregivers, sometimes their attitude to a certain topic. The written reports showed that several students would answer the question without, for example, trying to find out why this question was important to the client.\textsuperscript{107} However, when writing their reports they frequently realized this:

Patient [starts the conversation by asking]: Tell me why there's so much evil in the world?

Chaplain: Why do you think there is?

Patient: It's a punishment. God punishes [us].

Chaplain (I reflect first, then): The evil in the world is a difficult thing. However, as a priest I say that God doesn't punish. God is love, God only wants good things for us, but He can use evil things so that they also bring good things about. Good and evil fight in the world. (I know that I needn't be defending God, but I feel very helpless in front of the theodicy problem. Now, after reflecting on the matter, I would ask: Since you think like this, how has it affected your life? or something in that style. I'd return the issue back to her life and her experiences.)

Patient: But how can God allow all the evil things in the world?

Chaplain (helplessly): I have no answer to that. (Written report)

In the above example the chaplain nullified the patient's experience of a punishing God by giving her own counter-interpretation.\textsuperscript{108} Sometimes the caregivers also told their clients about their own experiences. One student, in particular, would often do this. Kilpeläinen stresses that the pastoral caregivers' self-disclosure directs the focus of the conversation to the helper and interrupts the client's thoughts and emotional charge. According to Kilpeläinen, generalization is a safer way of sharing own experiences. Conversely, Egan states that helpers' selective self-disclosure may sometimes serve as a form of modeling, challenge the client to deal with intimate issues, and create hope.\textsuperscript{109}

In the initial interview, two interviewees mentioned that they had tried to apply some of the principles of solution-focused therapy to their work. Three students reported that they had been influenced by psychotherapy but

\textsuperscript{107} See Kilpeläinen 1969, 66, 72-76, 112-115.

\textsuperscript{108} Virtanenemi (1987, 205-214) points out that seriously ill patients express their anxiety and fear of death by asking "why" questions. In order to help them, pastoral caregivers should listen to them, identify with them and help them to name their emotions, and thus aid them to ask about the meaning of their crisis.

\textsuperscript{109} Kilpeläinen 1969, 106-112; Egan 1994, 184-186.
thought that they did not, however, apply psychotherapeutic methods intentionally and wanted to keep therapy and pastoral care separate.

I guess that kind of classical psychotherapy has some influence in some respect, but also expressly supportive psychotherapy of some kind; but otherwise I feel that in pastoral care we have no longer anything to do with interpretations. I mean that if we follow that line the patient must know how to do his own interpreting, or if you make interpretations, you'll have to make sure with the patient that it's [the right one]. (H5, I)

Only one interviewee referred to any of the other approaches. She described the ways in which mainly her reading had influenced her:

Now and then, when it's been convenient, [I've tried] for instance logotherapy, now what do they call it, looking for the meaning of some event, what the meaning of this life is . . . I've used that a bit. What you've achieved in your life and in just something like this when they're asking questions, their spouse just died and they ask why they had to die. What good could you find in being left here alone to suffer? I mean this is in one of those books, as an example. And again in logotherapy, is it paradoxical intention or how did they call it, I mean that in the context of the coffee cup neurosis or stuff like that you think you are functioning in a totally contrary way, I mean like now I'll show you all how this coffee cup is shaking. I mean that in some situations I've proposed this kind of an alternative model to some people. And perhaps, maybe the model of transactional analysis is also one of those that are quite applicable, I mean this adult, child, parent. . . . But [I don't use them] not in that way, I mean you apply something to something if it fits the circumstances in question. (H9, I)

Even though only a few of them claimed that they applied some of the principles of therapeutic approaches, the students' therapeutic interest or inclination could be seen in their way of making interpretations for their clients' behavior, experiences, and emotions. In these interpretations they attempted to read between the lines and to give more profound psychological meanings to the expressions used by their clients. However, students very seldom revealed their interpretations to their clients.

[The client's been telling about her fears of hell. The pastoral caregiver’s interpretation is that] "in the background there may be feelings of guilt she cannot put into words." [He thinks these guilt feelings have to do with her relationship with her boyfriend]. (H3, written report)

Analyzing their own emotions might have been another indication of the students' fledgling therapeutic inclination. Some of the students appeared to pay attention to their own emotions. However, it may simply be a sign of
following orders because they were instructed to report them.\textsuperscript{110} In the reports they described, for example, their fatigue, confusion, anxiety, irritation, indignation, affection, or compassion. As this list illustrates, the emotions they most often described were negative. Probably, this does not indicate that these were the emotions they predominantly felt in pastoral encounters. On the contrary, they reflected the students' tendency to write their reports about cases that they experienced as difficult. Even though they paid attention to their emotions, the students did not regard them as information about the pastoral relationship or the client. Psychodynamic therapies and counseling approaches use the term countertransference or concordant countertransference to refer to the reactions and emotions the client provokes in the counselor. The counselors' own reactions may help them to understand what the client feels or evokes in other people. Countertransference may also refer to the distorting feelings from the counselor's past experiences transferred onto the client.\textsuperscript{111}

To sum up, the students did not systematically employ any counseling or therapeutic approach. However, most students tried to apply at least occasionally the principles of the neighbor-centered approach. Nevertheless, the written reports showed that in practice they had difficulties in its application. Attempts to utilize other counseling or therapeutic approaches were mainly limited to application of some individual ideas. The solution-focused approach, for example, was not familiar to most students. A therapeutic inclination was mainly shown in their inner interpretations and in their reflection on their own emotions. However, they seemed not to utilize their emotions as a source of information. All this implies that because the students were not skilled in any specific helping method, all the approaches introduced in the training should start from the very basics and should allow the students enough opportunities for practicing.

\textit{Spiritual care}

Both the questionnaire and the interviews requested the students to assess the ways in which they utilized spiritual resources. According to the questionnaire, the most typical spiritual resources they used were prayer and spiritual music, which in practice comprised singing hymns to or with the

\textsuperscript{110} The written instructions requested the students to describe their own emotions during the conversation. KSKA "Runkoehdotus raportin laatimista varten."

client (Table 4.7). The interviews showed that all those who, according to the questionnaires, never used spiritual music, however, occasionally sang hymns with their elderly patients or parishioners.

**Table 4.7. Use of Spiritual Resources in Pastoral Care before the Training. Scale 1=never, 5=very often, f=frequency.**

<table>
<thead>
<tr>
<th></th>
<th>Never or quite infrequently f</th>
<th>Occasionally f</th>
<th>Very often or quite frequently f</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prayer on client’s behalf</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>3.1</td>
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<tr>
<td>Prayer together with client</td>
<td>6</td>
<td>5</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Spiritual music</td>
<td>6</td>
<td>2</td>
<td>8</td>
<td>3.1</td>
</tr>
<tr>
<td>Quoting/using passages from the Bible</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>2.8</td>
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<tr>
<td>The Holy Communion</td>
<td>7</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Confession</td>
<td>10</td>
<td>7</td>
<td></td>
<td>2.2</td>
</tr>
<tr>
<td>Reading/using quotations from spiritual literature</td>
<td>13</td>
<td>4</td>
<td></td>
<td>1.8</td>
</tr>
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</table>

Most of the students **prayed** during their pastoral encounters when they felt the atmosphere was appropriate; they had talked about religious matters or felt that those whom they tried to help would experience prayer positively. The parish pastors and diaconal workers, in particular, seemed to be quite ready to propose prayer if they felt it was pertinent.

And, for example, all burial conversations, now if you think of them, they’re awfully different, different situations, and if I see that the people are mature or that it’s fitting in their situation, so I try, also in situations like this, I try to pray with them. When I’m doing strictly ministerial business, then I include it, yes I do. And surprisingly often, people experience it as a good thing, but it isn’t at all one of these visible spiritual resources, not at all always visible. With some people I don’t experience it as natural at all. Then I just listen and ask questions and try just to be with them. (P12, I)

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112 The formulation “spiritual music” was not very good because some students did not understand it was supposed to include also hymns. Therefore, the figures concerning spiritual music in Table 4.6 are too low.
Generally, the hospital chaplains prayed only at the request of their patients, more particularly so if they met with them on their own initiative. When patients asked them to visit, the chaplains were more ready to offer them the possibility of praying because they thought that when patients wanted to meet the chaplain, they also expected clearly spiritual elements from the encounter. Some of them said that if they prayed with their client at the end of a pastoral conversation, they as a rule tried to summarize the main themes discussed in the prayer.

Sometimes I use prayer, more naturally in those situations when the pastor's been invited there, even if the people themselves don't ask me for it. Less often when I'm there uninvited and nobody asks for prayer. . . . Then if it's been a confidential conversation, where quite distinctly, perhaps by some hidden terms, also spiritual questions have been dealt with then . . . the way in which I've used it [prayer] it's been a question of confrontation, a situation where the feelings of what I'm thinking about are put into words, I mean it's been kindled by that. It's not me who explores them but there's someone from the outside, God, who examines and sees everything. (H5, I)

The students prayed most frequently with their elderly clients, the parish pastors generally also when they met the relatives of the deceased before the funeral. Prayer was a natural form of help also when the students visited terminal patients. During these visits they often said the Benediction\textsuperscript{113} and laid their hands upon the patient. In these situations prayer can be very significant.\textsuperscript{114}

Previous studies have shown that Finnish hospital chaplains do not use prayer very widely. They used prayer most often in conversations dealing with issues of faith. In the parish setting it has appeared to be the most frequently employed spiritual resource. However, it is used markedly less frequently than listening, client-centered conversation, or comforting. The studies concerning pastoral care given by the parish workers have not examined how and in what kind of pastoral encounters prayer is used.\textsuperscript{115}

\textbf{Hymns} or, on occasion, other spiritual songs were also used quite frequently in addition to prayer. However, they were mostly sung only with elderly people or the mentally handicapped. The older generation was

\textsuperscript{113} “May the Lord bless you and keep you” etc.
\textsuperscript{114} Autton 1990, 28-29; Hulme 1990, 940-941.
\textsuperscript{115} The results of Kruus (1983, 110-113) showed that only 14\% of the Finnish hospital chaplains used prayer in their pastoral conversations. Rantavuori (1995, 65) reported that two of the seven hospital chaplains who participated in her study used prayer in pastoral care. On the employment of spiritual resources by the parish workers see Vanhanen 1989, 67; Hiltunen 1992, 58; Kyllönen 1994, 52.
considered to be more familiar with hymns, and, therefore, they were thought to be a natural part of their devotional life.

Then quite often, when I go into a sickroom, I sing and in the terminal rooms for old people, of course I sing a hymn for them. Mostly hymns that are filled with comfort and such, and I feel that they're grateful for it, so I've gone on doing it. Of course it often happens they know the whole hymnbook by heart, but of course they also want to hear, like it's something familiar to them. (H15, I)

Like prayer, hymns were also frequently connected to visits to terminal patients, often together with prayer and the Benediction.

Nurses have said that would you go and see him, he's at the terminal stage, and then I go to see that person and perhaps he's already in the condition where he perhaps still hears something, but doesn't speak any longer, breathing is very difficult, it's a question of just a few days, perhaps hours. Then I've tried to think of what could be done in this situation, that I don't know at all what kind of person he's been and how he's thought about these religious things. . . . I mean that then I think like what it could be that if the person should happen to hear, what would be of help. And then with some I've held a short service, given absolution, sung a couple of hymns and perhaps said the Benediction, too, put my hand over them so that they really can feel it's there and they can go in peace. (H9, I)

The students also sang hymns frequently during birthday and other home visits to old parishioners. Naturally, those who considered hymns important to themselves and who enjoyed singing sang them most. With the mentally handicapped, hymns and other spiritual songs were sung in group meetings, sometimes also in individual encounters. According to Kruus, only 14% of the hospital chaplains used hymns. In the parish setting most pastoral caregivers use hymns at least occasionally. 115

In addition to singing hymns, Holy Communion was administered primarily to old and terminal clients. Some students administered Communion only at the client's request, but quite many, both parish pastors and hospital chaplains, offered the possibility when they felt their client would appreciate it. Holy Communion naturally also included confession, prayer, and hymns. One hospital chaplain stressed that he asked the immediate family of terminal patients to participate in Communion. Conversely, the results of Kruus showed that hospital chaplains did not consider Holy Communion to belong to the methods of pastoral care. Only two percent of them used it in the context of pastoral encounters. Other

studies on Finnish pastoral caregivers did not include Holy Communion as a way of giving pastoral care in their questionnaires.\textsuperscript{117}

**Confession** was usually connected with Communion. Other situations when the students used confession were, for example, the Evenings of Word and Prayer, with people who had a compulsive need to confess their sins daily, and with some dying patients.

There [in the Evenings of Word and Prayer] it would seem [that you get] most of this spiritual stuff if you think of it quickly. People grieve over the weakness of their faith and tell about their own sins. If the situation clearly resembles a confession, then I seek to give absolution and find the means of doing so. The confession form of the Service Book is not always the best form in practice, but in that I’d need help [in using the confession]. (P12, 1)

Several students felt very uncertain about using confession. They were not sure when to resort to it and how to give absolution so that it would sound natural. Some said that they did not use the official form, but preferred to give absolution in their own words.

Similarly, previous studies have shown that Finnish pastoral caregivers are cautious of using confession. It is used more infrequently than the other spiritual resources. During the 1980s the use of confession by hospital chaplains increased slightly. At the end of the decade around 30\% of the hospital chaplains reported they used it. In the early 1990s the utilization of confession grew rapidly, being at its highest in 1991, but has been on a decrease during the late 1990s.\textsuperscript{118}

Kettunen stresses that confession should always be used in the context of pastoral conversation in a good pastoral relationship, not as a fast-food type release for all problems. According to him, confession works best when the client can name a sin or guilt, or when the guilt is related to the client’s relationship with God. Conversely, it is an inappropriate way of helping when the clients suffer from vague anxiety, mental problems, sexual problems or have difficulties in their human relationships.\textsuperscript{119}

The ways of using the *Bible* in pastoral encounters varied a great deal. Some students either referred to Bible verses or quoted them. The written reports included several examples of this. They wanted to encourage people with passages from the Bible, or enlighten the issue the client was talking about. Occasionally, this practice could turn into preaching. One hospital

\textsuperscript{117} Kruus 1983, 110.


chaplain said that he sometimes tried to broaden people’s narrow notions by utilizing Biblical personages:

One good method to do it, I've noticed, is to ask about some Bible passage or person people remember, and then they easily come out with St. Peter or John or David, but less often St. Peter or St. Thomas. Then, when you go through these things or people with those people, so the image that the Bible forms of them, so these patients, clients may get totally new dimensions. (H5, I)

Some students read the Bible to their clients. Those who did it on their own initiative, not at the request of the client, had fundamentalist backgrounds. They used the Bible, for example, at the end of a pastoral conversation in hospital or when visiting the bereaved or elderly parishioners.

When I go to the wards, I use the Bible more, then I read something from the Bible at the end, so that through Bible texts that fit the things we've talked about, [the texts] that can be of help. (H15, I)

As a rule there [at the home of the bereaved] I also read the Bible, unless the situation's such that it doesn't fit and they don't welcome it, but usually people are receptive at that stage. . . . Perhaps not elsewhere, oh, with elderly people also, . . . yes, I use the Bible quite a lot. . . . Also with the elderly, if I read the Bible, I read the most familiar texts. What's already familiar to them, I mean . . . nothing very unfamiliar, . . . but something that would speak [to them]. Like at this point, too, then I usually read John 14, the first verses, at the home of the bereaved. (P8, I)

A chaplain working with the mentally handicapped told Bible stories in Sunday school or sometimes studied, together with her client, an illustrated book of Bible stories. 120

As Table 4.7 shows, the students very seldom used other religious literature than the Bible in their pastoral encounters. Some would, for example, give or lend religious books to their clients or to the relatives of the deceased. Occasionally they would also read passages from devotional books or refer to them.

Previous studies have shown that only a few Finnish pastoral caregivers make frequent use of the Bible and other religious books in pastoral care. The results of Vanhanen implied that they are utilized most often by the pastors who belong to the fundamentalist revivalist movements. Most pastors and diaconal workers use them only occasionally. 121

120 On the appropriate and inappropriate use of Bible in pastoral care see Capps 1990, 82-85; Wigglesworth 1990, 25-26.
A few students held a short service, sometimes even for one client, and on occasion, for example, for mentally handicapped persons who could not participate in the services held on the wards, or for old parishioners living alone.

The students' attitudes towards directing the talk to religious issues varied. About half of them, as a rule, did not introduce matters of faith, unless the client took the initiative. Some of them thought that, because they knew they were chaplains or parish workers, people would say that they wanted to talk about spiritual issues or wanted spiritual care. In the interviews, these students did not mention that they sometimes would even avoid speaking about religious issues or in religious terms. However, the written reports disclosed a few such incidents in which the client almost right away directed the talk to clearly religious issues and spoke using religious language. This irritated some students and they reacted, for example, by changing the subject or trying to dampen their client's religious enthusiasm. As a rule, on these occasions the client's religious orientation was often fundamentalist, whereas the student's views were more liberal.

Conversely, about a fourth of the students directed the conversation to religious issues if they felt that their clients were ready for it. They tried to assess the atmosphere of the encounter to find out whether it would be an applicable idea. The rest of them said that they generally introduced spiritual issues or at least tried to find out what the Church or religion meant to their client.

And then this spiritual side, I try to bring it along in that way, too, I mean what its meaning is to the patient in question, does God have any meaning, is the Church in any way in the picture and how do they experience the present situation? . . . Partly for these reasons I wear the clerical collar, I mean they'll have no uncertainties about who they're talking to. So I think that it's already some kind of a signal to them, that they're talking about things like this with a chaplain. (H11, l)

The pastoral caregivers who introduced matters of faith into their pastoral conversations wanted to comfort and support their clients. They assured them that God loved them, forgave them, took care of them, or suffered even their anger and disbelief.

The way the students utilized spiritual resources in pastoral care was clearly related to their own spirituality. The spirituality of the students was grouped into four categories: professional, questioning, experiential, and "low road"
spirituality. Table 4.8 summarizes the main characteristics of these categories.122

Table 4.8. Spirituality of the Students.

<table>
<thead>
<tr>
<th>Devotional life</th>
<th>Professional spirituality</th>
<th>Questioning spirituality</th>
<th>Experiential spirituality</th>
<th>&quot;Low road&quot; spirituality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Connected with work</td>
<td>• Quite active</td>
<td>• Active</td>
<td>• Quite active</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Private</td>
<td>• Various forms</td>
<td>• Forms typical of own</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>revivalist movement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship with God</th>
<th>Professional spirituality</th>
<th>Questioning spirituality</th>
<th>Experiential spirituality</th>
<th>&quot;Low road&quot; spirituality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Rational, distant</td>
<td>• Conflicting, distant</td>
<td>• Emotional, close</td>
<td>• Positive, slightly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>distant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spiritual pain</th>
<th>Professional spirituality</th>
<th>Questioning spirituality</th>
<th>Experiential spirituality</th>
<th>&quot;Low road&quot; spirituality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• No great pain</td>
<td>• Acute, open questions</td>
<td>• Longing for stronger</td>
<td>• No problems</td>
</tr>
<tr>
<td></td>
<td>• Slight guilt</td>
<td>• Repressed guilt, shame</td>
<td>spiritual experiences</td>
<td>• Slight guilt caused</td>
</tr>
<tr>
<td></td>
<td>caused by spiritual</td>
<td>and fear</td>
<td>• Attempt towards</td>
<td>by weak devotional</td>
</tr>
<tr>
<td></td>
<td>atrophy</td>
<td></td>
<td>authenticity</td>
<td>life</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Guilt or dissatisfaction</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>with current personal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>devotional life</td>
<td></td>
</tr>
</tbody>
</table>

Characteristic of the students in the category of professional spirituality was that the nourishment of their devotional life was limited to the preparatory work they had done for their ministry. The pastors belonging to this category experienced spiritual resources as a natural part of the pastoral care that they gave, but they used them somewhat formally. The resources they used most often were prayer and hymns. They seldom used free-form prayer but said the Benediction or resorted to the prayers of the Handbook. As a rule, they talked about religious issues only on the client's initiative but seemed to interpret their clients' use of conservative religious language as a sign of their excessive spirituality. They seemed to have difficulties in understanding parishioners who were spiritually tuned in a more experiential direction.

The pastoral caregivers grouped into the category of questioning spirituality had acute painful questions concerning their faith or questioned doctrines

122 For a detailed description of these categories see Hakala 1999.
they had previously taken for granted. They employed spiritual resources in diverse ways and mainly used them at the client's request. However, they also suggested prayer or Communion when, in their opinion, they were appropriate. They might also refer to Bible texts or Biblical persons or sing hymns with old patients for encouragement or comfort. Their use of spiritual resources was moderate because they thought that their extensive use would be an escape from discussing difficult issues. They had cut to a minimum the number of short services and concentrated, instead, on personal contacts. Another characteristic was their inclination to discuss existential questions with the patients, whereas religiously fundamentalist patients irritated them. Thus, they would even ignore the religious messages these patients sent because they considered the use of religious language an excuse for avoiding more important issues. For some people religious language is a defense, but for many it is a genuine expression of their religious needs and questions. Therefore, pastoral caregivers should not undervalue or misinterpret the religious language or views of their clients. Frequently, the spiritual and psycho-social aspects are intertwined, and in order to help the client, the pastoral caregiver should not ignore either of them.123

The main characteristics of the representatives of experiential spirituality were an active devotional life and the importance of spiritual experiences. They felt that in order to be able to do their work they had to be spiritually alive themselves. This group employed spiritual resources in their pastoral care more often and in more versatile ways than the other groups. They prayed with their clients quite frequently, generally in their own words. They also read the Bible or referred to it quite often. Some of them also gave religious books to the people they were trying to help. Also, they sang hymns with them and might hold a short service also for individual patients or parishioners. Another characteristic was their responsiveness to their client's religious questions and the religious language they used. Often, they sought to give them religious comfort by emphasizing God's love.124 However, according to the supervisors, some of the pastoral caregivers placed in this category were occasionally prone to use spiritual resources as

124 Hiltunen (1992, 59) discovered a similar relationship between the diaconal workers' spirituality and the pastoral care they provided. He found that the diaconal workers who had been influenced by the revivalist movements and whose devotional life was active used spiritual resources most frequently.
an escape from encountering difficult issues or situations, or gave inappropriate religious explanations.127

The pastoral caregivers in the group of "low road" spirituality had a modest attitude towards their spiritual life and did not emphasize great emotions or visible forms of devotion. They belonged to the revivalist movement of the Awakened,128 and mainly used the spiritual resources typical of their movement. This was best shown by their extensive use of hymns. Resources not belonging to their tradition, such as prayer, made them feel uncomfortable, and therefore they had difficulties in responding to the spiritual needs of people whose religious orientation was very different from their own.

To sum up, the students seemed to use the spiritual resources in a versatile manner already before the training. Confession was the resource that they were most uncertain in using, and it is therefore evident that it should be dealt with in the training. The results also indicate that appropriate and inappropriate use of spiritual resources, in general, should be paid attention to. Furthermore, the close interaction between the students' own spirituality and the spiritual care they provide implies that their spirituality and its effects on their work should be reflected on during the training.

Non-conversational means

In the category of non-conversational means I have included all physical or nonverbal ways of helping: nursing, serving, and touching the clients, as well as pastoral care given in the form of religious events and education. The nonverbal forms of pastoral care and counseling have rarely been mentioned in the literature of pastoral care or examined in studies on the field.127 Several traditional therapeutic approaches do not favor touching, and the similar fear of causing hurt and of exploiting clients by touching is

127 According to Hulme (1990, 940) and Clinebell (1984, 126-127) pastoral caregivers may unconsciously resort to spiritual resources in order to avoid talking about difficult issues or use them in a legalistic way to manipulate clients. On the appropriate use of spiritual resources see Clinebell 1984; 122-124; Sainio 1987; 93-99; Underwood 1993.

128 The Awakened movement has its origins in the awakenings of the late 1700s and early 1800s. The acknowledgement of own insufficiency and waiting and longing for God's mercy are characteristic features of the movement's spirituality. Hymns are considered the main form of prayer. Heino 1997, 48-50.

127 One of the exceptions is Lyall's booklet (1997) on touching in pastoral counseling relationship. She reports that neither Contact nor Journal of Pastoral Care included any articles on touching during the years of 1982-1997. Also, touching is very infrequently mentioned in the indexes of books on pastoral care and counseling.
seen in the field of pastoral care and counseling. Generally, touching is more appropriate for female than for male pastoral caregivers and counselors. The positive aspects of touching and other nonverbal means of helping are seldom emphasized.128

The non-conversational means of helping were typical of the chaplains working with the mentally handicapped, but also some other, mostly female, interviewees employed them. For example, some of them participated in nursing their clients. One of the chaplains working with the mentally handicapped had a very holistic view of her work:

I mean I don't separate [the things you do from those you don't]. I can as well blow their noses and wipe their behinds, if it comes to that. I mean I've been doing it for so long with children and I think it's just natural. Nursing doesn't scare me and I don't shudder at smells or running noses or stuff like that, I mean that holistically I nurse quite willingly. And with the mentally handicapped it's awfully important, physical nearness, that you're able to do it, even if they're not so pleasant, I mean like externally. (I)

According to the written reports, some other students also occasionally participated in nursing. They might, for example, take the patient to the toilet, fetch them something to drink, feed them, or even massage their feet.

[P8 is at hospital visiting a person she knows. The conversation doesn't catch fire; they are talking past each other all the time.] "The patient is grasping her leg and says: I wonder if massage would help. I massage her leg from the knee down, and the knee. We talk about legs swelling. And the massage felt good.

Patient: Did you tell the nurse to come and help me into bed, because it's so cold here.

PC: I didn't, but I could help you into bed.

She agrees to it, and I put her into bed and cover her." (P8, written report)

These students were willing to serve the patients when they needed help. They took care of their clients in concrete ways, for example, by taking care of the funeral arrangements when the relatives of the deceased were unable

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128 According to Lyall's (1997, 9, 18-27) summary of how various therapeutic approaches stand on touching in counseling, psychoanalysis and psychodynamic approaches do not favor touching because it might lead to deadlock in the treatment process by detracting from therapeutic motivation through gratification. Cognitive behavioral therapies avoid touching because it is considered irrelevant in changing the client's maladaptive cognitions. Conversely, touching is used e.g. in person-centered, gestalt, and body therapies as well as in sacramental ministry. See also Graham 1990, 1279; Gravelle 1990, 280-281.
to do it, or by offering company in an acute crisis situation.\textsuperscript{129} Especially the chaplains working with the mentally handicapped showed their caring also by being simply fellow human beings, for example, by participating in birthday parties, by having coffee with the client, or going on a trip together.

I did not ask whether the students \textbf{touched} their clients or in what situations, but the interviews and written reports showed that the female students, in particular, often touched those in their care. The most typical way of touching was to hold their hands or to lay hands upon them during the blessing, especially with bedridden or unconscious, dying patients. Some students mentioned that they would sometimes also stroke or pat the client's hand, occasionally even hug them if they could do it naturally.

\begin{quote}
She was tucked up in bed. When her hands were like this, she showed me, when they were like this, she can clasp them, but then she really couldn't, and then she suddenly asked me if I could pray for her hands. I mean it came a bit suddenly, but then I sat down and then held those hands, stroked them and then I [said] a prayer that I felt was quite natural [in that situation]. (H1, I)
\end{quote}

And perhaps [I've] said the Benediction, laid my hands upon them, that they really feel it's there. (H9, I)

According to the criteria of appropriate touching presented by Lyall, the contexts in which the students' touched their clients were highly relevant. Lyall states that in pastoral care the spectrum of touching is wider than in pastoral counseling. In counseling touching can be appropriate as a social ritual (handshake), in crisis situations, to focus the client's attention, to emphasize what is said, or to help the client to release repressed material.\textsuperscript{130}

A chaplain working with the mentally handicapped considered touching very important, especially with people with severe mental handicaps. Because many of her clients did not speak or understand speech, she had tried to find physical means of showing that she cared for them.\textsuperscript{131}

\begin{quote}
I've been thinking that it would be awfully good to work on a ward for the severely disabled for a few weeks. I mean there you'd be really close to them and you'd have to nurse those people physically, then you'd realize at least a little how they react. Now it's just that like in Sunday school, I have those
\end{quote}

\textsuperscript{129} Clinebell (1984, 173) refers to similar actions as a method of supportive counseling. He states that the counselor may help in concrete ways the parishioners to change their disturbing life circumstances.

\textsuperscript{130} Lyall. 1997, 28-30. See also Graham 1990, 1279; Gravelle 1990, 281.

\textsuperscript{131} Touching, music, symbols, and other non-conversational means of help are also essential in the confirmation classes planned for the people with severe mental handicaps. See Nyman 1994.
children around me in their wheelchairs, we sing and I go around patting hands with them and cuddling and fondling them. But you feel so inadequate there, when you've got ten children there and you're doing all of it alone, I mean how much cuddling and fondling can you do there? For instance, I've found it quite terrific that when in Sunday school I recount stories from the Bible that I love to tell, and then comes a moment when I think what's the sense in all this, they don't understand a thing but I just go on telling [those stories]. But [the terrific thing about it] that then I somehow realized that I'm different when I tell them these stories, that I believe in the stories and something communicates from me when I'm telling them. I mean that perhaps it's also a way of bringing God's Word to the situation. . . . But this physical side of it is something that could perhaps be worked on more. (H16, 1)

The chaplains working with the mentally handicapped followed in their work the principles guiding the care given in the units or institutions they worked in. One of these was supporting and encouraging the mentally handicapped to take an independent initiative whenever possible. In pastoral encounters it could be, for example, lighting a candle:

As much as possible we try to encourage them to act independently. These are matches made for the mentally handicapped, they burn long enough to light one candle [shows long matchsticks] if everything goes all right. I mean this is also stimulating them to be independent, That you can light the candle because you know how. And if it doesn't work out, you're there to blow out the flame so they don't burn their fingers. (H16, 1)

All of the chaplains working with the mentally handicapped said that pastoral care was also involved in religious events, such as confirmation instruction, Sunday school, dramas, outings, and camps. On these occasions they tried to speak as tangibly and simply as possible and to always include visual or tactile elements and other ways of illustrating what they wanted to say. In addition to the above events, they included educational work among parish workers as a part of their pastoral work. In particular, they wanted to break open prejudices against the mentally handicapped and advocate their rights. In this sense they lived up to the prophetic dimension of pastoral care. The recent movements in pastoral care have increasingly emphasized that pastoral caregivers should be actively involved in the efforts of helping those who are victimized by the various forms of social injustice.  

Because the nonverbal and concrete means of helping are essential in encountering the mentally handicapped in particular, it is evident that a special emphasis should be laid on this aspect of pastoral care in the training

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132 de Jongh van Arkel 1999.
of chaplains working with them. Reflection on the benefits and pitfalls of touching would be beneficial to all students.

**Referrals**

Skill of referral is essential to all pastoral caregivers when they feel they are not able to help the client or when the client evidently needs special help.\(^1\) On the whole, the students seemed quite infrequently to advise their clients to seek help from other professional helpers. Table 4.9, based on the initial questionnaire, summarizes the results.

**Table 4.9.** Referrals to Other Professional Helpers before the Training. Scale 1= *never*, 5= *very often*, \(f=\)frequency.

<table>
<thead>
<tr>
<th>Referrals to</th>
<th>Never or quite infrequently (f)</th>
<th>Occasionally (f)</th>
<th>Very often or quite frequently (f)</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family counseling center</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Social services</td>
<td>9</td>
<td>7</td>
<td>2.2</td>
<td></td>
</tr>
<tr>
<td>Psychiatrist/ therapist/ psychologist</td>
<td>14</td>
<td>1</td>
<td>2.1</td>
<td></td>
</tr>
<tr>
<td>Parish worker / some other person doing spiritual work</td>
<td>11</td>
<td>4</td>
<td>2.1</td>
<td></td>
</tr>
<tr>
<td>Mental health clinic</td>
<td>12</td>
<td>4</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>Clinic for the treatment of alcoholics</td>
<td>11</td>
<td>5</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>Other general practitioners</td>
<td>14</td>
<td>1</td>
<td>1.9</td>
<td></td>
</tr>
<tr>
<td>Some other person or organization</td>
<td>4</td>
<td>1</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Crisis hotline</td>
<td>15</td>
<td>1</td>
<td>1.5</td>
<td></td>
</tr>
</tbody>
</table>

In most cases, the clients were encouraged to contact family counseling centers and social workers. The interviews indicated that the students felt that they were incapable or lacking in professional skills to help people with marital or sexual problems. Generally, they talked only with one spouse and probably felt insecure or unable to arrange sessions with both spouses present and, therefore, recommended contacting family counselors.

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\(^1\) On referrals see Clinebell 1984, 310-321; Oglesby 1987; Virtaniemi & Kayhty 1997, 266-270.
Of course I've sought to listen, to whatever's worrying them, and then tried to direct them very often for instance to the Family Counseling Centers, to tell them where to look for proper help, because I'm not a professional. (H9, I)

Alcoholics and clients with mental problems were also often advised to contact other professionals. Referrals to other parish workers probably mostly consisted of informing the relatives of the deceased about the bereavement groups. Also, some students said that, on occasion, they advised their clients to participate in church services and other events of their parish.

Referrals to a general practitioner included, for example, incidents in which the students thought their client needed stronger painkillers. The hospital chaplains told that they occasionally informed the staff about the patient's pains, delusions, or suicidal thoughts.

Even though the students rather seldom referred their clients to other helpers, they generally tried to chart the social network of their clients in order to find out if they had friends or family members with whom to talk their problems over. Several students also said that they would ask their clients with mental problems about their other counseling contacts in order to encourage them to continue maintaining them or to advise them to seek professional help. On the whole, the students used referrals in the same ways as the Finnish pastoral caregivers in general.134

Three approaches

To summarize the ways of giving pastoral care, I cross-tabulated the students and the above-mentioned ways of giving pastoral care. This table showed the main ways of giving pastoral care of each student. On the basis of the table I tried to group together those students who seemed to apply similar methods. This analysis showed that some students appeared to favor basically listening and supporting their clients, whereas some utilized not only listening and conversational means but also various other means of helping. The third group of students seemed to aim at a deeper of level conversation and insight and seemed to be interested in therapeutic aspects

134 Studies on Finnish pastors and diaconal workers have also shown that referrals are made occasionally or "to some extent." Vauhanen (1986, 70) discovered that referrals were related to the client-centered approach of pastoral care. According to Aurén (1984, 131), diaconal workers co-operated most frequently with mental health workers and parish pastors and lectors. The studies made during the 1990s have indicated increased referrals to family counselors. Hiltunen 1992, 78-79; Rantavuori 1995, 81.
and counseling methods. Therefore, I formed three approaches to give pastoral care and termed them according to the main characteristic of each approach as listening-centered approach, holistic approach and therapeutically oriented approach. Table 4.10 summarizes how the students representing these approaches applied each of the ways of helping.

Table 4.10. Three Approaches to Give Pastoral Care.

<table>
<thead>
<tr>
<th>Students (before training)</th>
<th>Listening-centered approach</th>
<th>Holistic approach</th>
<th>Therapeutically oriented approach</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• H1, P4, P6, P8, P10, P12, P13, P17</td>
<td>• H3, H7, H9, P14, H16</td>
<td>• H2, H5, H11, H15</td>
</tr>
<tr>
<td>Empathetic listening</td>
<td>• Main way of helping</td>
<td>• Not listening-oriented</td>
<td>• Expresses understanding verbally and non-verbally</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Emphasizes acceptance and valuation of client</td>
<td></td>
</tr>
<tr>
<td>Chatting and ordinary conversation</td>
<td>• Ordinary conversations as the dominant form of encounters</td>
<td>• Chatting as the dominant form of conversation</td>
<td>• Attempts to direct the conversation to deeper level</td>
</tr>
<tr>
<td>Challenging</td>
<td>• Not central in giving pastoral care</td>
<td>• Aims at practical purposes or increasing the client's self-acceptance</td>
<td>• Aims at increasing the clients' self-understanding</td>
</tr>
<tr>
<td></td>
<td>• Employed by applying common sense</td>
<td></td>
<td>• Would like to learn to confront better</td>
</tr>
<tr>
<td>Applying counseling methods</td>
<td>• Therapeutic aspects not central</td>
<td>• Therapeutic aspects not central</td>
<td>• Willing to learn more</td>
</tr>
<tr>
<td></td>
<td>• Non-systematic attempts to apply the neighbor-centered approach</td>
<td>• Criticizes neighbor-centered approach</td>
<td>• Endeavors to apply the neighbor-centered approach</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Influenced by psychotherapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Interpretation of clients' behavior and problems is central</td>
</tr>
<tr>
<td>Spiritual Care</td>
<td>• Versatile use of spiritual resources</td>
<td>• Use spiritual resources in a concrete and illustrative way</td>
<td>• Uses spiritual resources mainly only on client's initiative</td>
</tr>
<tr>
<td></td>
<td>• A natural part of giving pastoral care</td>
<td>• A natural part of giving pastoral care</td>
<td>• Negative attitude to short services</td>
</tr>
</tbody>
</table>
Before the training, the first category, **listening-centered approach**, was the most common method of giving pastoral care. Most of the students categorized into this group were working in the parish setting. Listening seemed to be their main way of helping, regardless of the problem of the client. Some of them tried to apply the principles of the neighbor-centered approach, but not very systematically. The therapeutically oriented aspects, such as interpretations, were not central in their work, and they did not intentionally apply any principles of therapeutic or counseling approaches to the pastoral care they gave.

The pastoral conversations of this group could be characterized as ordinary conversations, in which the pastoral caregivers are mostly the listening party, but may, for example, by asking questions try to help their clients to discover positive aspects in their situation. They tried to support and encourage their clients. Occasionally, they also gave them a piece of advice or gave their own opinions.

Their use of spiritual resources was quite many-sided: prayer, hymns, Communion, and talking about matters of faith were natural parts of their pastoral work. Unlike the students representing other approaches, this group occasionally read the Bible to their clients or gave them religious books to read. They also suggested to some of their clients that they participate in parish meetings. On the whole, their way of helping could be termed pastoral care, not pastoral counseling.  

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135 According to Browning (1993, 5-6) the term pastoral care refers to all unstructured helping work among various individuals or groups in the form of informal or formal conversations or other encounters. Thus, pastoral care is not limited to any specific circumstances but can take place whenever and wherever. The widest definitions of pastoral care also include in it such liturgical, ritual, educational, or social activities that endeavor to enhance the well-being of the individual or group (Mills 1990, 836). Pastoral counseling is a more structured relationship with specific time and place commitments. It also focuses more than pastoral
The students categorized into the group of holistic approach worked either with the mentally handicapped or with elderly patients or parishioners. Their main form of pastoral conversation could be called chatting. Most of their encounters were chance meetings, and even in their regular contacts, particularly with the mentally handicapped, the conversation could not be very profound. They did not intentionally apply therapeutic or counseling principles, and they criticized the passive role of the pastoral caregiver in the neighbor-centered approach. Their pastoral role was also in practice more active than that of the students categorized into the other groups.

These students emphasized the importance of accepting and valuing those to whom they gave care and tried to encourage them towards self-acceptance and self-valuation. However, the feature that differentiated them most clearly from the representatives of the other approaches was their extensive employment of non-conversational means in their pastoral work. They did not shy away from nursing or any other form of concrete help. They tried to take care of their clients in all possible ways and show them neighborly love. Physical ways of showing caring and appreciation were natural to them. Also, they counted religious events as pastoral care and tried to apply the principle of concretization to these events. Like those grouped into the listening-centered approach, the students categorized into the holistic approach employed many spiritual resources. They were prone to encourage their clients also spiritually by stressing God's love and caring.

The third category was termed therapeutically oriented approach. The students grouped into this category endeavored to go deeper in their pastoral conversations and they had a positive attitude towards specific counseling and therapeutic methods and their employment. The term pastoral counseling describes their way of working better than pastoral care. The aspects of pastoral counseling were not necessarily shown in commitments of time or place, but rather in their ways of focusing on their clients' problems.196 Before the training, all the students categorized into this approach group were hospital chaplains. Their way of giving pastoral care resembled the listening-centered approach, but the resources they employed were more therapeutically oriented. However, they said that they did not intentionally apply therapeutic methods or principles to their counseling but had been influenced by them and were willing to learn more. Both their interviews and written reports showed that they sought to apply the principles of the neighbor-centered approach more clearly than did the other

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196 See Browning 1993, 5-6.
groups. For example, they responded to what their clients said, mirrored their emotions, and did not advise them. Also, they expressed their understanding both verbally and nonverbally. However, on occasion they failed to be client-centered.

One indication of their therapeutic interest was their tendency to interpret their client’s behavior and problems, even though they seldom offered these interpretations to the client. Furthermore, more than the other groups they paid attention to their own reactions and the emotions provoked by their clients. Also, their objectives in pastoral encounters showed their therapeutic orientation: they tried to help their clients to discover their personal life-values and resources and encouraged them to be reconciled with their life. They also wished that they could learn to better confront their clients.

As regards the employment of spiritual resources, the students in this category stressed that they mostly applied them only on the client's initiative. However, they might suggest prayer or Communion when they felt it was appropriate. Clients with fundamentalist beliefs irritated them particularly, and they would even ignore the religious messages sent by these clients because they considered their messages an excuse for avoiding more important issues. They never read the Bible to their clients but might refer to Bible verses or to Biblical persons. They emphasized the importance of counseling work by trying to cut the number of hospital short services to a minimum and concentrate on personal contacts, instead.

The dimensions that differentiated the above three pastoral approaches most clearly can be termed holism and therapeutic inclination. Chart 4.1 illustrates their placement on these dimensions.

Here, holism means the students' preference to take care of their clients as holistically as possible and to include in their pastoral care concrete forms of help, not only conversational means. Among the different ways of giving pastoral care, holism is most closely related to non-conversational means of help. Correspondingly, the therapeutic inclination is nearest to the application of counseling methods and challenging. It does not imply the application of any specific method but represents the students' general attitudes towards therapeutic and counseling methods and their use. The term therapeutic also refers to the students' endeavors toward a more insight-oriented pastoral care than merely supporting their clients.

The therapeutic inclination was highest in the therapeutically oriented approach and at medium level in both the holistic and listening-oriented approaches. In the listening-oriented approach, therapeutic inclination was
shown by the application of the principles of the neighbor-centered model and in the holistic approach in that attention was paid to one's own interpretations, and one's own emotions were taken into account. Correspondingly, holism was highest in the holistic approach and at about an equally low level in the two other approaches. Both the therapeutically oriented and listening-centered students on occasion touched their clients and nursed or helped them in other concrete ways.

Chart 4.1. Placement of Pastoral Approaches on Dimensions of Holism and Therapeutic Inclination.

One of the central objectives of the training was to encourage the students to develop their personal ways of giving pastoral care. This objective is in line with the emphasis the modern learning theories place on the utilization of the students' own experiences and knowledge as a starting point of the training. The learners interpret the new influences in the light of their previous experiences and possibly reconstruct and develop their practices by incorporating or modifying the new ideas. The above analysis shows that students' approaches formed three groups. Therefore, the training should be able to develop at least these three different ways of giving pastoral care.
Changes in approaches

In the follow-up interview, the students were asked to assess how their ways of giving pastoral care had changed during the training. In addition to using the interview material, I examined these changes on the basis of the written reports, feedback forms filled in by the students at the end of the third seminar, and assessments made by their supervisors. However, this material does not give an exact, objective picture of the changes. The students' own assessments tell only about their personal experiences of the change. Their supervisors' assessments were rather cursory and mainly described in very general terms the areas in which their supervisees had benefited most from their supervision. These limitations must be kept in mind in the interpretation of the results. However, even though the analysis of this material does not give a comprehensive and objective picture of the change, it provides relevant data on the main directions of the change.

Chart 4.2. Changes in Pastoral Approaches. H=Hospital chaplain or a chaplain working with the mentally handicapped, P=Parish pastor or diaconal worker. A solid line indicates a shift from one approach to another, and a dotted line indicates a tendency towards another approach.
During the training, clear transitions from one approach to another were rare. The students categorized into the therapeutically oriented and holistic approach groups remained in the same groups after the program. Conversely, one student had clearly moved from the listening-centered approach to the therapeutically oriented approach because, according to her own assessment, she had started to apply the solution-focused model to her counseling work more systematically. In addition to her, several others in the listening-centered approach group said that they had used some of the principles of the solution-focused method. However, their ways of giving pastoral care had basically remained about the same. Chart 4.2 illustrates the above changes.

Even though clear transitions from one approach to another did not occur, there were changes within the approaches. On the whole, nearly all students thought that their skills and knowledge of pastoral care had improved. Table 4.11 illustrates the most obvious changes in the main ways of giving pastoral care. It shows that in nearly all of the main sectors of pastoral care some changes had occurred. The only ways of giving pastoral care that had not markedly changed were chatting and ordinary conversation, and referrals. After the training, these means were applied by all approach groups approximately in the same ways as before the training.

Table 4.11 indicates that most of the changes in all the approaches were parallel. However, their profundity varied somewhat. All the changes in the category of empathetic listening concerned only some individual students. Two female students thought that they had improved in their ability to endure hearing difficult things without becoming distressed themselves. O’Connor discovered similar experiences in his study of the Canadian CPE students. Some students felt that they had learned to stay with the patient even in tragic situations.

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137 She did not supply me with any written reports because of their confidentiality and, therefore, this transition could not be assessed on that basis. However, her supervisor thought that “her ability to advance issues in a creative way in her counseling conversations increased. She will not be led by her clients. She has learned that it is after all the clients who are responsible for their own lives.” However, her confrontation skills were not yet very good. The supervisor had set as his objective to familiarize his supervisee with systemic and brief therapeutic approaches, and considered that the objectives had been reached rather well. According to the leader of her section, she still had a long way to go in the proper application of these methods.

138 O’Connor 1993, 116-117.
Table 4.11. Changes in Ways of Giving Pastoral Care. Frequency of each change is given in parenthesis.

<table>
<thead>
<tr>
<th></th>
<th>Listening-centered approach (N=7)</th>
<th>Holistic approach (N=5)</th>
<th>Therapeutically oriented approach (N=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Empathetic listening</strong></td>
<td>• Approach more listening-centered (1) &lt;br&gt; • Increased endurance (1) &lt;br&gt; • Improved recognition of key issues (3) &lt;br&gt; • Recognized new informative elements (2) &lt;br&gt; • Gave greater importance to attending (2)</td>
<td>• Interpreted key issues better or in a new way (2)</td>
<td>• Increased endurance (1) &lt;br&gt; • Observed more (3)</td>
</tr>
<tr>
<td><strong>Chatting and ordinary conversation</strong></td>
<td>• No clear change</td>
<td>• No clear change</td>
<td>• No clear change</td>
</tr>
<tr>
<td><strong>Challenging</strong></td>
<td>• Challenged more readily (2)</td>
<td>• No clear change</td>
<td>• Challenged more readily (3) &lt;br&gt; • Asked more about images (1) &lt;br&gt; • More interpretations (4)</td>
</tr>
<tr>
<td><strong>Applying counseling methods</strong></td>
<td>• Adoption of some ideas of solution-focused method (5) &lt;br&gt; • Emotions more important (2)</td>
<td>• Adoption of some ideas of solution-focused method (3) &lt;br&gt; • Emotions more important (2)</td>
<td>• Adoption of some ideas of solution-focused method (4) &lt;br&gt; • Recognized transference and countertransference (1) &lt;br&gt; • Emotions more important (3)</td>
</tr>
<tr>
<td><strong>Spiritual care</strong></td>
<td>• Prayer or other spiritual resources used more readily and naturally (4)</td>
<td>• Prayer and confession used more frequently (1) &lt;br&gt; • New short services on wards (1)</td>
<td>• Prayer / Communion used more readily or naturally (3) &lt;br&gt; • Attitude to short services more positive (1) &lt;br&gt; • Tried to avoid inappropriate spiritual care (1)</td>
</tr>
<tr>
<td><strong>Non-conversational means</strong></td>
<td>• No clear change</td>
<td>• No clear change</td>
<td>• Utilization of symbols (1) &lt;br&gt; • Increase in concrete caring (2)</td>
</tr>
<tr>
<td><strong>Referrals</strong></td>
<td>• No clear change</td>
<td>• No clear change</td>
<td>• No clear change</td>
</tr>
</tbody>
</table>
The written reports of the three students belonging to the category of therapeutically oriented approach showed that they were considerably more aware of the non-verbal messages of the client than before, and made interpretations on that basis.

Correspondingly, some students felt that they were able to recognize better the key problems of their clients or value information they had not previously considered essential. They stressed that everything that the clients said, religious issues included, or what they did not say was important and gave information about them and their problems.

It's increased, the ability to listen or . . . what other things there could still be. I mean something else behind a person other than what they say and what they don't want to say. In such ways these things [pause] through them understanding has increased. (P8, II)

Perhaps I take up these religious issues more than before [pause] or stress them or regard them as more significant references, angles, than earlier. I mean that perhaps earlier you were more of a novice in these things, . . . I mean that the training in particular has given a bit of faith that you can analyze even it [their religious notions], and it'll give you hints about where the shoe pinches. (P4, II)

Two students representing the listening-centered category emphasized more than before the importance of being present and available. They felt that they had greater courage to work in their personal ways, without relying on any particular methods:

I: Do you see in what ways this training has [pause] changed you as pastoral caregiver; has it brought something new to your behavior or your way of doing the work?

H1: Yes, it's encouraged [me] to seek. In a way [the training] frees [you] from theories to look for a personal way of yours alone and that the correct questioning technique is not so awfully important. It's been a bit of a burden, too, that you're thinking about it all the time, that [the conversation] has to proceed according to Kilpeläinen's book. . . . And I think over there in the old people's home, too, I mean it's there you notice that it's also important with people who hardly hear a thing that you sit with them, even if they don't hear, that it's important that they can talk to me. . . . Of course another thing it's brought is that you no longer need to rush to give care to people so awfully much. . . . there are a great number of people over there who're awfully concerned about people in such lack of nursing. I don't say it out loud, I daren't say it there out loud, I mean [pause] this kind of caring frenzy. . . .

I: Have you consciously tried to apply something?

H1: Perhaps just that the most important thing is how you are with the patients. [pause] And then kind of somehow always being available.
Similarly, O'Connor observed that some students had learned to see the importance of simply being present and available to the patients. He also discovered that greater ministerial competence was associated with improved self-image and greater valuation of personal ways of working.\(^\text{139}\)

To sum up, it seems that the students' attending and listening skills improved in the sense that they were better able to recognize the essential aspects of their clients' verbal and nonverbal messages. This may be at least partly result of the constant reflection on client cases in supervision. The written reports showed a thorough analysis of the clients' situations and reactions. Conversely, the students analyzed considerably less their own actions and responses in their written reports. This implies that they still had difficulties in reflecting on their ways of working.

Similarly, the lack of changes in the category of chatting and ordinary conversation may indicate difficulties of self-reflection. Ruotsalainen discovered that family counselors had a similar difficulty in reflecting on their working methods and the effects of family therapy training on them.\(^\text{140}\) This finding may also imply that in the supervision the focus has been more on the clients than the pastoral caregivers and their actions.

Altogether five students in the listening-centered and therapeutically oriented categories felt that they were better prepared to challenge their clients. Those belonging to the listening-centered approach thought that they were better able to call things by their right name or to express their own opinions to their clients. The students with a therapeutically oriented approach described their challenging more thoroughly and by using more psychological terminology. They had learned to trust their interpretations more and, therefore, were more courageous in telling them to their clients.\(^\text{141}\) They also tried to verify their interpretations by asking their client. Furthermore, they stressed that the questions they asked were more definite.

Their increased tendency to challenge was shown also in their written reports, in which they gave their own interpretations to the client or guided the conversation with questions to areas in which they wanted their client to recognize something new. The following excerpts illustrate their experiences and methods of challenging:

\(^{139}\) O'Connor 1993, 115-120.

\(^{140}\) Ruotsalainen 1999, 78.

\(^{141}\) The results are contradictory to Lyall's (1979, 220-223) findings. His results showed that students of theology were less inclined to give guidance or offer interpretations after the course in pastoral care. However, the results are not fully comparable because the course was much shorter.
In my experience the things that I know intuitively, something that just comes to my mind in some situations, they to quite a large extent coincide with that reality. I mean that I've also become more unafraid to obey my own feelings, . . . when I was talking about the chain of emotions, I feel that following it I can go farther ahead than I could have earlier really dared. Dared to have confidence in that I, in a way intuitively, know, sense where we're at. I mean that I guess it's important that I've learnt to trust what I see and hear. . . And the interpretation, . . . perhaps it's resulted in my giving it back, that feeling. I mean I give them the words "do you feel like that?" Or that I describe what I observe. Then the client perhaps leaps a bit forward, too. (H11, II)

The chaplain to the client: 'Do you know that always when we've talked, your sister and your relationship with her have come up every time. She's like a wall between you and life. It's as if she's deprived you of your right to grief and life, too. It's come to my mind that perhaps you also feel hate towards your sister, but because you feel it's not right to hate your sister, you've turned the hate towards yourself. What do you think of this? (H2, written report)

According to their written reports, these students had also applied new methods to challenging; one had used the method of the empty chair, and the other asked one of her clients to write letters to her. On the whole, the students used more active and insight-oriented ways of challenging than before the training.

The clearest indications of change related to counseling methods were the students’ attempts to apply some of the principles of the solution-focused approach. Twelve students thought they had applied some of them. The solution-focused method was introduced in the second seminar and practiced in role-plays. In addition, it was introduced in the supplementary reading. However, only the student working as a family counselor had tried to apply it systematically. The others had employed some of its principles only on occasion. They had, for example, tested new ways of asking questions or applied the idea of positive thinking by mapping out the strong areas of their clients.

I: Have you consciously sought to apply to the pastoral care you give some of the things you’ve learned in the training?

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142 Field notes by author, 2nd seminar.
144 One of the basic assumptions of the solution-focused approach is that the clients have skills and resources to solve their problems. The counselor helps them to discover and utilize these resources e.g. by examining the exceptions to the problematic times, clients' previous ways of solving their problems, or by normalizing the pathological interpretations of the situation. O’Hanlon & Weiner-Davis 1989, 47-48, 98-116.
P4: I guess sometimes [pause] a bit of that side, I mean trying to find out people's strong areas, what they are good at, and if through that [pause] we could find a road [that would take them] forward. That angle [pause] and then this, what was the name of the book that introduced the idea of these brief therapy forms [pause]?

I: "In search of solutions."

P4: That's it. It said something that's stayed in my mind; it was a useful idea [pause] I mean that [pause] somehow I've just got this feeling that if I stay in these unimaginable depths [pause] that somebody's going to get tired, the therapist if not the client or then the whole thing will become absolutely too complicated. (II)

H16: Well, the solution-focused [approach] is all right in some of these [cases]. I mean this reflecting on good things and looking for them, positiveness, but I wouldn't want to go into any lengthy therapy. Neither would I . . . I mean it's just become more and more clear to me that I'm a chaplain, not a therapist. So I don't really very much seek to be one. (II)

Another principle of the solution-focused approach tried out by some students was to discover the objectives their clients set for pastoral encounters.145 The following student does not clearly say this, but it seems to be what she aims at:

Yes, its backbone has grown or something like that, I mean there are some goals in it that you can try to reach. . . . I wonder if one of the reasons could be that there's a system like this that you can follow. . . . This way of framing the question and . . . and in the proportion they themselves want to proceed and as far as they want to go themselves, that you don't violate their efforts, just let them stay where they want to stay. (P8, II)

The application of the principles of the solution-focused method was unsystematic in all three approaches. It would appear that the students had been fascinated by the ideas of the method, but did not intentionally apply them to or practice them in their work. The failure of its proper employment was supported by the analysis of the written reports, because no examples were found of the application of the method.146 The following quotation is a good illustration of the adoption of the idea but not the technique:

I haven't directly [employed] any technique, just some interview stuff, I haven't known how to take [adopt] it directly like that. But I must say I've noticed that

145 In this approach the client sets the objectives for the relationship. O'Hanlon & Weiner-Davis 1990, 56-58, 117-120.
146 However, it must be remembered that I did not receive any written reports from the students in the listening-centered approach, and yet five out of the seven in this category reported they had applied some of the principles.
they've made an impact, I mean something like this "think positively" stuff, it's had a surprisingly big effect, what this book "In search of solutions" [tells about], but I guess I haven't even finished the book. But it's affected [me] a lot. Or then this positiveness [stuff], all this marital stuff, can't remember if we've got the books yet, but they say what they've brought forth, and I mean I find myself practicing them. Or one of these paradoxic ways of approach. Which, on the other hand, is terribly characteristic of me, both of them are such that it feels they fit me. But I haven't noticed that I've adopted anything that I'd keep trying out this technique, like this and this and this. I don't know how to do it like that. (H11, II)

Taylor's results of a skill-training program aimed at pastors were incongruent with the findings of the present study. The skills practiced in the program were very similar to those of the solution-focused approach. The results showed that the students believed that the program markedly improved their skills. They also thought that they would use the skills they had learned in the future. However, the study did not follow up whether they actually applied them.\textsuperscript{167}

One student, in particular, seemed to have been influenced by psychodynamic approaches. This was shown in her new emphasis of transference\textsuperscript{168} and countertransference as sources of information. She also seemed to have adopted a lot of therapeutic terminology; noteworthy is, for example, that she used the term "therapist" instead of pastoral caregiver.

Another thing about supervision, I mean this thing I want to learn better, of which I've got only an inkling, it's this transference and countertransference business that are so awfully important, but I only know it roughly, by rule of thumb so to say. . . . But the thing that it's taught me, as some kind of a sudden insight with the patients in particular or with other people I've been talking with, is that every issue, every event, all that's being said and done, what's been, that everything is interrelated, and behind some things there could be such enormous things that we just can't know of. I mean that all things are enormously important, that nothing you talk about is insignificant. I mean it's given me something like, and this is expressly seminar stuff, that everything takes place through your own person and your own life history. . . . So when you take just this into account, with some kind, some kind of respect nevertheless, that even if somebody's saying that the tea is cold and it's cold every day when it's brought in. I mean that you've got to take also stuff like that seriously, yes, take seriously everything's that's offered. (H2, II)

\textsuperscript{167}Taylor 1980. Cultural differences in self-assessment may also account for the differences of the results.

\textsuperscript{168}Transference means the mainly unconscious displacement of feelings and attitudes applicable toward other persons onto the psychotherapist or counselor. Howell 1990, 284-285; Reber 1995, 810.
The kind of relationship [writer's emphasis] the patient creates with the therapist gives the latter the keys to the patient: shows in what respect the patient is dependent on the therapist, envious of her/him, what expectations or wishes she/he has, etc.

- The only exact information about the patient's previous human relations and her/his background can be acquired by examining the relationship between therapist and patient.
- The therapist must be neutral, keep the distance and effect abstinence
- Transference and resistance as well as countertransference have to be learned! (H2, final assessment of supervision)

Her interpretations in the written reports also showed signs of psychodynamic influences, evidently adopted mostly from her supervisor. Before the training she had been in personal psychotherapy, which may also have influenced her work methods. Her supervisor's assessment confirmed her increased therapeutic orientation. 189

A less profound, but still evident indication of the students' endeavors to go deeper in their pastoral encounters, was that some students representing the listening-centered and holistic approach categories thought that they now understood better the importance of emotions and dealing with crises when they were acute. Before the program they had difficulties in expressing or recognizing even their own emotions. Their insight was born when the other students in the identity groups and growth groups told about their traumatic childhood or later experiences and by processing personal questions during the supervision. Therefore, they were more determined to encourage, for example, the bereaved to process – not to suppress – their grief. In addition to them, some students in the therapeutically oriented approach category also mentioned that they asked more questions about their client's emotions than before. The results are congruent with Lyall's findings on the effects of hospital-based counseling courses on the students of theology. His results showed that the students' sensitivity to feelings and their ability to explore them had increased during the course. 189

Before the training, the approach the students most frequently referred to was the neighbor-centered approach. However, in the follow-up interview

189 According to her supervisor, she "became interested in long-term counseling of extremely difficult patients with a 'poor' prognosis, and through her patience and concern was able, after a long and steady period of work, to open up locks inside her patient, to free the patient for living. The supervisee achieved visible results in the patients' recovery process. The supervisee was interested in learning new things; she was an active thinker and talker who 'learned from her mistakes'."

189 Lyall 1979, 220-223.
almost no one mentioned this approach. Kilpeläinen's book was required reading, but her method was not specifically dealt with in the training. Analysis of the students' ways of responding to their clients, based on their reports written during the latter part of supervision, did not markedly differ from their practices at the beginning of the training. Generally, they tried to be client-centered, but sometimes failed in it.

Lyall also found that the course in pastoral care and counseling did not appear to change the notions of preferred counseling responses of students of theology. The findings of O'Connor indicated that the Rogersian approach was the most commonly used method of CPE students. However, he did not examine whether the students' ways of applying this approach changed during the training. Conversely, some other studies on the CPE programs have shown improvement in the students' counseling skills. Fitchett & Gray observed progress in the sub-scales of Counseling Resources, Creative use of Conflict, Care Amid Controversy, and Problem Resolution. Their instrument, the Clinical Ministry Assessment Profile, consisted of 80 items. In addition to students' self-ratings, they also used peer and supervisor ratings. All the ratings reflected improved ministerial skills, but the supervisors rated the students lower than the students themselves or their peers did. Derrickson discovered that basic CPE students felt that they had grown in their abilities to offer counseling services and that their communication skills had improved. However, the study was retrospective and based on a short questionnaire. 193

According to approximately half of the representatives of all the approaches, their use of spiritual resources had also changed to some extent. The answers given to the multiple-choice question in the questionnaire showed no remarkable change in the use of any of the spiritual resources. However, in the follow-up interview several students felt that they could suggest prayer or Communion more readily or naturally than before. Two students thought that they utilized confession more frequently than before.

Prayer, yes there's prayer, not awfully much, but it feels natural, if you enter that kind of area; but I don't force-feed it ever, or talk about it in general. But if it's in the air, or it comes up, then I experience it as quite natural. . . . Just a few days ago, I had, there was this request for prayer, I mean that could we pray; so I asked this patient would you like to pray in your own words and she wanted to do it. I felt it was fantastic to be allowed to be, in a way, a channel of that prayer, and then I said the Benediction and in a way it was both confession and prayer and absolution and an awfully fine experience. And I haven't generally,

I mean this is perhaps also a little a step further in this work that I said yes, let's pray, what would you like, and then I pray on their behalf. I mean that she could do it in her own words. And I felt that it was something priceless and at the same time . . . it was awfully brave of her. I mean a person who's not used to saying prayers. I mean I received it as a great gift at the same time, that she had the courage to pray in my presence, and at the same time needed it [my presence] to be able to pray. But it's not in any way awfully common for me to pray, like I said. When it's in the air. (H2, II, therapeutically oriented)

And perhaps I've also got a bit more courage to ask, "would you like to take Communion?" and also become more emboldened in using prayer, too [pause] somehow in a new, different way. And I guess that I've myself also got more courage to pray. (H1, II, listening-centered)

Nearly all of the chaplains representing the therapeutically oriented approach experienced short services as the most difficult or onerous part of their work. After the training, one of them had a more positive attitude towards them. It was related to a change in her personal spiritual life. She felt that her relationship with God was closer and that her attitude to supernatural religious experiences was more positive than previously. In addition, one of the chaplains working with the mentally handicapped had started to hold short services on the wards where they had not been held earlier.

Two students, one belonging to the therapeutically oriented approach group and the other to the listening-centered approach group, resorted to spiritual resources slightly less than before, but still quite frequently. One of them was working as a hospital chaplain. According to his supervisor, he occasionally still chose to use religious words and ways of comforting inappropriately, but had started to recognize this in the course of the supervision. This was also shown in one of his written reports:

[Extract from the latter part of the conversation]:

Patient: Have you got Scripture texts that could help me? I've tried to read the Bible all over, but I haven't found anything that would really fit me. Something that could be of help when everything's difficult.

H15: I can of course pick them out, but I believe it's important that you can talk about your difficulties thoroughly. (I look in the Bible, write down some passages.)

Patient: Thank you. I'll look them up the first thing when I get home.

H15: No, you mustn't look up all of them. Tomorrow's another day, too. Don't read more than one or two tonight. What would you say about us meeting several times to discuss what you've said? Perhaps we should talk about what you've said on a deeper level as well.
[In the assessment part of the report, the writer further ponders whether reading the Bible at this stage is bad or good for the patient.]

Some individual students’ attitudes towards their clients’ use of religious language had also changed. Some had learned to understand that religious language could hide some other problems, whereas some others had learned that clients could also have real religious concerns.\(^{152}\)

In sum, the results imply that the training strengthened the students’ capacity to use naturally spiritual resources. Conversely, it did not do enough to encourage the students to reflect on their own spirituality and its relationship with the pastoral care they gave.\(^{153}\)

Changes concerning the non-conversational means of helping occurred only in the therapeutically oriented approach group. According to the reports written for the supervision of two students, they had, for example, taken a trip or gone to a concert with their clients. Corresponding examples were not found in their reports from the first half of the supervision. One of them also emphasized the meaning of symbols in a new way. She gave an example of a patient to whom she took a candle every day:

\begin{quote}
I had one patient recently who lived for a month on intravenous feeding and a burning candle. And I always took the candle there, I mean the candle was burning all the time. . . . I was just the one who brought the candle, I wasn’t anything else. But I saw to it that the candle was always there. . . . It was being the candle bringer, the light bringer, nothing else. (H2, II)
\end{quote}

In brief, the most obvious changes that occurred in the students’ ways of giving pastoral care appeared to be related to the increase in their therapeutic inclination. In all categories it was visible in almost all the changes that had occurred in empathic listening, challenging, and application of counseling methods. The students seemed to want to go deeper in their pastoral work.

Chart 4.3 illustrates this change. The change occurred in all three approach categories in a parallel direction, but the profundity of the change varied. The change was most obvious in the listening-centered approach. However, even though the therapeutic inclination of those in this approach category was higher than before, they could not be grouped into the therapeutically oriented approach because their main way of giving pastoral care had not markedly changed in spite of the new influences. Listening and ordinary conversation were their basic ways of helping, at least according to the

\(^{152}\) This aspect was dealt with in some books and articles in the supplementary reading, as well as in some lectures.

\(^{153}\) For a detailed analysis of the issue see Hakala 1999.
interviews. I was unable to compare the assessments given in their interviews to their written reports because I had no verbatims from this group. Therefore, it is impossible to say whether they, for example, applied the solution-focused method in practice. Their supervisors' assessments lent support to improved insight, but did not include references to the solution-focused or any other methodical aspects.

Chart 4.3. Changes in Location of Pastoral Approach Categories on the Dimensions Holism and Therapeutic Inclination. Dotted circles represent the location of approach categories before the training.

The therapeutic inclination also increased considerably in the therapeutically oriented approach. It had characteristics similar to the listening-centered approach, such as the employment of some solution-focused ideas. However, in this category the change was most clearly shown in new psychodynamic influences, such as an increased use of
therapeutic terminology. Terms like transference, interpretation, confrontation, or abstinence[^1] were more in evidence than before. Nearly all in this group were hospital chaplains, and the fascination they felt towards professional terminology may be related to their working environment, where the medical profession has a terminology of its own. The usage of therapeutic terminology may have helped the students to feel more professional. Additionally, it may partly be result of their supervisors' therapeutic orientation. The supervisors of two students belonging to this group were also psychodynamically oriented psychotherapists.

Also, these students showed other psychodynamic influences more obviously than the other groups in their increased readiness to make interpretations, pay more attention to non-verbal communication, and confront their clients. These skills are also among the solution-focused approaches, but the way the students used them resembled more the psychodynamic approaches. They aimed at improved insight and self-knowledge, and not as clearly at problem-solving or at activating the client. Noteworthy is that their own assessments were confirmed by their written reports and by the assessments of the supervisors. It seems that they acted in the manner in which they claimed that they did. Their written reports did not include any examples of the solution-focused method, which may also show their preference for psychodynamic ways of helping.

The therapeutic inclination in the holistic approach category did not change as clearly as in the other categories. The students had adopted some ideas of the solution-focused approach, as did those in the other groups, but the psychodynamically oriented aspects of interpretation or confrontation were not as evident as in the other approaches. According to the assessments of some supervisors of this group, their supervisees' capabilities of confrontation, application of the neighbor-centered approach, or directing the conversation had not markedly improved during supervision. These assessments also lend support to the lower increase in the therapeutic inclination of this group.

In terms of holism, which was other dimension separating the different approaches, clear changes did not occur. Some written reports of the therapeutically oriented students suggested an increase in concrete care giving. As a result, in Chart 4.3 I shifted the circle denoting their inclination towards a slightly higher degree of holism.

[^1]: Most of these words have no Finnish counterparts and, therefore, loan words (e.g., *transferenssi, konfrontaatio, abstinenssi*) are used in professional terminology.
Discussion

When the results are examined in terms of the objectives set for the training two questions arise. 1) One of the main objectives the program leaders set for the training was to develop the students' personal ways of giving pastoral care. How well did the training manage to fulfil this goal? 2) The students' main professional goal was the improvement of their pastoral care and therapeutic skills. The sub-goals set by the program leaders also included improvement of the students' skills. Were the students able to transfer these skills to their work?

If the training helped the students to develop their own ways of helping, a sign of it would be that they maintained their original orientation of helping. The analysis of the students' ways of giving pastoral care at the beginning of the training provided evidence of three main helping approaches. The results showed that nearly all of the students remained in their original approach category (Chart 4.2). Additionally, the follow-up interviews indicated that nine students appreciated more than before their own strengths and their personal ways of working and giving pastoral care. Comparing their way of working with those of others' had helped them to understand that pastoral care can be given effectively in several different ways. Therefore, these findings imply that the training succeeded in developing the students' personal ways of giving pastoral care.

The development of personal ways of helping should also be shown by the divergence of changes between the groups. However, the findings indicated that the main changes were parallel in all groups, related in various ways to the development and enhancement of therapeutic inclination. In the other main dimension separating the three approaches, viz. holism, no clear changes occurred. This dimension was characteristic to the group using a holistic approach, and therefore, they would have been expected to develop on this dimension, in particular. However, this group's ways of giving pastoral care did not markedly change. The lack of changes seems to be related to the absence of holistic aspects in the training, and as a result, the students did not acquire any new ideas or impulses concerning it.

The chaplains working with the mentally handicapped, who were the clearest representatives of the holistic approach, criticized the training most. They felt it failed to take their questions and special conditions adequately into account. In their opinion, during the seminars they were providing the

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155 The objectives included the basic preparation of pastoral care, principles of crisis counseling (1st seminar), a solution-focused approach to family counseling (2nd seminar), and pastoral care of the dying, bereaved and mentally ill (3rd seminar).
information about pastoral care of the mentally handicapped, and, as a result, the professional benefits of the program were scarce. They stressed that pastoral care of the mentally handicapped differed so much from the ordinary pastoral care that the same principles could not be applied.

An examination of the content of the training shows that the criticism of the chaplains working with the mentally handicapped was justifiable. During the seminars the special aspects of pastoral care of the mentally handicapped were dealt with only in role-plays the chaplains themselves produced. Neither the lectures nor the didactic sessions dealt with the questions of this group. The only exception was a lecture during the first clinical period, in which the mother of a mentally handicapped child told about her experiences. Additionally, the supplementary reading included only two books related to mental or other handicaps, and nothing on pastoral care of the mentally handicapped. During the second seminar the students were given two booklets dealing with the sexuality of the handicapped, and a video on the issue was also available. Neither the program leaders nor any of the supervisors of these students had worked with the mentally handicapped. During the first clinical period these chaplains practiced in the same hospital as the other students, but during the second period they were able to work in an institution for the mentally handicapped. Their group supervisor also worked in the field.

Therefore, it seems evident that when chaplains working with the mentally handicapped participate in the training, the special issues of their work should be given more attention. However, generally the number of students is so small that a separate seminar on their special questions is impossible. Thus, the aspects of holistic pastoral care should be incorporated in the seminars common to all groups. An increased emphasis on, for example, the nonverbal means of helping and communicating would also benefit the students working with geriatric patients and old parishioners.

According to the views of learning introduced in Chapter 1.5, the students' experiences, work contexts and their way of perceiving pastoral care should be the starting point of the training. The constructivist views, in particular, stress that the program leaders should familiarize themselves with the students' situation in order to offer them possibilities of developing the skills relevant in their work. Similarly, the situated views emphasize the interaction between the training systems and the students' work contexts.106

The results demonstrate that the most development appeared to occur when the students' work setting and work approach were familiar to the program leaders and supervisors. At the same time, the findings suggest that, ultimately, the program failed to start from the students' situation and, instead, promoted the views and approaches the program leaders considered appropriate and important. As a result, students working in a differing way were not offered equal opportunities to develop their approach.

In principle, combining in the same training group the professionals working in the different special ministries and representing diverging work approaches enhances the development of collaborative learning and interactive expertise. The participants bring their special knowledge to the group and can learn from one another. In order to motivate the students to participate in the process, the group should have a common goal or task in which the special knowledge of all participants is needed. One solution could be, for example, simulated or real cases requiring the impact of each employee group. The implementation of the tasks could employ the principles of problem-based learning.

The second question is related to how the skills introduced during the training were transferred to the students' work practices. The clearest example of a specific method or technique introduced in the training was the solution-focused approach. The results showed that the main ideas of the approach generally fascinated the students. Most students had also applied some aspects of the method. However, they had not systematically tried to practice the approach.

The analysis of the training in the light of the learning and transfer theories suggests several reasons why the students failed to apply the method. Even though I concentrate here on the problems of applying the solution-focused approach, the same principles concern any other new skill or approach introduced in the training.

The initial interviews showed that the solution-focused approach was new for nearly all the students. Therefore, it would have been necessary to have more time for introducing and practicing it. In order to enable transfer to authentic situations the basic ideas of the method first have to be understood.

188 The cases in the problem-based approach always necessitate both utilization of the learners' previous knowledge and acquisition of new information. The group's work process comprises seven phases: clarification of the terms, definition of the problem, brainstorming, building an explanatory model, creation of learning goals, independent studying, and application and evaluation. Poikela 1998, 6-43; Hakkarainen & Lonka & Lipponen 1999, 216-219.
In the skill-training program described by Taylor, the students studied a rather similar approach in ten weekly, four-hour sessions. Each session focused on one specific aspect. The teaching methods included presentations, modeling, practicing in small peer groups, audiovisual feedback, teaching the skills to someone, and practicing them in authentic work or other situations between the sessions. Nevertheless, Taylor states that the time was too limited for mastering the skills. In the interview, one of the program leaders stated that the time available for practicing the method during the seminars was not long enough for the students to appropriate it. This aspect was taken into account in the 1999 revision of the training.

The inadequate adoption of the method is also related to the ways of presenting it. Adoption of new practices includes formation of sound theoretical knowledge of the approach. The students were supposed to familiarize themselves with the solution-focused method by reading the textbook on it before the second seminar. They could also choose to write a reaction paper on it. Fourteen students read the book, but only four of them wrote the paper. In order to understand the method better, it would have been preferable for all students to have reflected on it. The process could have continued by sharing the students' initial conceptions of the approach in the sections. This would have furnished the teachers with information of the students' possible misconceptions and oversimplifications, and at the same time, the potential barriers to successful transfer. A means of enhancing transfer is to assist the students in overcoming possible barriers to its success.

Additionally, some theories of transfer suggest that new skills should be modeled and simulated in situations similar to the ones the students encounter in their work. According to Gick and Holyoak, the perceived similarity of the training and transfer situations is a prerequisite for applying it. In addition to their similarity, several theories of transfer emphasize the variety of modeling and simulation situations. All pastoral encounters are different, and the students should be able to modify and construct the

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159 Larkin 1989, 302.
160 Taylor 1980.
161 See Chapter 1.4.
163 The students were asked to assess the central message and significance for their work of one of the books and of five articles marked as important supplementary reading.
approach to fit each situation.\textsuperscript{166} However, the method was modeled and practiced in role-plays only during the second seminar, and only in family-counseling-type situations where a couple or an individual came to talk about their marital problems. As the previous chapters have shown, most students very seldom faced this kind of situation in their work. More diverse examples would enable the students to see the possibilities the approach offers for them and help to place it in the broader structure of their work.\textsuperscript{167}

Proper learning of the method necessarily also requires practicing, not only in the simulated role-plays during the seminars, but also in the students' own work. Presentation of the theory, modeling, and simulated practices increases the students' awareness of the new approach but do not lead to mastery if not practiced in authentic settings.\textsuperscript{168} Eraut points out that the application of the new skill should also take place soon after its introduction.\textsuperscript{169} Additionally, for learning to occur, the attempts to apply the skill should be reflected on either in supervision or with peers.\textsuperscript{170} The application attempts always necessitate feedback and support.\textsuperscript{171}

However, the students could choose whether to try to apply the method. Because the approach was new to them, the easiest choice was not even to try or to apply some separate ideas without reflecting on why and how it was done. If it is considered desirable that the students learn the approach, it should be guaranteed that they actively practice it and reflect on their attempts in supervision. If the students are to apply the method specifically to marriage counseling, they should be offered opportunities to practice, for example, in family counseling centers when their own work offers limited possibilities of working with couples. According to the dispositional view of transfer, this might encourage the students to look for and create similar counseling settings in their own work.\textsuperscript{172}


\textsuperscript{167} De Corte 1995, 102; Tuomi-Gröhn & Engeström 2000.


\textsuperscript{169} Eraut 1994, 120.

\textsuperscript{170} Reflection is an inevitable part of the learning cycle. It helps the students to integrate their attempts to apply the method to their previous ways of working, deepens their understanding of the method (conceptualization), and helps them to control and direct their future actions. Kolb 1984, 4-38, 40-42.

\textsuperscript{171} Eraut 1994, 36-38.

\textsuperscript{172} Bereiter 1995, 31-33; Tuomi-Gröhn & Engeström 2000.
Furthermore, reflection on the method in supervision may be difficult when the supervisor is not familiar with the solution-focused approach or considers it an inappropriate way of helping. Supervisors with psychodynamic training may find solution-focused approaches superficial, and therefore they may not encourage their supervisees to apply them.

On the whole, more attention should be paid to the integration of the seminars and supervision. If the issues studied in the literature and introduced and practiced in the seminars are not practiced in authentic settings and reflected on in supervision, the result is minimal. Because in the Finnish training system the supervisors generally are not at the same time program leaders, they can be unaware of what has taken place in the seminars. Ideally, the supervisory sessions following the seminars should concentrate on the issues the students have just studied.
5. CONCEPTIONS OF PASTORAL CARE

5.1. Three Ways to Define Pastoral Care

Introduction

The definitions of pastoral care have changed and developed along with the changing cultural and ecclesiastical contexts.\(^1\) Even the current ways of understanding pastoral care are divergent. In the English-speaking world one of the ways of defining pastoral care is to differentiate between pastoral care, pastoral counseling and pastoral psychotherapy. Pastoral care is considered to be unstructured pastoral activity, either informal or formal supportive conversations or other types of interaction. It can take place during home visits, in the context of consultations before the rites of baptism, marriage and burial, or in casual encounters. The boundaries of pastoral care are rather indefinite. According to the current understanding, knowledge of counseling skills and human development is also needed in pastoral care. Pastoral care assists people with their everyday concerns as well as with their deeper interpersonal, moral or spiritual issues. It nurtures ordinary, relatively healthy people.\(^2\)

Pastoral care can be given almost anytime and anywhere, whereas pastoral counseling occurs at a specific time in a designated place. More therapeutically oriented, it focuses more on clients’ problems and their psychological interpretation than does pastoral care. Pastoral counseling generally involves an agreement on the time and place of consultation and for how long. Regardless of the therapeutic orientation and the wide utilization of psychological means, it may also use theological resources in understanding the pastoral relationship. According to Jacobs, in order for counseling to be pastoral, it must take place within a religious setting or religious faith must be important to the counselor. However, pastoral counseling is not confined to religious matters. It may include the use of religious resources but generally only at the request of the client.\(^3\)

The term pastoral psychotherapy is used mainly in the United States to refer to specialized activity occurring generally at specific pastoral psychotherapy

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centers. It resembles the conventional psychotherapy and uses similar tools and interventions. Its pastoral nature is based on its Judaeo-Christian context and on the assumptions of human nature in these traditions.\(^4\)

In the Finnish language specific terms for pastoral counseling and pastoral psychotherapy are lacking. The term *sielunhoito* (literally: care of the soul) includes both pastoral care and pastoral counseling. If pastoral care and pastoral counseling are separated, pastoral counseling can be called *psykoterapeutisesti orientoitunut sielunhoito* (psychotherapeutically oriented pastoral care).\(^5\) In the context of family counseling the term *neuvonta* (~guidance) is used. Unlike in the American context, specific pastoral psychotherapy and pastoral counseling centers are also lacking. The only exception is the family counseling centers of the Evangelical Lutheran Church of Finland. Several family counselors are trained psychotherapists and are therefore able to give pastoral psychotherapy in the generally understood sense.

The recent Finnish publications in the field of pastoral care seem to represent a rather uniform view of pastoral care that is also in accordance with the current understanding of pastoral care within the pastoral care movement. Pastoral care is thought to be conversational help, utilizing both psychological and theological knowledge and a broad range of therapeutic and pastoral methods. Pastoral care and psychotherapy are seen as parallel but not identical means of helping.\(^6\) According to Mannermaa, they both aim at a common goal: serving and well-meaning love. He stresses that even though pastoral care can utilize therapeutic tools, the different grammars and vocabularies of psychotherapies and pastoral care can not be mixed without disturbing the inner logic of each forum. Nevertheless, the dialogue between pastoral care and psychotherapies can enrich them both.\(^7\) Kruss emphasizes that pastoral caregivers should be

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\(^4\) Hartung 1990, 860-861; Browning 1993, 6-7; Jacobs 1997, 33.
\(^5\) Virtanen 1981, 111-118; Virtanen’s lecture *Sielunhoito psykoterapiaaksi* in the first seminar.
\(^7\) Mannermaa 1990, 95-106; Mannermaa 1992, 125-126. Similar views are presented by Hunsinger (1995, 4-7) concerning the differences between theology and psychology. According to her, they have different aims, subject matters, methods and vocabularies, and therefore they can not be integrated. However, pastoral counselors should be fluent in using both of these languages because both perspectives are useful in interpreting the counseling situation. Juntunen (1999, 470) suggests that in the practice of pastoral care the psychological and theological forms of helping can not be separated, but on the theoretical level, in pastoral theology, these languages and frames of interpretation should not be mixed.
well aware of the approaches they are applying and be able also to criticize them. Kettunen points out that psychological knowledge is not only applied but also created in the practice of pastoral care.

Most publications also emphasize that pastoral care and pastoral caregivers should not forget their own special sphere, heritage and resources, but should integrate them with methods derived from the other forms of helping people. Several writers point out that pastoral care should always be anchored to its spiritual basis regardless of the methods used or the topics discussed. According to Kettunen, one form of adhering to this basis is the commitment to the Christian set of values and readiness to face also the clients' religious concerns. Conversely, the writers representing more fundamentalist orientations emphasize the use of spiritual resources as a basic means of helping. The current conceptions of pastoral care also generally incorporate a holistic view of man: integration of the physical, mental and spiritual spheres.

Generally, pastoral care and counseling are considered to be conversational help given by trained professionals. Conversely, de Jongh van Arkel points out that the recent dominant trends of pastoral work indicate an increased emphasis on community and on the contextual aspects of pastoral care. According to these views, pastoral care can not be limited to individual pastoral care given by ordained clergy. On the contrary, pastoral care is understood as the essence of congregational life. It is provided by personal relationships between the parishioners, by group interactions and religious practices of communities of Christians. The pastor's responsibility is not to be the only provider of pastoral care, but to facilitate networks of care, for example, by connecting persons with similar experiences. During the 1980s corresponding views were introduced especially by Alastair Campbell.

In addition to the emphasis on the Christian community, recent views of pastoral care have paid increasing attention to what some call the "prophetic" aspects of pastoral care. The term "prophetic" in this context refers to the inclusion of societal and political perspectives in pastoral care. According to McWilliams, attention was being paid to this dimension of pastoral care already in the 1970s but more prominently during the 1990s. The new

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8 Kruus 1992, 123.
10 E.g. Matikka 1997.
emphasis has been shown also in the widening scope of CPE settings. Prophetic pastoral actions focus on advocating the rights of the oppressed. These movements show an increased sensitivity, for example, for cultural, gender, social, and racial injustices. These ministries also call for new horizontal competencies: ability to cooperate with organizations, teams, political power groups, support groups, and networks of consultants. The training of pastoral care must also take these new challenges seriously. McWilliams predicts that the future CPE programs will be more "multicultural, more attentive to issues of community, more integrative of personal and social dynamics for students and patients, and more articulate about justice issues."  

In Finland the community perspective of pastoral care has been emphasized most distinctly by Sainio and Mannermaa. Sainio sees that pastoral care takes place in the Christian community as parishioners’ mutual care, not only as special care provided by pastors. He defines pastoral care as holistic caretaking by means of God's Word, proclamation, and of mutual service and relationship originating in Christian love to one's neighbor. Similarly, Mannermaa considers pastoral care as a mission of the entire church. He states that according to the Lutheran faith pastoral care is mutual care, conversation, and comfort.  

Enhancement of the parishioners' mutual care was emphasized also in the *Kirkko 2000* and *Seurakunta 2000* processes. Mutual care is already present in several forms of church activities, for example, in pastoral work in the field of outpatient care, in voluntary diaconal work and terminal care, in grief counseling, crisis counseling or other counseling groups, as well as in the increased impact of lay pastoral caregivers in the new forms of services. The prophetic perspectives of pastoral care are not particularly emphasized in Finland but several of the above-mentioned church activities show increasing awareness of at least the social issues. In addition, the new forms of pastoral care in the current social and diaconal work in the church show great concern,

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14 Couture 1996; Miller-McLemore 1996; McWilliams 1997; de Jongh van Arkel 1999. Mills (1990, 836) and Hunter (1990, 845) also include in their definitions of pastoral care nonconversational ministries and all pastoral acts “motivated by a sincere devotion to the well-being of others.” In this sense also various social actions can be considered pastoral care. During the 1980s one of the pastoral theologians calling for the inclusion of prophetic dimensions in pastoral care was Campbell (1985; 1988).
15 Sainio 1987, 54.
for example, for the unemployed. Diaconal workers often also cooperate with the other local assisting agencies.¹⁹

The students’ conceptions concerning pastoral care were examined by asking them to define the term sielunhoito (pastoral care and counseling) in both interviews. The preliminary analysis of the interviews revealed that their definitions of pastoral care were closely related to the objectives they set for pastoral care in their work. Therefore, in the final analysis I utilized the answers given to both of these questions. Furthermore, sometimes the conceptions of pastoral care could also be made clearer by considering the students’ thoughts related to the possibilities of and difficulties in giving pastoral care in the setting they worked in and to the differences between pastoral care given in a parish and that given in a hospital setting. In addition to the above aspects, I also included among the definitions of pastoral care the students’ ideas about the differences between pastoral care and psychotherapy.

In the first phase of the analysis, I looked for the main dimensions the students paid attention to in their definitions. The dimensions that emerged most often were the objectives of pastoral care, the forms of pastoral care, the content of the conversations, and the relationship of pastoral care to psychotherapy. The foundation of pastoral care, client-centeredness and aspects concerning the pastoral caregiver were mentioned less frequently. When I compared the students in terms of the above dimensions, the results showed that the objectives and forms of pastoral care and the content of conversations were the best differentiating factors among the students. Some of them stressed therapeutically oriented and others spiritually oriented goals. As to the forms of pastoral care, most students thought pastoral care was conversational help, whereas one group defined it more generally, saying it involved also nonconversational forms, such as services, sacraments or practical help.

On the basis of this analysis I grouped the students’ definitions into three categories: therapeutically oriented support, spiritually oriented support, and general pastoral support. Table 5.1 illustrates the main differences between these categories.

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Table 5.1. Three Ways to Define Pastoral Care.

<table>
<thead>
<tr>
<th></th>
<th>Therapeutically oriented support</th>
<th>Spiritually oriented support</th>
<th>General pastoral support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>• H1, H2, H5, H11, P4, P6, P8, P12</td>
<td>• H3, H15, P10, P17</td>
<td>• H7, H9, H16, P15, P14</td>
</tr>
<tr>
<td>Central objective of pastoral care</td>
<td>Insight</td>
<td>Spiritually based support</td>
<td>General support, Encouragement</td>
</tr>
<tr>
<td>Forms of pastoral care</td>
<td>Conversation</td>
<td>Conversation</td>
<td>Conversation, Practical help, Spiritual events, Sacraments</td>
</tr>
<tr>
<td>Content of conversations</td>
<td>Important problems</td>
<td>Important problems</td>
<td>Anything</td>
</tr>
</tbody>
</table>

All the above categories were present both before and after the program, but the placement of the students in them changed during the training, as did the emphasis of the dimensions within the categories. Therefore, I will first introduce the definitions given before the training, grouped into the above three categories, and then examine the changes.

**Therapeutically oriented support**

All the students whose definitions were placed in the category of therapeutically oriented support brought out in their answers, as one of the objectives of pastoral care, aspects that could be interpreted as therapeutic. The term therapeutic does not refer here to any specific therapeutic orientation but is used in a wide sense to illustrate the students’ tendencies to include in their definitions of pastoral care objectives aiming at the clients’ new, deeper or more realistic insight into their life situation. The following quotations illustrate this:

Should I put it like this, for instance like this that it’s . . . helping a person to accept himself, helping a person to find himself . . . that at its best it’s making a person whole, I mean that . . . just that there’s both good and bad in me, that they are in me, to make them kind of more integrated. It doesn't mean just removing conflicts, not trying to make life easy either, in a way it's also something like opening your eyes. (H1, 1)

And perhaps another person can help one to see there such, see such elements and things in that environment that the person in question doesn’t notice by
himself. I mean that might expand your perspective a bit [pause] bring realism and such things into the way you see the situation, help in that way. (P4, I)

The above excerpts also imply a concept of man in which both conflicting and positive aspects are accepted. These pastoral caregivers do not try by all means to suppress their clients' inner conflicts; on the contrary, they try to help them become better aware of them.

In addition to the need to help clients develop these kinds of insights, some students also stressed that pastoral care helped people to find new meanings in the major events of their life, or discover their inner potential and resources:

I feel that as a pastoral caregiver I'm kind of an existentialist therapist. My job is to sit beside the patients and ask them what the goal of their life is. Try to find those possibilities that are already present in their lives and [help] perhaps in some situations them to open their eyes, [help them to see] what there is in life that you can feel grateful for, what you can enjoy, in which you can find a purpose for your life... I mean that should you want to find a common denominator. I guess I'd want to be looking for those resources there are within every human being. Be by their side; not be there just to give those things to them, or explain to them that these are your resources, but as I read in some research report, what an abundance of things I could find in myself. (H5, I)

None of the students in this category, however, considered the increase of insight the only objective of pastoral care. Most of them also understood pastoral care as support or encouragement. According to them, one aim of pastoral care was to help the clients to deal with their problems:

Of course I try to help a person get ahead, because they come to a pastoral caregiver when there's something that oppresses them, and somehow they'll just have to find the courage to go on. In this I try to help them. (P4, I)

I'd say that what it's all about is precisely meeting a person on his terms, helping him to find his own reality, encouraging him to face that reality, supporting him and giving your hope to him, not by lending it, but dispensing your own hope freely, a hope that's not anything concrete, it's [more like] sharing your hopefulness. In the first place it'd be a supportive activity. Such an activity, as they said when I was ordained, that your task is only to convey a blessing; I mean if you want to use theological terminology. (H2, I)

In addition to insight and support, most students also included in their definitions the spiritual aspect. They thought that pastoral care should have a spiritually strengthening or integrating effect, not as an absolute prerequisite, but rather as an opportunity:

I mean the other person you're talking with, in my case it's a church employee; or it could be defined so that it includes this nth dimension, I don't know which dimension it is exactly, either as a possibility or a reality, I mean this God's
realities. That for somebody it is a real thing, and for somebody else it's like a question mark and a subject of questioning, but I think it's definitely related to this concept of pastoral care. (H11, I)

Finding resources not only means that they are in you, but that you'd also discover how to find a contact with God and could derive from God the strength to live your life. I mean somehow to help that person to enter his own situation and [to go] forward from there, with some kind of vision of hope. . . . One of the basic goals is that it'd make it easier for the person to believe in God. I mean what resources he already has within him; I must not force my opinions on him from the outside; but let him use what he already has so that he'd be able to use them and realize: hey, this is already a supporting force in my life. (P12, I)

Similarly, Lyall discovered that the students of theology saw that the theological or spiritual dimension was the ministers' special contribution to the patients' wellbeing. However, this emphasis did not manifest itself in the students' responses to the simulated counseling sessions. 30

Everyone in the group considered pastoral care only conversational help, and they excluded other forms of help. The students thought that the issues that the pastoral caregivers could deal with did not necessarily have to be spiritual concerns, but could be any problems or issues that were important to the client, such as grief, suffering, or crises.

In my opinion it's something like [pause] talking [pause] about things that are of really profound importance to people, about personal [pause] you might say intimate things [pause], with another human being. (H11, I)

Some students presented strict limits to pastoral care. They emphasized that ordinary "social intercourse" or "entertaining the old ladies," was not pastoral care; pastoral care comprised only "deep interaction," or conversations about "important issues."

Several students also included client-centeredness in their definitions. They stressed that pastoral care had to be carried out on the client’s terms; the client had to be accepted and allowed to define the objectives of the relationship.

Everyone in this category considered pastoral care and psychotherapy parallel forms of help. They saw the crucial difference in the spiritual aspect of pastoral care:

I must say that I've experienced that they are very close. . . . I'd say they are matters of the same type, but I'd think that pastoral care takes and is willing to

30 Lyall 1979, 204.
take religious questions more into account. And that there it is possible, if the person being helped wants it, it's possible to provide him an opportunity to confess or to pray, which are things that aren't available in other connections. (H4, I)

I think they may have quite a lot to give to each other. That's why I'd say that therapy has in practice a great deal to give. In my opinion therapy is different from it [pause] only in that the God-dimension is present, that all the time there's this extra dimension and an extra possibility as well, the strength and the process, which are things that aren't paid as much attention to in therapy. I'd say that in practice the work is very much comparable. (P12, I)

The students thought that in pastoral care, on the one hand, spiritual issues could be dealt with more freely and deeply, and on the other hand spiritual methods, such as confession and prayer, could be applied. One student defined the main difference between pastoral care and psychotherapy in terms of their foundations and objectives: pastoral care was based on the belief in and relationship with God, whereas therapy aimed at greater self-awareness and, hence, was based on human realities.

The views of the students in this category were most in accordance with the conceptions of pastoral care presented in the training and in recent Finnish publications. The hospital chaplains had already participated in the first clinical period before the initial interview, and therefore the impact of this period may have been shown in their statements. The conceptions of pastoral care in the supplementary reading and in the lectures during the first clinical period were rather uniform. Pastoral care was considered to be conversational help utilizing both psychological and theological knowledge. The spiritual basis and the holistic view of man were seen as inalienable aspects of pastoral care. Similarly, most parish workers had read Matti-Pekka Virtanen's article on the relationship between pastoral care and psychotherapy shortly before the initial interview, and, therefore, the article may have affected their views. In his article Virtanen stressed the importance of employing both psychotherapeutic and spiritual methods in pastoral care and counseling but without psychologizing spiritual issues or

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21 Finland being a small country, the lecturers and writers on pastoral care are the same persons. Therefore the views presented in the training are similar to the current thinking in the field.

22 Lectures given by Kettunen, Sainio and Rauhamäki; Myrä 1977; Sainio 1987; Sainio 1989; Kettunen 1990. In his lecture Sainio also criticized Finnish pastoral care on account of its unclear theoretical foundations. He stated that even though it is generally accepted that pastoral care should utilize psychological and psychiatric knowledge, no one has defined which approaches are applicable in the theological frame of reference. In his recent book Ojanen (1998) tries to make this analysis.
vice versa.23 In addition, the issues related to conceptions of pastoral care were dealt with extensively during the fourth seminar (attended by only the parish workers) and in the supplementary reading related to it. This material focused especially on the spiritual dimensions of pastoral care.

In her thesis on the supplementary reading of a corresponding training course Muukkonen similarly concludes that the training material combines the theological and therapeutic dimensions of pastoral care and sees them as complementary ways of helping. She also notes that the material emphasizes that the identity of pastoral care must be based on the Christian theology and view of man.24

Comparison of the results to the previous studies on Finnish pastoral caregivers is difficult because of the differences in the ways of examining and categorizing the conceptions of pastoral care. Aurén and Vanhanen divided the definitions of pastoral care into three groups: 1) the diaconal 2) the koinonic and 3) the kerygmatic views.25 By diaconal conceptions they refer to holistic care without references to spiritual or theological dimensions. However, in their definitions the diaconal views seemed to comprise only conversational help. Koinonic views included also spiritual aspects of pastoral care, whereas in the kerygmatic views the main goal of pastoral care was proclamative. In their categorization both the diaconal and koinonic views included insight-oriented goals. The category of therapeutically oriented support would probably best correspond to their koinonic category. Of the diaconal workers' definitions of pastoral care 56% and of the parish pastors' definitions 57% belonged to this category. Insight-related goals were rather common among the goals of the parish pastors. According to Vanhanen, 65% of the parish pastors had set improvement of the clients' self-knowledge as their goal. Similarly, 82% wanted to help their clients solve their problems and 89% focused on listening to their clients' worries. The results showed that listening often

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23 Virtaniemi 1981, 106-130. Similar issues were dealt with in Wikström's book, which was supplementary reading during the first seminar. However, only about half of the students had read his book and only four students thought that it had been useful for them.


25 They have adopted this three-part distinction from Clinebell (1980, 51). Kruus (1983, 34-60) uses similar categorization by dividing pastoral care to proclamation (kerygma), service (diaconia) and fellowship (koinonia). Harmanen (1997, 119-124) used the same categorization in analyzing the views of pastoral care of the group leaders of grief counseling groups. Of the respondents 36% thought that the pastoral care in the grief counseling group was service, 22% fellowship and mutual care, and 11% considered it proclamation.
also aimed at increasing self-knowledge. Aurén’s results on diaconal workers’ goals were rather similar.\(^{26}\)

Kruus’ findings implied that the hospital chaplains’ goals were predominantly therapeutically oriented because more than half of the chaplains defined their goals in psychological terms. Generally, they aimed at supporting their clients’ mental health. Similarly, the hospital chaplains in my study stressed the therapeutic aspects more than the other employee groups did. However, they also included in their definitions the spiritual dimension, whereas only 16% of the hospital chaplains in the Kruus’ study expressed their goals in spiritual terms.\(^{27}\)

The more recent studies of Hiltunen and Kyllönen showed that both diaconal workers and parish pastors included several dimensions in their definitions of pastoral care. Their view was shared by the participants in my study. They defined pastoral care most frequently as listening, conversation, support, empathy and holistic presence, and rather often also as conversation on spiritual issues and spiritual direction or comfort. However, these two studies did not combine these dimensions into more general categories.\(^{28}\)

**Spiritually oriented support**

The main aspect in which the second way to define pastoral care, spiritually oriented support, differed from therapeutically oriented support, was the lack of insight-oriented objectives. Instead, students in this category emphasized the spiritual goals and foundations of pastoral care:

> I wonder if it’s that when you talk about life with the mentally disabled, you do it on the basis of that faith and consciousness that we’re all God’s creatures, human beings of different kinds. With that as a starting point, on the basis of that security, we try to talk and consider difficult questions, keeping in mind that God loves us and also forgives us, in all circumstances. And of course as a concrete picture we have this song of the mentally handicapped that says we’re in God’s palm and can there safely try to figure out the life situation we’re in. (H3, I)

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27 Kruus 1983, 87. The difference between the results of Kruus and the results of this study might imply increased valuation of the spiritual basis of pastoral care among the hospital chaplains. However, the number of hospital chaplains in my study is so small that generalizations are not possible.
I think that first of all it's conversation, it's conversation where you're consciously before God, or I mean that's where I am [pause]. I'm able to see my client as a human being created by God and respect him on the basis of my own insight... I mean my goal is to have my own spiritual life in such order that I'd be able to act as an instrument of God. (H17, I)

Even though the students stressed the spiritual foundation of pastoral care, they did not support the kerygmatic view of pastoral care. According to this view, represented for example by Thurneysen, the essence of pastoral care is proclamation, and its ultimate goal conversion. Psychology and psychotherapy are considered subordinate to pastoral care. They are seen as sciences providing necessary assistance in understanding people and their problems. Pastoral caregivers apply to their work the psychological knowledge they need and set it in the service of their own proclamatory purposes. Spiritual resources are fundamental means of giving pastoral care. However, the students whose definitions of pastoral care were placed in the category of spiritually oriented support did not aim at converting their clients, but instead, experienced God's loving presence as the core and foundation of their helping work. The previous studies on Finnish pastoral caregivers have shown that kerygmatic views of pastoral care still exist among the Finnish pastors and diaconal workers, even though to a decreasing extent.

Furthermore, spiritual goals were not the only goals the students in this group brought out. Like those in the first category, they emphasized the supportive aspect of pastoral care. They did not, however, talk about encouragement. In their definitions support was termed as "helping", or "easing" the client's situation:

I want to help people with their problems, I mean, in all things that touch upon life... I ought to be able to help people, but if I set my goals too high, I won't have enough strength to do my work; I mean that to some extent in any case (I'd like) to be able to see results, because that'd also give me a great deal of satisfaction. (H15, I)

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30 Aurén (1984, 63-71) discovered that 16% of the diaconal workers' definitions of pastoral care could be categorized as kerygmatic. The corresponding proportion was 17% in the definitions of parish pastors (Vanhanen 1986, 87-92). Vanhanen demonstrated that kerygmatic views were most common among the pastors belonging to the evangelizing movements (e.g. Finnish Bible Institute or Finnish Lutheran Mission) or to the Laestadian movement. The more recent studies by Hiltunen (1992, 40-44) and Kyllönen (1994, 39-47) indicated that parish workers did not include proclamative aspects in their definitions of pastoral care. Similarly, in a multiple-choice question concerning the goals of pastoral care kerygmatic goals were rather seldom considered important.
Another concrete goal is also to be able to help people. So that they'd perhaps feel better after our meeting. (P10, l)

They defined pastoral care in the same way as those in the first category, as conversational help, but they did not as definitely exclude certain types of conversations. Client-centeredness was not emphasized either. Their definition may imply a notion of man which suppresses expressions of uncertainty, fears and other controversial emotions, because they stress the person should feel well after the meeting.31

The students perceived the differences between pastoral care and psychotherapy in much the same way as did the first group. Pastoral care and psychotherapy were considered comparable ways of helping people, pastoral care being based on spiritual realities and observing people’s problems also from a spiritual point of view. Pastoral care also enabled the utilization of spiritual resources as a means of helping.

Therapy opens up ways in the psyche to control yourself and understand yourself. [pause] while pastoral care rather nurses [pause] and helps to understand why the issue in question is important. . . . They may overlap, but therapy is distinctly psychological care in my opinion. I mean that pastoral care has a clear spiritual point of contact with the issue in question, I mean when you think of the helper, that it is the point of view from which you approach a human being. (P17, l)

I think they go hand in hand. . . . I mean I want to consider a person as an entity, and that's why I feel that I must also be familiar with therapeutic methods and be able to utilize them to some extent. . . . I see now that therapy doesn’t perhaps now penetrate the religious issues very profoundly. It's obvious that you take up that side of it as well, should it come up. . . . And then there's also the question of sin, meaning that I as therapist perhaps should deal with guilt feelings, while I as theologian can accept that this person really is a sinner, that she doesn't only feel that way. That I in that way can accept those feelings as they are experienced. I can take her seriously and not only deal with the fact that she's feeling that way. I believe that it's important that both sides are present, so that I can concretely also give her absolution. (H15, l)

According to Kettunen, the question of sin and guilt became the main divider between pastoral care and psychotherapy in the 1950s. As in the above excerpt, pastoral care was seen to take guilt more seriously than psychotherapy.

31 Piper (1982, 11-14) warns about such an attitude. According to him, pastoral caregivers should be able to allow their clients’ inner controversies and doubts. However, in his opinion sometimes pastoral caregivers’ actions may imply a notion of man that does not contain fear, suspicions, aggressions, complaints or accusations.
did because it did not see guilt as a mere feeling or as a problem in human relationships.\textsuperscript{32}

The spiritual basis of pastoral care was emphasized throughout the training. Correspondingly, Muukkonen shows that the supplementary reading supported the use of the resources that are unique to pastoral care. Pastoral caregivers were supposed to include the theological frame of reference in their pastoral encounters. One indication of it was considered to be focusing on existential and ethical questions. In addition, Muukkonen concludes that the supplementary reading represented the view that the ultimate goal of pastoral care was a deepened relationship with God, an enlivened spiritual life, and an experience of God’s mercy.\textsuperscript{33} The fourth seminar, in particular, focused strongly on the spiritual and theological dimensions of pastoral care.

**General pastoral support**

The third way the students defined pastoral care was termed general pastoral support, because the students placed in this category included in the concept of pastoral care not only conversational support, but also several other forms of help. They thought that, for example, helping patients in practical ways, or offering various activities for them could be called pastoral care:

It might also be [pastoral care] that some old lady wants something from the canteen and then you go get some sweets for her. I mean the situation a person's in; it's the help you can give her in that special situation. [pause] Perhaps after the sweets have been fetched, then there's talk [about other things too], and this person has experienced that she really can get some help from you and that you really want to give time to others. Perhaps we'll then enter the area of religion as well, but not necessarily. We might also talk about her bedcover. Why not? I mean what their anxiety is about in each case. For someone it's does God accept me such as I am, and for somebody else that before I die I want to partake of Communion. I've been thinking, in the supervision as well, if it would be possible to offer a bowling competition in the hospital corridor, whether it would be an appropriate part of a hospital chaplain's job description. And to some extent I could also think that it [pastoral care] could also be that. Or then just the other day we were talking in the group about Lent and what it means and so on; and one old lady said that it's a long time since she had a ride on a kick sled; I mean it could be pastoral care to set the old lady on a kick sled and give her a round. I mean that I have maybe too far-reaching a concept, but there're so many kinds of distress and

\textsuperscript{32} Kettunen 1997, 54.
\textsuperscript{33} Muukkonen 1995, 88-92.
anxiety. Sometimes it concerns something very small, but small can turn into big. (H9, I)

Pastoral care could also be showing respect in various ways. Some chaplains who worked with people with mental handicaps brought out that one form of this respect was to give time to the mentally handicapped, make an appointment with them. The people with mental handicaps and the staff could also be respected by conducting Sunday school on the wards of the severely retarded:

In my opinion the goal of pastoral care here is first of all that you let them feel that you give them time. I think the abolution song we use here that "when God with his word created also you, He meant that you are of value, you can and you do, such as you are I love you." I mean like communicating it by all possible means, and for that there are quite good possibilities. But the ways and means are often such that I'm sure there are many who'd ask themselves what in the world is this all about. I mean that I for instance, I hold Sunday school on a ward where perhaps [only] one of them understands what I'm saying, but we hold Sunday school nevertheless, and sing and all. Sometimes I'm thinking aloud to the staff that do you think there's any sense in this, and should we go on with it. That I can quit doing things like this, but they say to me that for goodness' sake, you give God's blessing to those kids after all. I mean that's what the staff thought, and then there's that that it's something normal children also do, meaning that the parents appreciate it, and then it also gives the staff a moment's rest when I spend half an hour with those kids. I mean these kinds of things are related to it, too, but I feel that in a way it also communicates to the staff that I value their work and their ward. I'm convinced all this is pastoral care, too. (I)

Several students in this group considered that in addition to Sunday school, other spiritual events, such as services and sacraments, could also be classified as pastoral care:

And [pause] and it's not only the task of the employees, it's a task for the whole parish, but then it's also keeping God's word and His sacraments available, and looking after people by means of these tools. (P13, I)

The concept of pastoral care is of necessity extended from talk to everything that being and living is made up of, and in that sense religious services are pastoral care as well. . . . I mean here the holistic support given to a human being, when he for one reason or another comes seeking support, help. It's talking, analyzing things and trying to find out what it's all about. In some way I'd like to go further out; I mean that in certain ways pastoral care as a concept can as well be expanded to cover the sermon, the service and so on and on. (H7, I)
In accordance with the wide definition of pastoral care, the students did not demarcate the topics that can be dealt with in pastoral conversations. In their opinion, the content of conversations could be almost anything:

I guess I look at pastoral care from a very wide perspective. [pause] Human agony can be just what we see in our institutions, that they might be quite lonely, they might be quite bored, they don’t necessarily have religious questions, not all of them, but anyhow some of them have these religious questions. I mean that then the pastoral care I give can be that I go visit someone and well, ask what’s in the paper today, you’re looking at it now, what are you thinking. And then we talk absolute nonsense there for a while. (H9, I)

I mean that [pause] the talks I have with them mostly are about what the next church holiday is, and where did you spend last weekend, and did you have a nice time at home, and what went on there, and how are you, and what did you eat today, and someone had shoveled snow the whole day, or his parents gave him new dungarees. . . . I mean that everything you do should communicate, no matter if we talk only about what’s for lunch today, that it’s a matter of importance and it’s important to just you and you want to talk about it now, and then it’s an important thing. (H16, I)

The definitions of pastoral care made by the students in this group were more far-reaching than those given by the other groups also in the sense that they comprised both therapeutically and spiritually oriented objectives. In their opinion one aim of pastoral care was that the clients understood and faced their crises or problems, be they of a spiritual nature or other problems, and with the help of the pastoral caregiver discovered their inner resources. The foundation of pastoral care was considered spiritual; the problems were dealt with as being in God’s hands and with a pastor who was considered a professional in spiritual issues.

Like the other groups, the students also understood pastoral care as support given to their clients. In their opinion, giving pastoral care meant living by the side of another person by giving support and encouragement:

I think to a large extent it’s a question of being willing to share being a human being with another human being. And of course supporting and encouraging him in the process. (H16, I)

Some of these definitions Kielpeläinen gives, about walking a short distance by the side of another human being, are quite good. I mean supporting a person holistically like this. (H7, I)

Nor did their conceptions concerning the differences between pastoral care and psychotherapy in any marked way diverge from the views presented by the other groups. Most of the students thought that pastoral care and psychotherapy were rather similar forms of help, but that pastoral care was
spiritually or religiously based and allowed for the application of spiritual tools. They also mentioned the difference between them as far as guilt was concerned. Only one student clearly wanted to separate pastoral care from psychotherapy:

I think that pastoral care can benefit from therapy when you know your business well enough. But I definitely want to be a pastor first of all. Somehow I shy away from this pastoral care with a strong therapeutic orientation. I'm all for knowing more and learning more, but I still want to keep them [pastoral care and psychotherapy] separate in such a manner that a pastor takes care of what's a pastor’s work. We've got enough psychologists to do this therapeutic work. (H16, I)

She, however, like some other students in the group, considered therapeutic knowledge useful, although she did not feel that she personally had the knowledge or skills required.

According to Muukkonen, the holistic view of pastoral care was characteristic of the supplementary reading. However, she does not clearly define what she means with the holistic perspective. She seems mainly to refer to holism in the sense of the holistic view of man, which integrates the physical, mental and spiritual spheres. On the other hand, she sometimes uses the term also to refer to the mutual care manifested in the Christian community. If holism is understood as parishioners' mutual care and as inclusion of other forms of care than the mere conversational help in pastoral care, holistic aspects were not prominent in the training material. The lectures and presentations nearly entirely overlooked these ways of seeing pastoral care. However, the wider understanding of pastoral care was shown in the supplementary reading, but often it was generally passed over quickly. Wikström, for example, refers only briefly to the caring function of nonverbal means, religious events, small groups, liturgy, and tradition. Similarly, Plit briefly mentions that Jesus encountered handicapped people in concrete ways. The supplementary reading that more clearly introduced pastoral care as mutual care included Mannermaa's articles and Sainio's Ehjä ihminen. Both writers present pastoral

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54 On the holistic view of man see Rissanen 1990 and Rauhala 1983. Rauhala understands holism widely by including in it the conscious, bodily and situational (physical, social and transcendental contexts) spheres. However, he limits pastoral care mainly to the sphere of consciousness.

55 Muukkonen 1995, 63-84.

56 Muukkonen did not include in her analysis all books and articles in the supplementary reading of the course she studied. However, she neither clarifies her selection criteria nor does she give the entire list of supplementary reading.


58 Plit's (1985) article was given to the students in the initial clinical period.
care as the task of the entire congregation.\textsuperscript{39} Nouwen's \textit{Kutsamus} and Rissanen's \textit{Eheys, henki ja terveys} also represent a wider view of pastoral care, and Clinebell mentions counseling groups as forms of pastoral care. However, taking into account the great number of books and articles in the supplementary reading,\textsuperscript{40} the wide views of pastoral care were rather an exception than a characteristic feature of the training material. It seems that Muukkonen bases her conclusions mainly on Rissanen's book. In the training material of the course this study focuses on, his book belonged to the recommended reading of the second seminar.

The previous studies on the Finnish pastoral caregivers imply that wide definitions of pastoral care are rare. Holistic care is included in the definitions, but generally it is understood as encountering the clients' mental, spiritual and physical needs, not as enhancement of the parishioners' mutual care or as the inclusion of the social or prophetic dimensions in pastoral care.\textsuperscript{41}

\textit{Hidden definitions}

Incidental remarks by five students on their own way of giving pastoral care implied that actually they had a different, probably at least partly unconscious, notion of pastoral care from what they expressed when requested to define it. Typical of these students was that the forms of pastoral care they gave were in contradiction with these hidden ideas of "real" pastoral care. The nature of their clientele seemed to be the decisive factor: these students were working either with the mentally handicapped or with demented patients. Conversely, none of the parish workers or hospital chaplains with heterogeneous patient material made similar remarks.\textsuperscript{42} They did probably not experience the controversy as big; they possessed, at least in principle, all possibilities of giving pastoral care in the way they thought it should be done.

According to the hidden definitions, real pastoral care seemed to mean in-depth conversations with clients who were able to express themselves well and to analyze their situation profoundly. The pastoral caregivers were well-trained professionals who applied client-centered or other therapy methods. Their appointments were made beforehand, and the duration of their conversations was long or limited to an hour. In their hidden notions the students also

\textsuperscript{39} Mannermaa 1986, 85-86, 92; Sainio 1987, 52-60.
\textsuperscript{40} See Appendix A.
\textsuperscript{42} Two male pastors made some remarks that could have implied a hidden definition of pastoral care, but other parts of their interviews suggested that the discrepancy was not very great. Therefore I did not count them as belonging to this group.
assumed that true pastoral conversations were held in the chaplain’s office. The pastoral caregiver met the same client regularly or at least several times. In addition to the above aspects, some students also included spiritual elements in real pastoral care. The term pastoral counseling corresponded to the content of these hidden definitions better than pastoral care. The following excerpts illustrate these definitions (Italics added):

In fact I’ve had only very few pastoral relationships like this, because it’s awfully different with these old people [pause] and there are so many of them, those who are rational, who live in realities they aren’t used to, they haven’t learned to express [themselves] like that. . . . I mean that when you think of yourself as pastoral caregiver its easy of course to compare yourself with these experienced [counselors] who’ve been [in the field] a long time and who practice it kind of as their profession and who’ve got these regular once-a-week meetings. (H1, I)

Well in principle, very few of them come here to the office. I’ve occasionally held meetings by appointment with the residents here though. . . . Of course such pastoral conversations where we’d reflect, strictly in accordance with these rules and formulas, on life and being a human being, they’re of course a bit more infrequent. . . . The conversations with the mentally handicapped, they’re usually of relatively short duration, they haven’t got the strength to ponder [on things] for long, questions of schedules never come up, I mean that here we’ve now sat for an hour and let’s continue in a week or two. (H3, I)

Perhaps it’s somehow more active, my being and working I mean. But I personally experience it, however, somehow that it shouldn’t be quite like this, I mean with the prototype of a hospital chaplain somehow being “is that how you feel then?” . . . I mean that you’ve got to try and develop the ways of doing it all the time, because these . . . the level of the conversation is quite often such that you don’t really need your head for it . . . and some of them resemble quite ordinary pastoral conversations, I mean that sometimes there are those, too. (H16, I)

These definitions were probably derived from the books the students had read and from their experiences of, for example, hospital chaplains. They seemed to have created a picture of a stereotypical pastoral caregiver (most often a hospital chaplain) and compared their own work with it. These students had already participated in the first clinical period, where they had a possibility to compare themselves to other students.

Their own previous work experience in the field of pastoral care may also have created these images. When their current work did not correspond to the inner image, they either changed their definition of pastoral care to match the realities of their work, or their definition remained the same, but job satisfaction was low because of the inner discrepancy between reality and ideals. All of the chaplains working with the mentally handicapped seemed to
have widened their conscious definition to better correspond to their work. The definitions expressed by them were categorized either as spiritually oriented support or general pastoral support. However, even though they were able to formulate these definitions when required to, the hidden definitions remained as an inner standard of comparison. Due to this, the male chaplains, in particular, seemed to think that they did not really give proper pastoral care. The students' hidden definitions of pastoral care are examples of their intuitive theories. These theories seemed to be unconscious and in most cases contradictory to the students' conscious conceptions of pastoral care. The prerequisite for changing these notions is becoming aware of them.43

Changes in the definitions

The changes that occurred during the program in the ways the students defined pastoral care were either transitions from one group to another, or changes of emphasis within the original group. Chart 5.1 illustrates the transitions from one group to another. It shows that the most obvious change was that three students who, before the training, belonged to the category of general pastoral support, defined pastoral care in a narrower way after it.

After the training they restricted the content of conversations to deal only with issues that were important or difficult for the client. The following quotes taken from the initial and follow-up interviews of one student illustrate this change:

*I'd go for a rather expansive definition that in very many meetings, I mean when people meet each other and even to some extent in preaching, there is pastoral care. (P14, I)*

*Before I didn't identify pastoral care as a separate work area at all, everything in a pastor's work was to me pastoral care. Now I'm doing a little differentiation. I mean that all meetings with people aren't pastoral care. . . . If I talk with this person about God, that is by no means a line of demarcation, but the fact that whether we are talking about things that are difficult issues in that person's life at that very moment, that is. And when he tells what they are, he may as well talk about them to a neighbor, anyone. When he tells them to me, let's say... I'll give you an example from real life... it happened quite recently. Out in my yard this person comes to tell me about the suicide of somebody very close. And I listen when he tells me about it. Well that's it, though I hardly had any words to say to him, but that's a pastoral care contact. But instead, if I hold a funeral consultation, and we go through the things that generally take place at a funeral, and we go through different phases of the deceased person's life, that's not yet*

43 Hakkarainen & Lonka & Lipponen 1999, 89-117.
pastoral care. But then if in that connection... you try in some way to alleviate the agony and pain of these people, what they feel at the moment and the talk is of that nature, and more particularly so if prayer or confession is involved as they very often are, then it changes into a pastoral care session. So that's what I've, during this training, I mean I've oriented myself in this manner. (P14, II)

Chart 5.1. Changes in Definitions of Pastoral Care during the Program. H = Hospital chaplain / Chaplain working with the mentally handicapped, P = Parish pastor or diaconal worker.

The definition given by this student, like that given by H9, was categorized as spiritually oriented support because he did not stress the insight-oriented goals of pastoral care, but mainly seemed to see pastoral care as support or spiritual support.

After the program only two students included non-conversational forms of help in the definitions of pastoral care. Both of them were working with the mentally handicapped. Their definitions had not markedly changed during the program.

All those students who defined pastoral care in the initial interview as spiritually oriented support were categorized into the same group after the program as well. Nor did their emphasis within the category markedly change.
However, their ways of defining the relationship of pastoral care and psychotherapy implied increased valuation of the spiritual basis of their pastoral work. After the program some students stated that pastoral care was more than psychotherapy:

If I were a therapist, I'd certainly think like this: that pastoral care would give an even wider perspective to it. It's always something more, because it's got another perspective into this life, and it involves also immortality and being the image of God. (P17, II)

I don't see any absolute boundary [pause] between the two, psychotherapy and pastoral care, and it's pastoral care that in some way, I mean that pastoral care is a little bit more [pause] than what psychotherapy is. That I'm allowed to include these spiritual aspects as well. That in some way I'm able to deal with people in a more holistic manner. That I've got in that way more freedom as a pastoral caregiver. On the other hand, of course I've got limitations of my own as well, I mean that I don't have the kind of training that I could practice psychotherapy. That you must know your own limitations. But on the other hand, pastoral care can nevertheless be quite limitless. (P15, II)

The emphasis of the spiritual aspects of pastoral care had clearly grown also in the group representing the therapeutically oriented support. One student's definition was even categorized as spiritually oriented support after the training. The increased spiritual orientation was indicated, for example, by mentioning new spiritual aspects of pastoral care. Two hospital chaplains, in particular, stressed these viewpoints more clearly than before the program. Quotes taken from the initial and follow-up interviews of one student illustrate this change:

I feel that as a pastoral caregiver I'm kind of an existentialist therapist. My job is to sit beside the patients and ask them what the goal of their life is. Try to find those possibilities that exist in their lives and [help] perhaps in some situations them to open their eyes, [help them to see] what there is in life that you can feel grateful for, what you can enjoy, in which you can find meaning for your life. And then there's another goal, and it's something like this that I want to help to make room for also, for all such things that, let's say, the general cultural climate doesn't possibly tolerate, even though it'd be quite a real thing in a person's life. It might be related to religiosity or with some patient perhaps to homosexuality or to something else that a person may experience as related to his own person. (H5, I)

I think that values, then religious experiences and views, are often related to pastoral talks, also in some way the relationship, relationship to death. And how these are connected with each other; I don't want to go into it [now], but [pause] they are things that surface when a pastor sits there beside you. . . . The goals that I at this moment most often set for myself as far my patients are concerned, that it might help them [pause] to perhaps analyze their own life
values [pause] and then if they have a contact surface with some of these religious issues that they could honestly appreciate it, and if they have a need, if they want you to pray on their behalf, I mean for instance that they dare to bring out this need. And of course it's a happy and blissful thing if with someone this anxiety is psychological, if you can act in a way that'll alleviate this mental anxiety in that situation, for instance at the approach of death. But yes, I would link the goals, what I do, quite a bit to, should I say, to an existential dimension of life. (H5, II)

A slight shift of emphasis was observable also in these students’ considerations concerning differences between pastoral care and psychotherapy. They were seen as parallel ways of help, as was the case before the training, but now some students stressed the importance of reconciliation, forgiveness, and grace and thought that in this sense pastoral care helped in a more profound way than psychotherapy.

The hidden definitions of pastoral care did not markedly change. The content of the notions of true pastoral care was still about the same: proper conversations, regular appointments, methodically orthodox. Three of the five students who had obvious hidden definitions before the training also made similar remarks in the follow-up interview. On the one hand, they had accepted the limitations of their clientele, but on the other hand, two of them in particular, still had problems with adapting to their work environment. Unconsciously, they compared themselves to their inner images and had feelings of inferiority. Their inner stereotype of proper pastoral care may even have strengthened during the training because the other students offered new standards of comparison.

Discussion

To sum up, the training seemed to strengthen the theological and spiritual perspectives in the students’ conceptions of pastoral care in all three categories. These aspects were emphasized throughout the training, both in the seminars and in the supplementary reading. This emphasis is also in accordance with the return to the theological roots in the pastoral care movement. Integration of the theological and spiritual aspects and the knowledge derived from human sciences is also consonant with the current thinking.

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The objectives of the program aimed at enhancing the student's own ways of understanding the special features of pastoral care in their work setting. However, the results would imply that in the category of general pastoral support the training seemed to suppress the students’ original views instead of developing them. This was shown by their tendency to exclude the nonconversational forms of help and the emphasis on the caring community from their definitions of pastoral care. These views were not supported in the training as clearly as the therapeutically and spiritually oriented views. The content and methods of the training either directly or indirectly supported the view of pastoral care as conversational individual care. Therefore, the training also failed to decrease the discrepancy between the students’ inner, hidden definitions of pastoral care and the reality they faced in their work context. These students worked with the mentally handicapped and the demented. The wider conception of pastoral care might have been more relevant in their work setting, as well as in the parish context. Conversely, understanding pastoral care as individual, conversational help corresponded best to the challenges faced in the hospital and family therapy settings.

Thus, the training of pastoral care seemed to suppress those views of pastoral care that are gaining more ground in the pastoral care movement. The recent developments in pastoral care emphasize the importance of community and context in conveying care. The growing emphasis of the contextual, social and prophetic aspects in pastoral care can be seen as a parallel development to the emerging views of horizontal expertise. Pastoral care in the parish setting and with the mentally handicapped, in particular, would call for a wide conception of pastoral care and the role of the pastoral caregiver. According to recent views, pastoral caregivers should no longer be seen as the main providers of the care and possessors of counseling skills and knowledge. Instead, their role would be to develop the parishioners’ mutual help and care in cooperation with other assisting agencies. This calls for boundary crossing and stepping into new areas.46 Several writings of the practitioners of pastoral care show that horizontal expertise is needed to an increasing extent in the church.47 Therefore, the training should also pay greater attention to these aspects of pastoral care.


In the training course studied here, the students were provided with plenty of material related to the essence of pastoral care. The main methods used in these contexts seemed to be lecturing and reading. Attempts to encourage the students to reflect with their peers on their own views and the material provided were lacking. It seems that the conceptual development was supposed to occur by itself. Greiner and Bendiksen discovered that CPE supervisors did not value discussion of theoretical issues as highly as discussion about practice. Therefore, they conclude that in the training of CPE supervisors greater emphasis should be placed on the conscious development of conceptual processes. A similar conclusion might be relevant concerning the training studied here. Stone also proposes that training in pastoral care should always involve conceptualization of pastoral care. He reminds that the learning cycle requires students to put theory into practice, but also to conceptualize their practice and thus translate their clinical learning into theory.

According to the constructivist views of learning the students could be helped to formulate their conceptions by starting from their current understanding of pastoral care. They could be directed to deliberate the various opportunities and forms of pastoral care manifested in their work context, and to consider the relevance of their views of pastoral care in relation to these challenges. The awareness of the students’ conceptions is essential because they select and construct new knowledge on the basis of their previous experiences and ways of perceiving the issue. The reflection on how their experiences have affected their views of pastoral care might help them to better assess the relevance and possible distortions of their views. As the hidden definitions showed, the students were not necessarily aware of their own conceptions, and without this awareness they were not able to consciously develop their views or reconsider possible misconceptions and discrepancies. The objective of the training could be to raise questions in order to help the students to recognize and assess their conceptions.

The importance of self-reflection is essential in this process. It helps the students to gain metacognitive knowledge of their thought processes. When they become aware of how they ultimately understand pastoral care and why they think the way they do, they are also better able to assess how relevant the

40 Greiner & Bendiksen 1994, 256.
conceptions of pastoral care presented in the training are to their own work. The views of pastoral care are transmitted to them not only in the seminars and supplementary reading but also through the attitudes of program leaders and through their supervisors' supervisory style.52

Brown and Palincsar developed their reciprocal teaching method to foster students' conceptual development. They state that encouraging questioning, evaluating and criticizing enhances restructuring of conceptions. In their method the students are encouraged to explain, reason and analyze their views, and to compare them to other, contradicting views. Social setting is essential in the process because it provides an audience for the students' views. In addition, the group can request clarification, justification and elaboration.53

In the training studied here Brown and Palincsar's model could be applied by forming mixed small groups of the students working in different settings in order to ascertain possibly diverging views of pastoral care within the group.54 The group members could challenge each other to present, justify and specify their conceptions of pastoral care. The diverging views of the group members would offer the students an opportunity to observe and discuss the various meanings they give to the same concept. At the same time, it would help them to clarify and possibly also to accept better the relevance of their own views in their work context. After the students have clarified their conceptions in the group, they could be presented or required to study new material (articles, books, lectures), and requested again to critically reflect in the group on the applicability of these views to their work contexts.55 The model proposed above might be one means of increasing the reflection and the students' own conscious impact on the process.56

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52 On the importance of the integrative functions of self-reflection see e.g. Boud & Walker 1990, 63-76.
53 Brown & Palinscar 1989, 394-418. The model was originally designed to introduce children to group discussion techniques aimed at studying text content. Rauste-von Wright & von Wright (1994, 70, 124-125) introduce a corresponding debate method. On the importance of social interaction on the development of conception see also Hakkarainen & Lonka & Lipponen 1999, 110, 173.
54 E.g. a parish pastor, a hospital chaplain, a chaplain working with the mentally handicapped, and a family counselor in the same group.
55 The details of the method could be developed much further. I have presented here just the main ideas.
56 The students' own situation and views as a foundation of learning as well as their active participation in the learning process are emphasized in all the learning theories introduced in Chapter 1.5. See Table 1.3.
5.2. Personal Theology of Pastoral Care

Introduction

Doing theology of pastoral care can be understood either as applying theology to pastoral situations and developing theories of pastoral care or as doing theology pastorally, developing it out of the pastoral situation. In both of these definitions, theology of pastoral care can be considered synonymous with pastoral theology. Understood in the first mentioned sense, pastoral theology focuses on methods of helping and healing, on moral and religious life and its development, personality theory, human relationships and specific problems. In this deductive approach, theological knowledge is used in interpreting and understanding pastoral encounters. It necessitates adequately internalized theological knowledge. When theology of pastoral care is understood as doing theology pastorally, its scope is also wide: in principle any theological topic can be considered from a pastoral perspective. In this inductive approach, reflection on the practical experiences of pastoral care leads to theological formulations of the foundations of pastoral work.

However, these ways of understanding and doing theology of pastoral care are not competitive but rather complementary. They are also often intertwined. The direction can be sometimes from practice to theology and sometimes from theology to practice. When pastoral caregivers consider, for example, the theological appropriateness of a specific approach or practice, the direction is from the practice to theology. The opposite direction is manifest when theological and doctrinal assertions are evaluated in clinical or pastoral contexts. Jennings states that in this sense, pastoral practice can serve as a heuristic device for interpreting doctrinal formulations.

Theological reflection in the context of pastoral care and training of pastoral care can best be seen as a means of doing theology pastorally. It can lead to the formulation of a personal theology of pastoral care. Nelson defines theological reflection of CPE students as their intentional effort to understand their personal and pastoral experiences and to locate them within

57 Traditionally, pastoral theology is defined as a branch of theology focusing on all the functions of ordained ministry. Burck & Hunter 1990, 867.
58 Burck & Hunter 1990, 867; Jennings 1990, 862-864. According to Coffman (1994, 45), pastoral theology always begins with action and leads to action. He defines it as "a process of theological interpretation which seeks to critically correlate religious tradition and human experience for the purpose of discovering particular community-valued action."
59 Burck & Hunter 1990, 867; Jennings 1990, 862-864.
the larger framework of a specifically religious or theological perspective.¹⁰ According to Marshall, theological reflection should be the core of pastoral caregiver identity.¹¹ Jennings states that the mere use of religious vocabulary is not theological reflection, but it may begin by drawing attention to one's own or the clients' religious language and by considering its connections to other religious and nonreligious articulations of experience. Theological reflection includes the assessment of the coherence and consistency of one's own judgements and their correspondence to one's experiences.¹²

According to Virtaniemi, any formulation of a personal theology of pastoral care requires answering the questions why I have chosen pastoral care as my field of work, why I want to help and encourage people. Riess includes reflection on one's own relationship to suffering, and recognition of hidden motives and values and the symbols used to represent them.¹³ Virtaniemi states that it also calls for giving these motives a theological or ethical interpretation by integrating the experiences with knowledge of the theology and behavioral sciences.¹⁴ According to de Jong, theological formation in a wider sense is not only internalization of theological understanding but also includes composing one's worldview. Clinical and pastoral experience may raise, for example, questions of human worth, the meaning of suffering or handicaps, and thus, challenge the pastoral caregiver's theological views.¹⁵

Clinical pastoral education has been criticized for its lack of theological reflection and for loosening its ties to Christian theology. These critics claim that the strong therapeutic influences have led to the neglect of its theological and spiritual roots, concerns and visions.¹⁶ In Finland the critical voices concerning the theological investment have not been directed at the training of pastoral care as such, but rather to the justification of the specialized ministries of pastoral care and counseling, the hospital chaplaincy, in particular. The discussion was most fervent in the middle of the 1980s. The critics were worried about the weak ties of hospital chaplaincy to its theological basis and to the parish ministry.¹⁷

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¹² Jennings 1990, 862-864.
¹³ Riess 1976.
¹⁴ KSKA Virtaniemi s.a., 1-4.
¹⁵ De Jong 1994, 158.
¹⁶ See e.g. King 1993; Stone 1996, 14, 22; Murray 1997, 78.
¹⁷ Sietunhoito sairaalassa 1990, 9-10.
During the 1990s the emphasis on theological aspects has grown worldwide in the pastoral care movement. Several pastoral theologians, for example, Patton, Hunsinger, Stone, and Gerkin, have discussed theories of pastoral care and counseling strongly from the theological viewpoint. Finnish discussions of the theology of pastoral care started to increase in the middle of the 1980s. In 1984-1985 the Institute for the Advanced Training of the Lutheran Church and the Faculty of Theology in Helsinki offered a special seminar on this theme. During the 1990s the interest in the theme was manifested, for example, in the symposium on the theology of pastoral care offered by the Finnish Theological Literature Society in 1998. Mannermaa's articles on theology of pastoral care and Kettunen's study on confession in Finland also play a role in the current discussion.

Theological emphasis has clearly grown also in the clinical training of pastoral care, judging from the increasing number of articles published in The Journal of Pastoral Care and the Journal of Supervision and Training in Ministry on the various ways of incorporating theological reflection in the CPE curriculum. Several writers stress that theological reflection is an indispensable part of the training of pastoral care because the training is rooted in belief in divine activity. The theological arena is the essence of pastoral care and differentiates it from all other forms of help. All students bring to their training and pastoral practice their specific values and religious beliefs, and therefore, the training should also help them to become aware of these assumptions and of the ways they affect their pastoral work. Thus, theological reflection is closely connected to personal spiritual reflection and spiritual formation. Stone emphasizes that students should also learn to reflect theologically on their work and be able to criticize psychological theories and methods. In addition, he proposes that purely theological issues should be incorporated in the training in order to increase students' theological knowledge.

Formation of the students' own personal theology of pastoral care was one of the objectives the program leaders set for the training this study focuses on. Therefore, the students were asked in the interviews to describe their

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70 Kettunen (Ed.) 1999.  
personal theology of pastoral care. Most students found it very difficult to explain what their theology was. They hesitated to answer or asked the interviewer to define the term. Most students said they had never thought about the issue. However, all of them brought out some principles that they considered fundamental for their work as pastoral caregivers.

The students’ descriptions of their theology of pastoral care varied a lot. Their answers were first coded by using the mind-map technique. On the basis of the mind map I formed a table which indicates the main arguments referred to by each student. In the final phase I grouped together the students using similar arguments. The resulting categories were labeled according to the basic grounds on which the students built their theology as theology of the First Article, theology of the Second Article, and incarnational theology. Table 5.2 illustrates the basic arguments of each group.

Table 5.2. Basic Arguments of Theology of Pastoral Care Before (B) and After (A) training. Frequencies are given in parenthesis.

<table>
<thead>
<tr>
<th>Students</th>
<th>Theology of the First Article</th>
<th>Theology of the Second Article</th>
<th>Incarnational theology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>• P4, P8, P10, P12, H2, H7, H16</td>
<td>• P4, P14, P17, H1, H9, H11</td>
<td>• P6, P13, H3, H5, H15</td>
</tr>
<tr>
<td>After</td>
<td>• P6, P8, P10, P12, P17, H3, H5, H7, H9, H16</td>
<td>• P4, P10, P14, H1, H2</td>
<td>• P13, H3, H5, H11, H15</td>
</tr>
</tbody>
</table>

Basic arguments:
- **Creation (B 2, A 3)**
- **Human worth (A 3)**
- **God's love (B 5, A 3)**

- **Christ as a model (B 5, A 3)**
- **Authorization to forgive sins (B 1)**
- **Atonement (B2, A 2)**
- **Tasks as pastoral caregiver (B 5, A 3)**
- **Pastoral role (B 2, A 2)**

Basically, in both phases of the study the students could only be grouped into one of the above categories, except for three students who included in their theology arguments belonging to two categories. Variation within the groups was, however, quite extensive. I will first describe the three ways of defining personal theology of pastoral care and then examine the changes that occurred during the program. In the description of the categories I will utilize both the initial and follow-up interviews because the content of the categories did not markedly change.
Theology of the First Article

The descriptions of the theology of pastoral care grouped into this category were based on arguments belonging to the sphere of the First Article. These arguments were related either to God's creation work or to God's love. I included also a third subcategory, human worth, in this category, because the argumentation was quite close to the considerations related to creation.

Some students argued their theology of pastoral care by referring to the creation. However, the way they expressed the meaning of the creation varied. One student stated that because God created everyone, all human beings, be they normal or disabled, are worthy and equal:

Everybody, the very badly handicapped too, every human being has been created by God and everyone has his own place and task and meaning, and, and that's God's intention. It's in His creation plan that He has created someone like this who's going to live for just 10 or 20 years. My job then is to be there [pause] kind of by their side, go to see them and lend support to their family, or then talk with them and kind of try to think out the matter with them, be there with them helping them to find a meaning in that life. That this is no accident, that it still has a purpose and meaning in God's creation work. (H3, II)

Similar aspects were stressed in a lecture about the mentally handicapped during the first clinical period. The lecturer stressed that all work with the mentally handicapped can be based only on the belief that every human being is created by God. Equally, Lindqvist stresses that God's creative purpose and love makes every human being equally valuable. The meaning of life can simply be life itself. People are valuable even when they are not useful to anyone. According to Veijola, this notion is clearly implied by the Bible creation stories. All creatures have the right to exist regardless of their usefulness.

Another student associated the creation not only with equality but considered it the motive and reason for helping people:

Theology of pastoral care [pause] we are all created by God, and if someone [pause] has difficulties, he must be helped in the name of Christian love, [you must] go with him, a little way, show humaneness and brotherhood. [pause] This idea of creation comes out very strongly in it, I mean as a starting point from this [pause] something like this [pause] as a creature of God, in a certain way this equality thing [pause] and of course this redemption belongs to it, too,

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74 Kahla 199x, 8.
75 Lindqvist 1997, 34; Luumi 1995, 121-122.
that God is then in principle very merciful and this should show in this [pause] pastoral session, too. (P4, I)

Equally, Sainio sees that pastoral care is based on the creation. He points out that people are created to fulfil a God-given mission. This mission also binds people to the community. By helping others, people can participate in God’s creation work. According to Lindqvist, participation in and sharing the suffering of our neighbor is also the only fruitful answer to suffering. Other answers are useless.

One student associated creation with being the image of God. In addition, he connected creation with atonement:

We've been created to be images of God and live in affinity with God, in connection with other people, ourselves. Atonement, from atonement rises then this possibility of living in harmony with God, other people and yourself, with death [pause] with the creation, somehow in my thinking and my theology these are quite central as a starting point. (P10, II)

Lindqvist places similar emphasis on being the image of God as the basis of helping others. He stresses that all life has a value in itself and is a reflection of its Creator. Luumi points out that as an image of God every human being also needs reciprocal relationships with other people.

Two students referred to the golden rule as the basis of their theology:

Well, its starting point is love your neighbor as yourself [pause] and do to others what you would have them do to you. I mean that these are things [pause] that I consider important, that are to me [pause] my theology. (P6, II)

Mannermaa relates the golden rule to the creation by stating that everyone knows on the basis of the creation the content of the golden rule: do to others as you want others to do to you. The golden rule expresses the main content of the natural universal moral law. Similarly, Lindqvist considers the golden rule to be the core of moral. According to Mannermaa, every human being can, at least in principle, know both rationally and emotionally how to treat others by thinking how they would themselves like to be treated. The golden rule presupposes loving oneself as a natural starting point and sets the needs of the neighbors as the criterion for helping them.

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77 Sainio 1987, 113-114.
80 Luumi 1995, 121-122.
All positions, those of pastoral caregivers included, are means of showing love, fulfilling the golden rule.\textsuperscript{81}

Two students based their theology on \textbf{human worth} and equality, without a clear reference to the creation:

> Everybody is worth a song. [pause] Every human being is, every life is important. [pause] In other words being man is a value in itself, that's something I have to be affirming to myself all the time, when you also experience it. To use the words of a “Zion” hymn, then also the last and the smallest may be your own. . . . The last and the smallest has sometimes meant [pause] something else, now it's got to mean the very severely retarded. (H7, II)

One student expressly stated that she based her helping work on human worth alone, without any religious connotations:

> Perhaps at the moment it's for me like that, because I'm not sure of these things myself, so that my theology of pastoral care, the foundation from which I struggle ahead, is at this moment that [pause] that I see that every human being has a value [of his / her own]. . . . I mean I've somehow got the idea that [pause] you must help a person any way you can. [pause] This is also another thing you can question, I mean if you start to really think back [pause] and you ask why, why should you help these people, why can't you just let them be. But I guess it just kind of emerges from me, from what I am, that [pause] that every human being has to be worthwhile [pause] and that every human being deserves to be helped. [pause] And then, of course, this is like a chain in the way that [pause] that everybody helps where and how they're able to help. I mean that the person I help today might help somebody else and so on, and that then I'll also get that help from somewhere. (II)

The thoughts of this student are close to Lindqvist’s conception of human worth.\textsuperscript{82} He states that human worth is without conditions, equal for everyone. No person needs to earn it and no one can lose it. Humans have no ultimate criteria to define the value of another human being. Human worth includes the obligation to treat everyone according to their human value regardless of their race, religion, wealth or attitudes. Lindqvist sees illness and handicaps as forms of human limitations that belong to the human predicament. They do not make anyone worse or less human. He considers illness to be a substitute for suffering; the sick carry the loads

\textsuperscript{81} Mannermaa 1980, 87-88; Mannermaa 1988, 6-11; Mannermaa 1990, 105-106; Lindqvist 1997, 39. On the history and ethics of the golden rule see Wattles 1996.

\textsuperscript{82} See also Mannermaa’s (1988, 6-11) conception of the natural universal moral law.
caused by the entire community. In every sick and suffering person we see something of our own illness and death.83

The students whose argumentation was related to **God's love** and care considered that God's love was the basis of pastoral care. In their opinion pastoral care was one form of this love:

- Its starting point is God's love that you can see especially in baptism. [pause]
- Of course you can find in the Bible, I mean [pause] many other viewpoints, mutual things, like taking care of each other and [pause] at the same time then, through it, God's own love, it's always like part of God's love that can be realized here so that [pause] we are brothers to each other [pause] sisters [pause] and in that there is eternal life. I think of it [pause] like the story about the good Samaritan was [pause] an answer to the question how I'd inherit eternal life. Go and do likewise. [pause] In that, something, something of God's original meaning is fulfilled [pause] where God also lets man participate, gives man the joy of having a possibility of helping, too. (P10, I)

God's love as the basis of pastoral care has been emphasized also, for example, by Huovinen, Kruus, Mannermaa and Stone. According to them, pastoral care is the sign and incarnation of God's love in the world. It is expressed through people. Mannermaa states that pastoral care is a part of the union of faith and love, but at the same time it is a way of helping people to believe and love. The forms of pastoral care must be determined by the needs of the clients. Mannermaa thinks that pastoral care can be given in different professions by utilizing various methods and means, and in the widest sense of pastoral care all Christians are called to give it.84

One student based her theology on her belief of God’s presence in pastoral relationships:

- I guess it's quite simple, to be with another human being in God's hands and [pause] and no matter how disturbing, difficult the issues involved are, you can trust in the fact that we are here together in God’s hands. And I kind of feel that that's the starting point. As a matter of fact, that's my theology of pastoral care. (P12, II)

Some students based their theology even more clearly on their personal vision of God and how they experienced Him. The experience of being loved and accepted by God motivated them to help other people.

- That God's love [pause] is directed in me, too, and the thing that [pause] that [pause] everything I do is also caused by it, I mean that because God has loved

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84 Mannermaa 1988, 6-10; Kruus 1992, 125-126; Huovinen 1993; Stone 1996, 158-159; Mannermaa 1997, 22-23. See also e.g. Oden 1966, 125-126; Lyall 1979, 282-283.
me I can then act with joy and in those tasks that I can receive from Him or He
gives or makes ready beforehand and I'm able to be present in it. . . . The fact
that God has had mercy on me, I can do it, it somehow makes me act, too, or
I'm privileged to act. (P8, 1)

The importance of the pastoral caregiver's personal experiences of being
loved is also emphasized by Huovinen. He states that only those who have
been loved and forgiven have the strength to love and forgive others. Forms
in which the pastoral caregivers can receive this love and forgiveness can be
their spiritual life, personal relationships, and personal pastoral care,
supervision and education.85

Theology of the Second Article

Several students outlined their theology of pastoral care by referring to
aspects that were related to the Second Article. Some of them felt that the
way Christ treated people was a model for how to work, and that by giving
pastoral care they continued his work.

That Jesus was man, that's theology. Jesus is our model. [He shows us] how to
be close to another human being. I mean I don't know how to say it better, and
I think for me it really is the thing that's enough for me at the moment in my
work with the mentally handicapped. Because precisely the way you are with
people [pause] is precisely the theology for the mentally handicapped. . . . I
mean experiencing a kind of oneness and letting somebody come close to you
and being a human being to another human being. (I)

What has made an impression on me in the New Testament is this thing about
Jesus and the woman who was a sinner, I mean how Jesus behaved, didn't say
much of anything, tells the truth, [pause] and on the other hand, the silence that
came, and what He then [wrote] in the sand, why he stoops, writes in the sand.
But on the other hand, giving a clear direction to the woman as well, that "don't
do that anymore." But that wasn't a condition, I mean any condition for helping
[her]. But it was a question of, I guess, a question of responsibility and a hint
from a friend, that "don't go on doing it." [pause] The responsibility of a helper
and also the responsibility of the person being helped. (H1, I)

Similarly, Sainio and Mannermaa talk about Jesus as a model. In his
summary of the ways Jesus encountered people Sainio pays attention to
several aspects. Jesus acted spontaneously but always chose his methods on
the basis of the situation. His conversations were short but intensive. The
quality of the encounter was essential, not its duration. Jesus was

85 Huovinen 1993. Stone (1996, 158-159) has a similar emphasis.
empathetic and easy to approach. Furthermore, he was client-centered and had good confrontation skills and always integrated life and faith.\textsuperscript{86}

One student based his theology not only on the model Jesus gave but also on the authorization he left to his disciples to forgive sins:

> It is based on that thing Jesus [says] in the Bible [pause] the power of the keys [pause] perhaps it's [based] then on that, I don't really know [how to put it], I haven't thought about this that deeply. [pause] First of all, of course, generally on helping people, that can be seen in Jesus' work and, well, in the activities of the first congregation. And then this authority given to the apostles, or actually the authority given to all Christians [pause] to forgive sins, I don't know what else to say about it. (P14, I)

A few students brought forth aspects related to the suffering of Jesus and to atonement:

> Well, perhaps you could [put] it, if you could find a title for it, it'd perhaps be something like a suffering Christ, I mean just this, well, this reality of suffering, that it isn't alien to God, that like God Himself has suffered as well and goes on suffering with us. I mean that I think that that's it. (H11, I)

> Atonement, from atonement arises this possibility of living in harmony with God and men and yourself, with death. [pause] with the creation. [pause] somehow these are rather central starting points in my thoughts and theology. [pause] I mean related to it is this connection [pause] the dimension of the connection in all these things. In the center there's then the Atonement and forgiveness [pause] certainly the invitation [pause] to be the performer of the office of the Atonement. (P10, II)

According to Mannermaa, the essence of the theology of the cross is that God acts in the opposite way people expect. Therefore, the theology of the cross is essential in pastoral care by accepting pain and suffering as parts of human life.\textsuperscript{87} Lindqvist states that the theology of the cross sees great in small, strong in weak, health in sickness and righteousness in the sinner. The mystery of liberation is that God accepts the person in Christ without conditions, loves him or her regardless of his or her quality.\textsuperscript{88}

\textbf{Incarnational theology}

The students whose theology of pastoral care was grouped into the category of incarnational theology built their argumentation primarily on their own

\textsuperscript{86} Mannermaa 1988, 3; Sainio 1987, 63-71.
\textsuperscript{87} Mannermaa 1988, 11.
\textsuperscript{88} Lindqvist 1997, 37. See also Kunst 1992, 160-161.
work or role as pastoral caregivers. The term incarnational refers here to the notion that through their pastoral work the students embodied God's love and care for those they encountered. However, all students in this category did not express it in theological terms, but described their theology by referring to what they considered to be their most important task as pastoral caregiver. They said, for example, that their task was to walk by the clients' side, be present and available, serve, listen and support them, or help to show them the meaning of their life. The following quotations illustrate these argumentations:

Well, if you think of it from the practical viewpoint, I kind of think that my important task is, with these mentally handicapped, those who work with them and their parents, is to be there and together with them, pondering their problems and questions and helping them onward with these pastoral talks. Would that be it, and that I'm available to them and at their disposal? Of course now that I move around a lot, I guess I somehow go where there possibly are questions, in other words I bring them the possibility of talking where they are. So that these people then in [their] work and life would have the strength to live that work situation and me being a partner beside these travelers who're going towards their heavenly home. (H3, I)

My theology, it's quite a lot [pause] like meeting an ordinary little human being. Which isn't anything big or grand but [pause] I just want to somehow [be able] to help just a plain ordinary person and meet him here and now and in the life situation he's in and [pause] if possible [to be able] to help him in it in some way. Perhaps first by just listening to him. There's my theology. (P6, I)

Some students referred particularly to their role. They defined it in various ways. One student said that as a pastor he had to accept that people considered him a model in moral issues. Some students perceived their role as a representative of God, the legate of grace or the Church:

[That a pastoral caregiver of necessity], if he wants to call himself a pastor, commits himself to being some kind of example, so that people kind of perceive him somehow morally perfect . . . I mean you have to realize this thing, that you're an example and that I myself also have certain models that I follow. (H5, I)

I think that in that sense as a pastor, whatever the methods, yes and especially in work with the mentally handicapped, there's this thing as some kind of consciousness that as a pastor you in some way represent God, I don't mean to [exactly] represent God, but that reality and its presence, however. (H7, I)

Perhaps that I'm in some way a legate of mercy, or something like that [pause] that I'd be able to be [pause] that I'd help people to see that there's mercy enough for them, too. Because there're very many who place themselves out of reach of mercy. Outside God's kingdom. I mean that there'd be enough mercy both spiritually and mentally. (H15, II)
A corresponding category, incarnational theology, was found by van Deusen in his study of the theological styles of supervision of CPE supervisors. The idea of God's love being incarnate through pastoral care is also a rather widely used argumentation by several pastoral theologians. Incarnational theology is manifested in pastoral initiative and identification. Through pastoral initiative the caregivers embody God's love they have experienced by showing it to others. At the same time they meet their Lord in the people they serve. A relationship which expresses warmth, understanding and a genuine interest in the client may itself be a communication of the Gospel even if it is never verbalized. Christ himself is present in the actions of the Christians, and ultimately, is the subject of all their good deeds.

Changes in the theology of pastoral care

The number of students grouped into each of the three main categories, or the way the categories were defined, did not markedly change during the training (Table 5.2). However, more than half of the students formulated their personal theology of pastoral care in a different way after the training than before it. Chart 5.2 illustrates these changes. As the chart shows, the transitions between the categories were not, however, systematic in the sense that they were from a certain category to another. The subcategory human worth was not present before the training, but after it the arguments of two students were related to it.

The haphazard nature of the changes might imply the student's difficulties in reflecting on their work theologically, not any real changes in their views. Most students found formulating their pastoral theology difficult in both phases of the study. This suggests that the theological grounds of their work did not become markedly clearer during the training. van Deusen discovered that CPE supervisors had a similar difficulty in describing their theological styles of supervision.

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80 Other categories discovered were biblical metaphors, God's immanence and themes of liberation. The category of God's immanence comes close to the subcategory of God's love in this study. van Deusen's results are reported by de Jong 1994, 157-158.
91 van Deusen's results are reported by de Jong 1994, 157-158.
Chart 5.2. Changes in Personal Theology of Pastoral Care. The arrows show the changes. The dotted line indicates that after the training the students' arguments comprised both the aspects of the category they were grouped into before the training and the aspects of the category the dotted line points to. The symbols of the three students whose answers before the training were grouped into two categories are in bold italics.92 H refers to hospital chaplains and chaplains working with the mentally handicapped. P refers to parish workers.

Chart 5.2 shows that the views of the students did not, as a whole, become more uniform, either. The only exceptions were the chaplains working with people with mental handicaps, because after the training all of them based their theology on the creation or human worth. They stressed that on the basis of the creation all human life, the life of mentally handicapped included, was valuable and meaningful. Similar arguments were given also

92 The total number of the students in the figure is higher than 17 because those three students who expressed aspects from two categories were placed in both of them.
in their definitions of pastoral care. After the training all students whose theologies were grouped into the subcategory God’s love worked in the parish setting, but it was difficult to find any other denominators for this group. The nature of the students’ own spirituality did not explain the way they defined their theology of pastoral care. The definitions of the four spirituality groups\textsuperscript{93} were split up to all categories.

**Discussion**

The arguments the students used in defining their theology of pastoral care were rather similar to those used in the Finnish publications on the issue. Some of these publications were included in the training material,\textsuperscript{94} and therefore, the students’ may have adopted some views from them. However, it seemed that the students merely said what first happened to come to their mind instead of having developed a conscious personal theology of pastoral care. One reason for this might have been their inadequate basic knowledge in theology. According to Stone, CPE students often have a similar problem.\textsuperscript{95} Personal theological reflection and application of theological knowledge have not been adequately encouraged in the theological studies in Finland. If systematic theology, for example, is taught by focusing on the dogmas and theories without taking into account the students’ spiritual life and their future working contexts, the knowledge is not internalized and its later application is difficult. Moreover, most participants of the present study had graduated more than ten years, some even 30 years, before the training. This may also explain their difficulty in outlining their personal theology of pastoral care.

When the students’ argumentations were compared to some of the recent publications in the field of the theology of pastoral care, the scope of their argumentations was rather narrow.\textsuperscript{96} According to Stone, pastoral caregivers need theological understanding of such things as sexuality, marriage, reconciliation, health, suffering and death. In his own formulation of a theology of pastoral care he deals with, for example, the importance and meaning of the Word of God, the theology of theodicy, and love of God and neighbor. He stresses that the Word is the communication of God that addresses people both verbally and visibly. It is transmitted, for example, in

\textsuperscript{93} See Chapter 4.4.
\textsuperscript{94} Riess 1976; Mannermaa 1980; Sainio 1980; KSKA Virtaniemi s.a.
\textsuperscript{95} Stone 1995.
\textsuperscript{96} The scope of their argumentations was also narrow compared to the definitions of theology of pastoral care introduced on the page 245.
preaching and teaching, in the scriptures, and in the ministry of presence in pastoral relationships. According to Stone, pastoral care must acknowledge both of these manifestations of the Word. Pastoral caregivers can be bearers of Christ to people, but care becomes spiritual care only through the work of the Holy Spirit.\textsuperscript{97}

Moreover, Stone outlines a theology of theodicy. He points out that God is omnipotent and loving but chooses to limit His power in order to allow human freedom. As creator, God is the basis of all that happens but not its cause. However, answers for suffering will always be tentative and finite. God's answer is Christ. In Christ God enters human life as a sharer of suffering. Stone stresses that in order to be able to encounter their clients' questions pastoral caregivers should reflect on their own personal struggles and the theological issues that they raise.\textsuperscript{98}

Stone also suggests several aspects related to love of God and neighbor that can serve as a foundation for pastoral care. The ministry of caring for others flows from God's love. Loving one's neighbor is a central feature of life in Christ. It is one way to love God. Pastoral care is carrying God's love to others and obeying the commandment to love. Caring for God and neighbor also becomes the criterion by which our actions are assessed. Love and care should be addressed to all people. The love of God and neighbor is not only the goal of the pastoral caregivers but the goal of those they try to help as well. The objective of pastoral care is not only to free up people from their problems but to free them to love God and neighbor.\textsuperscript{99}

The students' difficulties in facing the concept of theology of pastoral care and the haphazard nature of the changes also led me to ask whether the training, after all, encouraged them to reflect on their work theologically. Therefore, in order to find out to what extent the various components of the training enhanced the students' theological or spiritual reflection, I collected

\textsuperscript{97} Stone 1996, 39-53.
\textsuperscript{98} Stone 1996, 125-151.
\textsuperscript{99} Stone 1996, 153-160. Another recent publication in the field of theology of pastoral care and counseling is Hunsinger's \textit{Theology and pastoral counseling} (1995). She relates psychotherapeutic and theological interpretations from a Barthian perspective. However, she primarily introduces a model of utilizing the language of depth psychology and the language of faith in pastoral counseling, and thus she does not focus on the theological foundations of pastoral counseling. One of the earlier publications related to the theology of pastoral care is Oglesby's \textit{Biblical themes for pastoral care} (1980). He aims at helping pastoral caregivers to use the Bible constructively in the interpretation of pastoral conversations and to gain a deeper understanding of the pastoral task. He discusses the themes of initiative and freedom, fear and faith, conformity and rebellion, death and rebirth, and risk and redemption.

\textsuperscript{100} Gruber et al. 1996; Tuomi-Gröhn & Engeström 2000.
from the follow-up interviews all the references to these issues. In addition, I read through all the final essays, supervisor questionnaires and reports written for supervision in order to examine to what extent they included references to theological or spiritual reflection. The components that contained this type of reflection are summarized in Table 5.3.

Table 5.3. Components of Training that Included Theological or Spiritual Reflection.

<table>
<thead>
<tr>
<th>Components including theological or spiritual reflection</th>
<th>Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final essay</td>
<td>• Not required to include theological reflection</td>
</tr>
<tr>
<td>Required reading</td>
<td>• Lack of reflective tasks</td>
</tr>
<tr>
<td>Fourth seminar</td>
<td>• Not intended for all groups</td>
</tr>
<tr>
<td>• Written assignment</td>
<td></td>
</tr>
<tr>
<td>• Lectures</td>
<td></td>
</tr>
<tr>
<td>• Bibliodrama</td>
<td></td>
</tr>
<tr>
<td>2nd clinical period</td>
<td>• Activation of previous negative experiences</td>
</tr>
<tr>
<td>• Seminar on preaching</td>
<td></td>
</tr>
<tr>
<td>Supervision</td>
<td>• Theological or spiritual reflection not included in the objectives and not consciously encouraged</td>
</tr>
<tr>
<td>Growth groups</td>
<td>• Not safe enough</td>
</tr>
<tr>
<td>• Not safe enough</td>
<td></td>
</tr>
<tr>
<td>Identity groups</td>
<td>• Conflicts between group members</td>
</tr>
<tr>
<td>• Not safe enough</td>
<td>• Not supervised</td>
</tr>
<tr>
<td>Short services</td>
<td>• No reflection at a deeper level</td>
</tr>
</tbody>
</table>

The results of this analysis showed that the final essay seemed to offer a means of theological reflection to several students. As many as 11 of the 17 essays at least touched on the spiritual aspects of the writers' work or included theological reflection on the topic chosen. However, it would seem important that the students should be more clearly encouraged to include in their essays a section focusing specifically on the theological analysis of the topic.

Some interviewees mentioned that certain books of the required reading had raised a lot of thoughts regarding the different aspects of spirituality. The impact of all the reading would be greater if the students were given more reflective tasks for each book or article. As it was, they may have read
several books just because they had to, without trying to critically reflect on how to apply what they read to their own work or thinking.

The fourth seminar of the parish workers included several opportunities to process both personal spiritual questions and theological concerns related to the students' work. The students wrote an essay on "Spirituality in my counseling work," and the theme was dealt with in lectures and the bibliodrama. The participants of this seminar experienced reflection on spirituality as very beneficial. The bibliodrama, in particular, was personally important to many. It gave them new insights into their relationship with God and had helped them to discover the richness of biblical texts in a new way. This component seemed to serve best the students' personal spiritual reflection, but it was not intended for all student groups. Those working in specialized ministries had to do without this component.

A corresponding component aiming at developing the personal theology of pastoral care of the hospital chaplains was the seminar on preaching during the second clinical period. However, most participants experienced this seminar as frustrating. They had looked forward to acquiring new interest in and ideas for preaching, but felt that their expectations were not met. They criticized the artificial arrangement of the situation, the nature of feedback requested, and the way in which the speakers were criticized by other students. The reasons for the failure of this component may be related to the students' previous learning experiences. In the preaching seminars during their theological studies their sermons had been critiqued and graded by the teacher and other students. These practices inevitably led to focusing on how well the students were able to perform, not on a constructive discussion on their underlying theology or on their self-understanding in this area. The students seemed to transfer the same social and emotional model to the seminar on preaching. According to the situated views of transfer, what is transferred from one situation to another are patterns of participatory processes. The students' experiences in the seminar of preaching were shaped by the social practices in previous similar situations during their studies.²⁰⁵

One of the most important forums for theological reflection in the training could be supervision. However, the analysis of the written reports showed that they included nearly no theological reflection on the cases. Only three students had included in some of their reports brief evidence (= one or two sentences) of such reflection. Similarly, the analysis of the supervisor questionnaires showed that only one supervisor included reflection on the student's spirituality among the objectives set for the supervision. In their assessment of the supervisees' progress two supervisors referred to theological reflection. According to the interviews, about one third of the
students had discussed their personal spiritual questions with their supervisors. However, the interviews implied that deeper-level reflection on personal spirituality materialized only in the supervision of two of the 17 students. No one referred to reflecting theologically on their client cases. In brief, even though I have only limited information of the actual content of the supervisory sessions, these findings imply that in most cases theological or spiritual reflection was not an indispensable part of the supervision.

The growth groups and identity groups offered forums for personal spiritual reflection. As many as four of the six growth groups had discussed the participants' spirituality. Some of the identity groups in the three seminars common to all student groups had also taken up spiritual questions. However, none of the participants mentioned spiritual issues when assessing the benefits of the identity and growth groups. Thus, these conversations probably did not respond to a deeper level of their need for spiritual reflection. One reason might have been that some groups were not experienced as sufficiently safe for self-revelation. In some groups, conflicts between group members blocked sincere conversation. In unsupervised identity groups the group members did not necessarily have the skills for constructive processing of these conflicts. However, similar problems were apparent even in the supervised growth groups.

The daily program of each seminar included short services conducted by the students. They experienced these services as necessary and important, even if their planning work was experienced as an extra burden. The short services offered moments of tranquility and calming down, and intensified the feeling of fellowship. However, they did not seem to serve as forums for spiritual reflection on a deeper level.

To conclude, even though several components of the training offered possibilities for theological and spiritual reflection, conscious encouragement to theological or spiritual reflection seemed to be rare. In this respect, the best functioning component appeared to be the fourth seminar, which offered opportunities for personal spiritual reflection, in

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101 E.g. Means (1994, 205-207) emphasizes the importance of a safe environment for self-revelation. Spiritual experiences are, at least in the Finnish culture, among the most intimate and personal issues. The strong Pietistic tradition has created a rigid and negative view of "believers," and therefore most people in Finland do not want to be identified with them. Factors decreasing the safety of the identity groups were, for example, changes in their composition. Some students did not participate in all the periods, and therefore, some groups lost members and got new ones.

102 Conflicts between group members are a part of the normal group development. However, if the group is not able to overcome these difficulties, it does not move forward from the "storming stage." Napier & Gershenfeld 1993, 480-489.
particular. However, only the parish workers were eligible for this seminar. It would be worth while to include similar elements in the curricula of all employee groups.

In order to find more ideas for developing the training I reviewed studies on theological formation and recent articles on ways of incorporating theological reflection into CPE programs. This review revealed that very little research has been done on the theological formation either of CPE students or of any other students of pastoral care. Lyall’s results indicated that the course in pastoral care provoked theological reflection in less than half of the students. However, the course did not change the students' theological viewpoints. After the course the students were even less interested in theological guidance. O’Connor found that CPE students’ encounters with tragedy and suffering challenged their theological concepts. During the training several students were able to clarify their personal beliefs and theological positions. The findings of Fitchett and Gray also indicated positive changes on the scale of Creative Theological Reflection. Kruus did not study students of pastoral care, but his results demonstrated that Finnish hospital chaplains experienced that their clinical training did not help them to apply theological knowledge in their work.

Some studies have aimed at developing new methods of enhancing CPE students’ theological reflection. Harmon created a verbatim format designed to facilitate the process of theological reflection. The format was used by CPE students over a twelve-week period. It turned out to be useful in facilitating a conversation on the relationship between theology and experience. However, the results also implied that a group might be a better context for theological reflection than individual supervision. Hunsicker conducted a ten-week seminar on spiritual direction for a small group of CPE students. Case study methods were combined with lectures, group

101 Lyall 1979, 252-255, 277-285. Lyall’s analysis was based on the essays written by the students. The course was much shorter than the training studied here and the students did not participate in clinical work.
102 O’Connor 1993, 125-130.
103 Fitchett & Gray 1994, 11-12.
104 Kruus 1983, 154. Studies focusing on theological formation of CPE students are e.g. Schwartz’s (1974) study on CPE students’ theological learning, and Gordon’s (1980) study on personal and theological change as influenced by clinical pastoral education and the supervisory relationship. However, because these are older, unpublished studies, I had no access to their results.
105 These studies have generally concerned the courses supervised by the authors, which may diminish the critical evaluation of the results.
discussion and reading. Several evaluation procedures were also included. Smith designed a project to assist CPE students in utilizing the Bible in their pastoral care ministry. The curriculum consisted of group sessions and seminars aiming at the conceptualization and formation of hermeneutical theory, description of how the Bible informs the practice of ministry, development of the ability to make quicker connections between biblical themes and patient concerns, and increasing skills in using the Bible in clinical work. According to the students’ self-evaluation and the supervisors’ assessment, most of the students grew in each of the five objectives.

Similarly, CPE supervisors have developed several models for enhancing theological or spiritual reflection. Table 5.4 summarizes methods introduced in the above-mentioned studies and in recent articles. It seems that theological reflection is often incorporated into peer group work. Some supervisors have developed a case study method focusing specifically on theological reflection. However, sometimes the peer groups may also focus on reflecting on the students’ spiritual concerns on a more personal level.

In the theological reflection on the client cases in the peer groups, the case presentation can be done by oral description, by utilizing verbatim processed earlier, or by using role-plays. In some methods the entire group session focuses on the theological reflection on the case, whereas in others the group first analyzes the case clinically before focusing on the theological themes. Theological reflection can be carried out, for example, by retelling the verbatim from a chosen theological perspective or by discussing the theological themes and questions provoked by the case. Some supervisors encourage the group to list or tell about the theological concepts, biblical images, stories or metaphors related to the event. Generally, the entire group reflects theologically on the case because it has proved to decrease the defensiveness of the presenter of the case. In some groups the process does not aim at providing answers or intervention plans, even though the group may gain new insights for future events. Conversely, in some group methods the students write a theological summary of the case and outline a pastoral care plan in order to find ways of integrating the understanding gained into future encounters. The session may also be followed by a debriefing period in order to share the feelings and impressions. The prayer may also be utilized in closing the discussion.

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Table 5.4: Components of CPE Programs Offered to Enhance Theological Reflection.

<table>
<thead>
<tr>
<th>Component of the training</th>
<th>Characteristics</th>
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</thead>
<tbody>
<tr>
<td>Supervised peer group</td>
<td>• Case presentation</td>
</tr>
<tr>
<td></td>
<td>• Oral description</td>
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<tr>
<td></td>
<td>• Old verbatims</td>
</tr>
<tr>
<td></td>
<td>• Role play</td>
</tr>
<tr>
<td></td>
<td>• Retelling the verbatim from a theological perspective</td>
</tr>
<tr>
<td></td>
<td>• Theological questions / themes raised</td>
</tr>
<tr>
<td></td>
<td>• Scriptural images and metaphors</td>
</tr>
<tr>
<td></td>
<td>• Written theological summary</td>
</tr>
<tr>
<td></td>
<td>• Pastoral care plan</td>
</tr>
<tr>
<td></td>
<td>• Spiritual assessment</td>
</tr>
<tr>
<td></td>
<td>• Prayer</td>
</tr>
<tr>
<td></td>
<td>• Debriefing period</td>
</tr>
<tr>
<td>Individual supervision</td>
<td>• Verbatims including theological reflection</td>
</tr>
<tr>
<td></td>
<td>• Specific questions directing the reflection</td>
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<tr>
<td></td>
<td>• Pastoral cycle</td>
</tr>
<tr>
<td></td>
<td>• Imaginary dialogues with God</td>
</tr>
<tr>
<td></td>
<td>• Prayer</td>
</tr>
<tr>
<td>Journal keeping / process notes</td>
<td>• Instructions guiding the writing</td>
</tr>
<tr>
<td></td>
<td>• Followed by individual supervisory conversations and group discussions</td>
</tr>
<tr>
<td>Seminar on spiritual direction</td>
<td>• Case studies</td>
</tr>
<tr>
<td></td>
<td>• Lectures</td>
</tr>
<tr>
<td></td>
<td>• Group discussions</td>
</tr>
<tr>
<td></td>
<td>• Reading</td>
</tr>
<tr>
<td>Instructional seminar</td>
<td>• Presentations on spiritual topics</td>
</tr>
</tbody>
</table>

Other components
- Literature studies
- Sermon seminars
- Individual projects
- Didactic sessions
- Curriculum focusing on the use of the Bible

Fowler and Peterson introduce a method of spiritual assessment that can be applied to supervisory groups. The aim of the method is to assist the students to discover how spiritual themes affect their thinking, feelings and interactions. The reflection focuses on the spiritual themes of both the student and the client. The process covers eleven dimensions: 1) The language the students use to express their spirituality 2) how their history has shaped their meaning and purpose 3) what they understand as spiritual experience 4) awareness of their own needs and how they show up in their
pastoral encounters 5) the boundaries they have built around their spirituality 6) courage to change 7) the areas that are difficult to speak of 8) understanding of their identity and fidelity to certain beliefs or values 9) ethics and role obligations 10) ties to community and 11) rituals and practices. 112

In addition to being done in peer groups, theological reflection is often included in individual supervision. Generally, students are invited in their verbatims to locate the pastoral encounter within a theological framework. The supervisor can also enhance the reflective process by specific questions focusing on the theological issues. 113 Liebert introduces a method of theological and spiritual reflection in individual supervision utilizing what she calls the pastoral cycle. This cycle includes elements that are similar to those in Kolb's learning cycle: contemplative reflection on the experience, psychological and social analysis of the situation, theological reflection, and pastoral insight and action. She suggests a variety of questions to guide the process. Liebert stresses that theological reflection should not remain only on the conceptual level but should include sharing the affective-experiential relationship with God. Therefore, she also incorporates prayer in the process. Liebert also utilizes imaginary dialogues with God or Jesus in the supervisory process. 114 Similarly, Putman proposes that this reflection method could be used in supervision. He discovered that the imaginary dialogues contributed substantially to the development of awareness in the area of the faith-history and life history. 115

Journals or process notes are also used to enhance theological reflection. 116 Murray developed a process note guide called Relationship With God. The students are required to write about their understanding of the God/human relationship, their current helpful and counterproductive spiritual practices, new aspects in their relationship with God, the influence of this relationship on their ministry, and the source of meaning or ultimate concern. In addition, these issues are discussed with the supervisor at the beginning of

112 Fowler & Peterson 1997. In a theological assessment model proposed by Stone (1996, 28-33) pastoral caregivers are encouraged to answer the following questions: 1) why is this person coming to me for help 2) how does this person understand God 3) what is the sense of sin and what role does sin play in this situation 4) what is this person's relative capacity for faith 5) how does this person view salvation 6) how adequate are this person's faith-support resources 7) what sense of hope exists and 8) does freedom exist between this person and me.

113 Nelson 1993.

114 Liebert 1997.


the unit. The process can be repeated at the end of the residency year in the peer group.\textsuperscript{117}

Hilsman introduces an instructional seminar in which students complete presentations on spiritual topics. The method challenges the students to present their favorite concepts in understandable spiritual terms.\textsuperscript{116} Other components enhancing theological reflection can be, for example, sermon seminars, formal evaluation periods, individual projects, didactic sessions, and literature studies.\textsuperscript{119}

Assessment of the results of the study in the light of the above summary of methods used to enhance theological reflection in the CPE programs, and in the light of learning theories, would suggest three conclusions. Firstly, theological reflection can not be separated from personal spiritual questions and concerns, as personal views and problems inevitably affect the students' pastoral work. Boud and Walker stress that reflection is a means of revealing how personal intents affect and sometimes limit students' experiences of various events.\textsuperscript{120} In Mezirov's terms, reflection on personal spirituality would include affective, discriminant, and judgmental reflectivity, and reflection on religious and theological concepts and the limitations of theological judgements includes critical consciousness, as well.\textsuperscript{121}

Therefore, the program should include opportunities to reflect on personal spiritual issues in a safe environment. The identity groups and growth groups could serve this purpose, but the safety of these groups would seem to require special attention. The fourth seminar for the parish workers, particularly the bibliodrama, appeared to serve well the students' personal spiritual reflection. Similar components could be offered to all students. One way of enhancing the reflection on personal spiritual issues would be to add a possibility of having personal spiritual direction.\textsuperscript{122}

Secondly, theological and spiritual reflection can not be limited to some single components of the training but should be encouraged throughout the program, both on the individual and the group level. The examples of the CPE programs show that theological reflection is incorporated, for example, into individual

\textsuperscript{117} Murray 1997, 78.
\textsuperscript{118} Hilsman 1997.
\textsuperscript{119} Nelson 1993; Greiner & Bendiksen 1994.
\textsuperscript{120} Boud & Walker 1990, 63-76.
\textsuperscript{121} Mezirov 1981, 12-13; Mezirov 1990, 5-13.
\textsuperscript{122} Kettunen (1990, 195) also pays attention to the importance of pastoral caregivers' spiritual direction. This has never been included in Finnish training programs of pastoral care. The need for spiritual direction was shown also in a study of chaplaincy in Europe. Pangrazzi 1995, 77.
supervision, peer groups, and journals. Sometimes specific components focusing on it are added to the program. The learning theories suggest corresponding forms of enhancing self-reflection.\textsuperscript{123} In principle, variety in reflective components was materialized in the program studied here because several components of the training included at least some theological reflection. However, the extent of the reflection was often minimal.

Thirdly, theological reflection, as all forms of self-reflection, needs to be consciously learned and practiced, and encouraged with specific instructions and guiding questions.\textsuperscript{124} The experiential and constructivist views of learning, in particular, emphasize the teacher's role as a facilitator. Additionally, constructivist views stress that the teacher should direct the students' process by raising questions.\textsuperscript{125} Theological reflection seldom occurs by itself, and therefore the supervisors and program leaders could have a more active role in facilitating this process. Students could be more clearly encouraged to reflect on their client cases from the theological or spiritual perspective both in their verbatims and in the supervisory sessions. Similarly, they could be given reflective assignments for their literature study. Theological reflection in the peer group appears also to require the supervisor to guide the process towards conscious reflection or that the reflective method be developed with the students. Students could also be more specifically encouraged to develop their personal theology of pastoral care throughout the training. The outcome of this process could be included in their final essay.

On the whole, systematic focusing on the theological aspects would help the students to see theological reflection as a natural part of the training process and would bring the process to the conscious level. True development and change is possible when the students are conscious of their views.\textsuperscript{126} At the same time, the students' metacognitive skills develop and theological reflection might become a part of their ways of interpreting their client cases.\textsuperscript{127} It would also enhance the integration of their spiritual life and their pastoral work.

\textsuperscript{124} Rauste-von Wright & von Wright 1994, 69-70.
\textsuperscript{126} Schön 1983, 282, 299.
\textsuperscript{127} On the importance and development of metacognition see Hakkarainen & Lonka & Lipponen 1999, 166-174.
6. PASTORAL CAREGIVER IDENTITY

6.1. Introduction

An examination of the strengthening of the participants’ identity as pastoral caregivers was one of the objectives of this study, because it was one of the main goals set for the training. The development and formation of pastoral or pastoral caregiver identity are considered important in most training programs in pastoral care and counseling.¹

Pastoral caregiver identity can be examined from the viewpoint of professional identity. However, this is somewhat problematic, because pastoral caregiver was not the profession of any of the students, but only one of their responsibilities. The knowledge related to professional or pastoral identity can, however, help to understand the development and nature of the pastoral caregiver identity. Although only a few studies have examined the pastoral identity of Finnish pastors, and studies concerning the changes in pastoral caregiver identity during the training are lacking, the professional identity of other professions has been investigated in several studies. For example, Keskinen studied day care students and personnel, Niikko teacher students, Wager academic women, and Rintala and Elovaino practical nurses.²

Räty defines professional identity as "those characteristics, features and distinctive marks that illustrate the worker’s identification with his or her profession." It includes the workers’ notions of their job description, role, importance of work, and needs for professional development. Distinctive marks can be outer or inner. Outer evidence can be, for example, the uniform or the title of the profession. According to Räty, wearing the outer marks of the profession shows professional self-esteem and independence. Inner evidence is, for example, related to professional ethics, role, and principles or rules of behavior. Räty states that development of professional identity also necessitates clarification of self-image.³ Stenström defines professional identity in a rather similar way. According to her, persons with a professional identity think that they possess the skills and responsibilities necessary for their profession. They also strive to develop their skills and characteristics, and to identify with the norms and ethics of their

¹ See e.g. Giblin & Christenson 1993; Means 1994; The Standards of the ACPE 1998. WWW pages of the ACPE.
³ Räty 1982, 46-49; Raty 1987, 128.
profession. In her definition, Keskinen emphasizes the subjective aspect of professional identity, defining it as "the worker's subjective assessment of his or her professional competence." She considers professional identity an aspect of self-esteem.

The development of professional identity is not separate from personality and identity, but intertwined with them. It is a slow process that requires both learning and internalizing the profession. The professional determinants can vary to some extent according to the profession. Thornton states that in the case of pastoral identity they may include, for example individual models and mentors, ecclesiastical structures and role requirements, formal certifications, and both the private and directive theological images of God and one’s religious community. He, as well as Ramsay and Marshall, sees pastoral identity as a question of attachment and commitment to the community of faith and other institutional settings the

4 Stenström 1993, 38.
5 Keskinen 1990, 58, 63.
6 According to Thornton, personal identity forms around one’s self-awareness, self-esteem, self-transcendence and the process of self-actualization. Erikson’s theory of the eight stages of psychosocial ego development forms the basis of understanding personal identity. According to Erikson (1963, 261), sense of ego identity is "the accrued confidence that one’s ability to maintain inner sameness and continuity is matched by the sameness and continuity of one’s meaning for others." Erikson emphasizes that life is constant change and that identity develops throughout a person’s life in a sequence of eight psychosocial developmental stages. Marcia (1966) developed Erikson’s views further by introducing the four categories of identity status: foreclosure, moratorium, identity achievement, and identity diffusion. They are the ways in which late adolescents endeavor to resolve the fifth psychosocial crisis: identity - identity diffusion. Marcia (1994,76), like Erikson, stresses that the identity configuration may change with each psychosocial stage resolution or as life crises arise. Josselson (1994) places even greater emphasis on the relational aspects of identity than Erikson and Marcia. She states that the most important identity events are relational in nature and divides identity into eight dimensions: holding, attachment, passionate experience, validation, identification, mutuality, embeddedness, and bonding. Korpela (1988) reviews several models of self and identity. When summing up the models he states that according to them, the human being can be seen striving towards individuality, self-consistency, self-enhancement, and harmony with other people and the cosmos. People try to create and maintain a concept system or a script of themselves by using psychological, behavioral and social means.

7 Thornton (1990, 557) defines pastoral identity as "the relatively enduring pattern of attachments, behaviors, and values characteristic of persons providing religious ministries." Shostrom (1985) defined pastoral identity by using the Delphi Technique. The resulting definition focused on self-knowledge and the ability to use self in pastoral relationships, personal faith and sense of call from God to ministry, an established relationship with a Church body, prescribed education, continued pastoral relationships, and a sense of peership with other professionals. According to Marshall (1994, 18), pastoral identity is "the internal integration of the 'pastoral' dimension into one's total identity, and implies an ability to articulate core theological values, perceptions, and beliefs."
pastor is involved.\textsuperscript{8} Similarly, Pohly and Evans stress that ministerial identity formation comprises the personal, professional and spiritual levels. All these levels are intertwined and should be dealt with in the training of pastoral caregivers.\textsuperscript{9}

Means states that the starting point of the formation process is an appraisal of one’s sense of self and how it fits with the requirements of the ministry one is preparing for. The student’s motivation to enter the process is also essential.\textsuperscript{10} Ramsay points out specifically the social and contextual nature of identity development. Pastoral identity is influenced by one’s economic, educational, racial and cultural context, as well as one’s gender and sexual orientation. Pastoral caregivers should be aware of how these factors have shaped and shape their identity and affect their pastoral work.\textsuperscript{11}

In this study \textit{pastoral caregiver identity is understood as the students' subjective assessment of themselves as pastoral caregivers}. This definition is narrower than the above-mentioned definitions of professional or ministerial identity. However, it is justifiable because pastoral care was only part of the students’ responsibilities. Therefore, all aspects of professional identity are not necessarily relevant from the viewpoint of giving pastoral care. In their self-assessments the students can emphasize those aspects that they consider essential specifically as pastoral caregivers. In addition, the themes dealt with in the previous chapters also depict the students’ identity as givers of pastoral care to some extent. The definition used here is comparable to Keskinen’s conception of professional identity. She uses the term "occupational self-esteem" as a synonym for professional or occupational identity, whereas Niikko equates professional identity with professional self-concept. According to her definition, professional self-concept includes self-image, self-esteem, motivation and task.\textsuperscript{12}

In line with my way of defining pastoral-caregiver identity, its components were entirely based on the students’ self-assessments, not determined on the basis of literature on pastoral care and counseling or previous research on professional identity. The categories described in this chapter illustrate what aspects the students took into account when assessing themselves as

\textsuperscript{8} Thornton 1990, 567-568; Marshall 1994, 18-19; Ramsay 1998, 75-104.
\textsuperscript{9} Pohly & Evans 1997. See also deCourcy 1998.
\textsuperscript{10} Means 1994, 202.
\textsuperscript{11} Ramsay 1998, 83-104. The studies of Crumpler (1994) and McFayden (1994) focus on the formation of pastoral identity. Crumpler examines the development of pastoral identity through spiritual formation on a historical and theoretical level, and McFayden explores the group processes threatening the formation of pastoral identity in theological education.
\textsuperscript{12} Keskinen 1990, 58; Niikko 1995, 19-20.
pastoral caregivers, and thus they depict the components of their identity as pastoral caregivers.

In the questionnaires the students were requested to list the most important characteristics a pastoral caregiver should possess and to assess themselves with regard to these characteristics. Additionally, they were asked in both interviews to assess themselves as pastoral caregivers and their personal strengths and limitations. The answers to the questions concerning the characteristics they appreciated in the context of their work and those they found difficult to accept were also utilized, as well as references in any other context concerning the students expressly as pastoral caregivers.11

I started the analysis of the data by coding it into a mind map. The data given in the interviews and in the questionnaires were combined into the same mind map. The assessments given before and after the training were also included in the same mind map, but distinguished by different colors. Conversely, I drew separate mind maps for the characteristics the students considered their strengths and weaknesses, respectively. The first mind maps included a great number of categories. In the next version I tried to group similar characteristics into more common categories. The coding showed that the categories and their subcategories were basically the same both before and after the training. The strengths and weaknesses the students mentioned seemed also to describe the opposite ends of each category. The categories found were named, according to the general denominator of each category, as follows: empathetic listening, positive regard, active counseling skills, endurance, self-knowledge, personal characteristics and spirituality. Chart 6.1. illustrates the main categories and their subcategories.

In Chapter 6.2 I will introduce the categories and their subcategories in detail by depicting the students' experiences of their strengths and their weaknesses related to each category. In the description of the subcategories I will utilize excerpts from both the initial and follow-up interviews, as the content of the categories did not markedly change during the program. After

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11 Some of the aspects that Räty (1982, 46-49) includes in professional identity, such as the students' notions of their job description, the importance of their work for them and their experiences of their professional role, were excluded because this material would have widened the analysis outside the definition used here. However, some of these aspects have been dealt with in the previous chapters. Räty also includes the conceptions of professional ethics and wearing uniforms in professional identity. These issues were not taken up in specific questions, but they were dealt with if the students mentioned them when assessing themselves as pastoral caregivers.
the description of the categories I will examine the most important changes in the students' self-assessments.

Chart 6.1. Main and Subcategories of Pastoral Caregiver Identity.

The information obtained from the questionnaires and interviews showed how the students perceived themselves and how their assessments changed during the program. However, it did not necessarily tell about their real strengths and weaknesses as pastoral caregivers. The self-knowledge of the students was the key issue in how realistically they managed to assess themselves. The better their self-knowledge, the more accurate their assessments were.

To get a picture of the accuracy of the students’ self-assessments, their views were compared to the results of the personality tests when applicable. In addition, their views were compared to their supervisors’ evaluations. The supervisors’ assessments were based on the open questions of the
questionnaires that they filled in at the beginning and at the end of the supervisory period.14 The supervisors' assessments will be introduced in Chapter 6.4. In Chapter 6.5 I will summarize the results by grouping the students into four types.

6.2. Components of Pastoral Caregiver Identity

Empathetic listening

The category empathetic listening was divided into two subcategories: empathy and ability to listen. Although partly overlapping, they were classed as separate subcategories because the students themselves referred to them as distinct characteristics.

The students defined empathy as an ability to understand the emotions of the client. It was also seen as a capability of placing oneself in the client's situation. Some students stressed that without empathy it was not possible to create a helpful relationship of any kind. In the textbooks of pastoral care and counseling, empathy is considered one of the basic characteristics of a pastoral caregiver and counselor.15 Empathy means taking on the perspective of the other person and understanding his or her emotions and feelings and sharing the emotion with him or her.16 Kalliopuska stresses that in empathy, identifying with the other person's life is only occasional. The caregivers adopt the other person's role only for a moment, and after that they observe the situation objectively from a distance. During the empathetic process the caregivers always maintain their own identity entirely. Therefore, Kalliopuska states that empathy should not be confused with identification.17

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14 They were asked to note the personal strengths and limitations their supervisees possessed in their work as pastoral caregivers / chaplains working with the mentally handicapped. They were also requested to write their opinions of their supervisees' strongest and weakest points as far as their counseling skills were concerned. In addition, they assessed how their supervisees progressed during the supervision. It would have been better to interview the supervisors, but because they lived all over the country and because the timing of the students' supervisory periods varied, it would have been too expensive to do so. Therefore, they were sent the questionnaires. Due to this, their evaluations were scantier than the students' self-assessments.

15 See e.g. Kilpeläinen 1969, 202; Clinebell 1984, 416-417; Olivius 1990, 143-144; Jacobs 1997, 49; Parsons 1993, 101; Sainio 1987, 91.

16 Clinebell 1984, 417; Massey 1990, 354; Smythe 1990a, 81-82; Reber 1995, 248.

17 The objective of identification is to be like the person indentified with. It also includes imitation of the model's characteristics and behavior. Kalliopuska 1984, 11-27.
Most students considered themselves empathetic. However, they seldom explained it in more detail.

At least in some cases, where there are these chains of emotions, I feel I can empathize with them, get a contact with them. That emotion, which lies behind. At least sometimes, so that you notice it. (H11, II)

The students who thought that they had problems with empathy felt that they were either too empathetic or unable to face the emotional messages their clients sent them.

In a talk like that my problems with empathy emerge. I may very easily, if it’s a troublesome and difficult situation, rationalize and compartmentalize it and withdraw from it, so that I don’t put myself empathetically enough into it. Then someone may feel I'm somehow distant when we go on with the conversation. (H3, I)14

According to Clinebell, defensive narcissism and self-centeredness make the empathetic understanding of others impossible.19 However, this might have been true only in the case of one student. According to the personality tests, he had a tendency towards self-centeredness. However, the tests showed that in spite of this inclination to stress his own importance, he was nevertheless able to empathize with others. The other students, who felt they had problems with empathy, were found to be empathetic according to the tests, but they used rationalization or repression as defense mechanisms. This tendency might have diminished their ability to enter the emotional world of their clients in some situations.

The ability to listen was the second subcategory of empathetic listening. It is also regarded as an essential quality of a pastoral caregiver in the textbooks of pastoral care and counseling.20 It is sometimes divided into passive and active listening. The division is, however, not very clear. According to Cedarleaf, the active listener may ask questions, make perceptive comments or tell a story, whereas Kilpeläinen considers active listening a genuine interest in the client and being consciously present in the pastoral encounter. It involves not only listening to the client’s words but comprehending his nonverbal communication as well. Kilpeläinen’s definition comes closer to Cedarleaf’s concept of passive listening, in which the listeners try to avoid intervening in the client’s talk, thoughts or feelings, however without being detached or distant. The listeners actively pay

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18 Here the influence of supervision can be seen. His supervisor had paid attention to this issue. At the time of the initial interview, the student had nearly finished his supervision.
attention to the verbal and nonverbal messages of their clients and communicate to them a feeling of their profound presence in various ways. Egan stresses that listening also involves listening to the context, the social settings of the person’s life, as well as to the sour notes, things that may need to be challenged.

The meaning of the subcategory ability to listen was closely equivalent to Kilpeläinen’s concept of active listening and Cedarleaf’s passive listening. The students understood the concept as being holistically present and concentrating on the client. It was also seen as an ability to keep quiet and put one’s own problems aside. Some students stressed the difference between listening and hearing. As pastoral caregivers they should not only listen but should really hear and understand what was said.

The ability to listen was mentioned frequently when the students assessed their strengths as pastoral caregivers:

Somehow I stop to listen. So I guess that’s where it comes from, the idea that I could do this work. I mean that I can listen to a person and hear what he says and then I stop there. (P6, II)

Perhaps just that I listen and hear [is my strongest point]. I wonder if it’s just that that surprises people, that they’ve told me that much. I mean that I’ve by my questions kind of taken the talk along, step by step. (P8, I)

The problems concerning listening were related to an excessive need to talk or to the inability to concentrate:

On the other hand I’m quite a talker myself. I mean it could easily happen that I steal the session, that somehow I just can’t keep my mouth shut (H1, I).

Sometimes my ability to concentrate starts to flag and I catch myself thinking of something quite different when we should be really talking. I mean if the other’s gone on a sidetrack. And that’s something that’s hard to accept in yourself. (P4, I)

Listening is also such a difficult thing. I mean that I kind of listen, but there are times the other person might just kind of guess it, let’s say for instance talking on the phone, he perhaps feels that now he’s thinking of other things. I mean when he asks are you still there. (P14, I)

Reasons for concentration problems were generally seen in one’s own life-situation or tiredness. Difficulties in concentrating also emerged when the client talked about things the student considered non-essential. The

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22 Egan 1994, 94.
23 On the importance of hearing see e.g. Olivius 1990, 58-60; Smythe 1990b, 145-146.
influence of Kilpeläinen can be seen in the students’ assessments. She emphasizes that pastoral caregivers cannot hear things they do not value, and therefore they may miss the essence of the client’s message. She also warns pastoral caregivers about talking too much, especially about themselves. Similarly, Cedarleaf states that the lack of interest and understanding or fatigue can make the pastoral counselor unable to listen seriously.

To sum up, empathy and listening skills seemed to form an important component in the students’ self-assessments. Therefore, they were not only skills possessed or to be learned, but had a deep influence on the students’ ways of perceiving themselves as pastoral caregivers. Previous studies of Finnish pastoral caregivers have shown that the ability to listen empathetically was one of the areas they wanted to develop.

**Positive regard**

The category of positive regard was divided into six subcategories: warmth, sincerity, respect, interest, ability to establish relationships, and peacefulness. Rogers stresses corresponding characteristics, unconditional acceptance and warm regard for the client as essential elements of a counseling relationship. Similar qualities are emphasized also by several textbooks of pastoral care and counseling. Clinebell and Kilpeläinen, for example, use the term non-possessive warmth. Clinebell defines it as “a blend of warmth, liking, caring, acceptance, interest, and respect for the person.” Kilpeläinen also mentions non-possessive warmth as one of the three main characteristics a pastoral caregiver should possess. She stresses non-possessiveness even more than Clinebell. Their views had probably affected the students, because most of the students had read their textbooks already before the training.

The subcategory **warmth** included references related to warmth, gentleness, love, and ability to inspire confidence. The students who believed that they themselves possessed these characteristics brought them out generally in the questionnaires without explaining them in detail. Some pastors thought that

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26 Rogers 1942, 87; 1961, 34, 38.
27 Clinebell 1984, 417; Kilpeläinen 1969, 203. See also e.g. Saimo 1987, 91.
a loving and respectful attitude was a quality they needed to develop the rest of their lives.

**Sincerity** included references to sincerity, openness, and an unreserved attitude. Sincerity is generally considered a fundamental condition for a helping relationship. A pastoral caregiver should be a real person and not hide behind a professional facade. Most students thought that they were sincere, unreserved, and/or open. In their opinion their openness and sincerity helped their clients to relax and to talk about their problems.

It's this sort of openness, it's also needed. One must also dare to reveal something about oneself. So if the pastoral caregiver is very shy and reticent, it can make this other person tense. (P4 I)

Especially the students who worked with the mentally handicapped stressed the importance of sincerity in their work:

What I'd like to be myself, or what I rather think I am... I mean what's especially needed in working with people with mental handicaps is – how should I put it – to be yourself, as true and genuine as possible, and I'll add this too, because they seem to perceive easier than ordinary people if you're bluffing, play-acting or putting on a role, or is he really himself. I think I'm good at it. But I don't know if that's so or not. (H7, I)

The students who referred to their weaknesses related to sincerity thought that greater sincerity and candor were characteristics they still needed to develop or that they were too introverted or withdrawn. Personality tests confirmed their own interpretation; they had a tendency to withdraw especially from conflict situations or they were somewhat inhibited or rigid.

In the subcategory **respect** I included all references concerning not only respecting but also accepting the clients and approving of them, and being discreet and merciful towards them. The students understood respect as being able to give the clients the impression that they were important to the pastoral caregiver, and that their opinions were respected and valued. Respect was considered to be essential for the client-centered approach. Some students said that without respecting the clients and approving of them, they would be unable to believe in their clients’ progress. Some students also stressed the importance of being "on the same level" as their clients.

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21 On acceptance and respect see e.g. Fowles 1990; Egan 1994, 51-55. According to Stone (1996, 115-123), in addition to accepting persons as they are (=acceptance of self) pastoral care should include accepting them as God intends them to become (=acceptance of spirit).
Generally, the students thought that their ability to respect and accept their clients was one of their strengths. Especially those working with the mentally handicapped stressed the importance of respect in their work.

I believe, that these people [people with mental handicaps] are significant and that their lives have a meaning, and I believe in their value as human beings. These things are far more important than any of the practical issues. (H16, I)

The weaknesses related to this category concerned the students’ uncertainty of their ability to respect their clients or their intolerance of or prejudice against their clients.

Genuine interest in clients and their problems, and willingness to serve them were also characteristics several students believed they possessed.30

I think I’m interested in people and I really want to help them. I mean when it comes to helping others, those who are in trouble, then I find that I kind of don’t set any limits for myself. (H15, II)

Weaknesses related to interest concerned students’ excessive willingness to help or some specific situations, such as when demented patients told the students the same stories several times.

Some students referred to the ease or difficulty in establishing relationships with people. According to Sainio, the establishment of a pastoral relationship starts with a testing stage, when both the pastoral caregiver and the client assess each other. The way the pastoral caregiver leads the process with his or her questions is also significant for the nature of the relationship. In addition, Sainio states that concreteness and paying attention to nonverbal communication and to the clients’ entire life situation are also basic factors of establishing functional relationships. Woodruff lists empathetic regard, establishing acceptance, and being a real person as fundamental prerequisites for a helping relationship. These points are based on Carl Rogers’ client-centered approach.31

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30 Interest as a personal strength was mentioned also by the respondents of Rantavuori 1995, 94. Sainio (1987, 77) stresses that genuine interest in the client is a prerequisite of a good pastoral relationship.

31 Sainio 1987, 76-81; Woodruff 1990, 227-228. See also Olivius 1990, 53-55; Egan 1994, 47-48. Parsons (1993, 97-115) presents the stages of a pastoral counseling relationship. He states that pastoral counseling is basically a relationship. He divides a counseling relationship into three stages. At the first stage, “coming together,” the counselor tries to reduce needless anxiety and thus facilitates an alliance between himself and the client. He creates a climate of mutual acceptance and shows non-possessive warmth and respect for his client. The counselor also manifests genuineness by being role-free, spontaneous, non-defensive, congruent, and open. At the second stage, “exploring together,” the counselor provides the client with an opportunity to talk and listens and shows understanding himself. He facilitates
The term "relationship" is understood here in a narrower sense than what is usually meant by a pastoral relationship. Here it refers merely to the ease of talking to people. References to sense of humor were also included in this subcategory because the students mentioning it considered it a significant means of establishing relationships with patients and staff. The chaplains working with the mentally handicapped also stressed the importance of creativity in understanding their clients and in communicating with them because words alone were seldom enough, especially with the most severely retarded.

Several students thought they had no difficulties in getting to know people and in creating an initial contact. The students who mentioned problems with establishing relationships were concerned about, for example, their lack of courage or uneasiness with small talk.

It’s kind of easy for me to talk with complete strangers. I’m kind of sociable and spontaneous. (H1, I)

After all, perhaps it’s because I find it easy to get to know people that whenever I face a situation like that I don’t feel ill at ease with strangers. I feel that people are in a lot of ways the same and I feel a certain kind of brotherhood towards people, all people. So perhaps this kind of attitude might be useful in the job and I imagine it might also make you feel free to talk also about your own things that are not necessarily always very flattering. (P4, I)

Well, things like when you should go in for small talk, that’s not my cup of tea. I just don’t feel all right in situations like that. It would perhaps be a good thing if in a job like this you could be more social. Perhaps relations with other people would then work out better. (H16, I)

The references related to being unhurried, relaxed and calm were grouped into the subcategory of peacefulness. Several students thought they had this ability. Being unhurried was understood as giving enough time and space to the client.

Maybe one [of my strengths] is this calmness, too. My ability to stay with one person and to share that moment with him and that I can listen to him and wait for what he wants to say. In a way I don’t act rashly. (P6, I)

I’m phlegmatic, it means that in some situations I apparently move slowly enough. (H11, I)

disclosure by attending and questioning. Parson terms the third stage "acting together." At this stage the counselor and the client identify strategies for problem solving, coping and adjusting. The relationship moves through the planning, implementing, and evaluating of an intervention.
Being unhurried and tranquil were seen as means of calming down anxious people and helping the client to feel secure. Some students regarded calmness as one of their personality characteristics. In their opinion it was an advantage in pastoral care. They thought it gave them time to widen their perspectives:

Well, I’m quite peaceful, I think, or I’m able to be peaceful and . . . I’m that type of a person who thinks about life . . . but I wouldn’t say that I’m a performer who always has to do something in order to find his life. But I try to find it by thinking things over. So that I appreciate in myself as a pastoral caregiver my ability to bring out many viewpoints. (P17, II)

In most cases calmness was considered to be a strength as a pastoral caregiver. However, a few students felt that they were either too calm and peaceful or that they constantly needed to remind themselves to behave calmly and not to hurry.

P4: Peacefulness, calmness would mean that you don’t need to look at your watch or get nervous. . . . Maybe that’s not one of my best sides. Or it may be that I give the impression of being a calm person, even though in reality I’m not very much so. I get rather a lot of such feedback as “you’re always so peaceful, and in every situation.”

I: But it’s not how you feel yourself?

P4: No, because often it is so [pause] I want to be at the next place on time when I’m supposed to, and I’m never late. And to be able to do that, I have to keep an eye on the time. But of course in a pastoral encounter you must not show it. So that it depends a lot on the situation. Sometimes you feel very peaceful if you’re not in a hurry. But the life of a parish pastor is to rush here and there, and keeping to your timetable is quite essential, too. (II)

In sum, characteristics related to positive regard seemed to form an important positive component of the students’ views of themselves as pastoral caregivers. Pastoral caregivers in Rantavuori’s study mentioned similar strengths. Students appeared to think that most of these characteristics were in a way innate to them, and thus, they were generally considered as personal strengths in pastoral work. The goal of the training could be to confirm the students’ self-assessment by providing them positive feedback of these characteristics.

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52 See Jacobs 1997, 51.
53 Rantavuori 1995, 94-95.
Active counseling skills

The subcategory of active counseling skills refers here to the specific skills or actions the students mentioned in their assessments. They were grouped into four subcategories: analyzing skills, challenging skills, therapeutic knowledge and skills, and professionalism.

In the first subcategory, analyzing skills, were included all references related to the ability to analyze or recognize the problems of the client. Some students found it important to be able to recognize the nucleus and the context of the clients' problems. Realism and the ability to perceive the clients' situation as a whole were also included in good analyzing skills.

However, only a few of the students thought that they possessed these skills. They felt that they were able to draw conclusions from the clients' situation, to perceive what was happening in the course of the conversation, to intuitively understand what the clients' meant, or to recognize clients' emotions.

Then, these skills [pause] I think I understand something [pause] I mean that I have some idea where we're going. (H9, I)

As to the students' problems concerning their analyzing skills, their main concern was their inability to perceive what was essential in the client's situation. They also felt that their capabilities of combining the diverse pieces of background information were insufficient.

I mean something like being able to combine different things and see in them different connections. I think I'm not always able to see them. (P12, I)

Other problems mentioned were the difficulty in finding the right degree of closeness with some clients or an inclination to make too extensive interpretations of the clients' problems.

Some participants also referred to the challenging skills. Students who brought out aspects related to them found their skills in this area imperfect. They either mentioned that their confrontation skills were insufficient or that they were too intent on making their standpoint clear, to give advice, to point out the problem, to tell about their own insights to the clients, or to provoke them.

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34 The term challenging refers here to all the active ways by which the students attempted to broaden, change, or influence their clients' viewpoints, notions, or self-understanding. See Chapter 4.4.

35 For the definition of confrontation see Chapter 4.4. According to Jenkins, confrontation is a difficult skill to achieve because it requires careful assessment of the client's readiness, ego function, and psychological inclination. Jenkins 1990, 213.
I confront insufficiently, I'm too supportive, empathizing. And now of course one could say that this specializing training should teach me to confront more. (H2, I)

This my keenness to express my own opinions, I mean it can sometimes be an impediment. It might be better just to listen than to take a position. (P4, I)

In addition, I included in the challenging skills the students' references to guiding the conversation. The students who believed that they had skills that could be included in this subcategory, mentioned, for example, their ability to start a conversation or to control it. Conversely, the students who considered their ability to guide talk in a pastoral encounter insufficient were insecure of their abilities to guide the conversation into essential topics, to ask the right questions, to know what to say or to limit the duration of the session.

What I always ask myself is what can you say to them. Because you ought to say something too, just listening to them is not enough either. I mean how do you find the right words in a situation like that? (P10, I)

However, I'm still more ear than mouth or words and [pause] you should sometimes think about these things, I mean there might be some cleverer feedback in some situations than you are able to find. (P10, II)

I mean just this, how the conversation advances and how you concentrate on the essential things. And also how you limit the talk, especially in the hospital, and how not to prolong the discussion or not to stay too long. I mean how you learn to realize what to do. When I think about it [pause] I haven’t been very often on the crisis hotline, I mean that for instance there you run into this problem of how to end the call. (H1, I)

Krusche states that in addition to ways of asking or answering, guiding the conversation requires paying attention to the clients' emotions, silences, and the appropriate degree of closeness between the pastoral caregiver and the client.36 According to Kilpeläinen, if the pastoral caregivers are too concerned about what they should say, they are concentrating on themselves, not on the client. This is an impediment to active listening.37

Into the subcategory of therapeutic knowledge and skills were grouped general references to knowledge of psychology and psychiatry as well as those related to various therapeutic orientations.38 Most students who talked about their own therapeutic skills thought that they needed to be improved.

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37 Kilpeläinen 1969, 66.
They wanted to acquire a better knowledge of psychology and psychiatry or to be better able to recognize and handle transference.

I mean these transferences and projections; they are more difficult to deal with when you have no fancy education. (H1, I)

They also referred to some experiences in which they felt their therapeutic skills and personal strength were inadequate:

I have a need to go into intensive therapy, in a way on the emotional level or something like that with those I am helping. I mean I begin to listen to feelings and emotions, where you go to great depths. . . . But suddenly this autumn I had an experience where I myself went into panic and I had to pull back. I kind of realized by myself that now here’s some kind of a black hole in which I and the one sitting facing me could both drown. I mean that we’d soon be in a lunatic asylum together. (II)

In the subcategory of **professionalism** I included all general references to the storehouse of knowledge, good professional education, professional skills, and work experience. I use the concept of professionalism in a narrower sense than Murphy. According to him, professionalism in ministry means the development of a specialized knowledge of, for example, scriptures, worship, and pastoral care. It also means establishing standards of professional competence, ethics, and morality. He includes the promotion of religious belief and loving concern for the parishioners or others who receive his services. The minister’s functions also include fulfilling the mission of the church.39

Some students stated that they wanted to acquire more knowledge and professional skills whereas the others expressed satisfaction with their skills.

It’s probably related to the fact that I should have much more knowledge of pastoral care and psychology, psychiatry [pause] and I hope I’ll get it, but I also need time for studying. (H15, I)

All of my training and everything I’ve achieved earlier . . . What I am now, it consists of all I’ve experienced and how I’ve been educated and there’re possibly other things, too, like all of them together, here and now. All those things give you an awfully many-sided way to meet a human being. . . . Right now I kind of think that it provides me with professional preparation that should be just about what I need. I think that now I’m not taking the first steps any more, but am doing my work quite professionally. (P17, II)

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In brief, most students referred at least to some characteristics belonging to the category of active counseling skills. This implies that how the students perceived their skills also had a great impact on how they experienced themselves as pastoral caregivers. This finding is in accordance with those definitions of professional identity as the workers' subjective assessment of their professional competence.\textsuperscript{40}

The results also showed that students mainly mentioned their weaknesses related to this category. This implies that their way of perceiving their skills was a rather unstable component of their identity as pastoral caregivers.\textsuperscript{41} Thus, development of the students' skills in the training at the same time would strengthen their self-esteem and identity as pastoral caregivers.\textsuperscript{42}

The students' experiences of themselves were typical for the novice phase,\textsuperscript{43} as novices often are unsure of their skills. However, previous studies of Finnish pastoral caregivers have shown that development of skills in pastoral care also is their main professional concern. Aurén and Vanhanen demonstrated that 40-50\% of parish pastors wished to receive supplementary training in therapy methods, family counseling skills, or in counseling people with mental problems. According to Kyllönen nearly 50\% of parish pastors felt that their skills in pastoral care were inadequate. Kyllönen concludes that the supplementary training of parish pastors should focus more clearly on the development of these skills.\textsuperscript{44}

**Endurance**

The category of endurance was divided into three subcategories: perseverance, tolerance, and confidentiality. The term perseverance is used here to refer to the students' references to patience, faithfulness and persistence in various pastoral encounters. The students working either with mentally handicapped or demented people thought they were persevering because they could patiently listen to the same stories every time they met some of their clients.

\textsuperscript{40}Keskinen 1990, 58, 63.
\textsuperscript{41}Stenström (1993, 38) states that one of the characteristics of a good professional identity is that the professionals think that they possess the skills their profession requires.
\textsuperscript{42}O'Connor 1994, 52.
\textsuperscript{43}Dreyfus & Dreyfus 1986, 21-22; Hawkins & Shohet 1991, 106.
\textsuperscript{44}Aurén 1984, 56; Vanhanen 1986, 139-143. Appendix 4, 5-6; Kyllönen 1994, 76-78.
I'm also patient, except of course when the straw breaks the camel's back, but otherwise, generally, the old ladies can tell me the same story a lot of times. (H9, I1)

Perseverance was also needed in repeating the same content of the short services offered to the mentally handicapped or in committing oneself to visit patients on a regular basis:

It's quite a nice characteristic of mine, that in a way I'm kind of - there's a child in me somehow, that I don't get bored with things. That I can kind of sing the same hymns the whole year through, in the same meetings, and it's good for these people because they know them only after a year, when they've been sung in every event. I mean to have strength enough to go on doing the same thing for a long time. . . . And being faithful, I guess it's an important thing here, I mean that you are conscientious and do what you've promised to do because these are awfully important things here. (I)

Perseverance [pause] I mean I think it was a rather fine assessment of being faithful, although the word is often applied to marital relations and human relations. But you can be faithful also in your work, and be responsible and such. Let's say for instance that now that I've started to visit the hospital, I go there every Wednesday too. I don't often feel that now I don't feel like going there at all, even though there's no one ordering me to do it. (II)

A lack of perseverance was seen in the same areas as strengths. Difficulties were seen, for example, in the commitment to visit the patients regularly:

I: What are the characteristics you find the most difficult to accept in yourself right now?

H11: Shortsightedness. Lack of foresight. Like I'm somehow just kind of drifting, I mean that the most important thing is what it feels like today. . . . Really, I mean perseverance in the work, plodding on with a job, those are my weak points. In practice I mean. That you see to it that you do your ward rounds regularly, at certain intervals. (II)

Problems of perseverance were also seen in the inability to create long-time pastoral relationships or to give the clients enough time and room to express themselves.

H16: Something like a little more patience and perhaps a bit more perseverance, too. I mean I'm kind of [pause] fast-paced too. I've been thinking that long therapy relationships wouldn't suit me at all. . . . I guess I'm a bit too energetic or something.

I: In what kind of situations you feel it a hindrance?

H16: Well, like when it's difficult for somebody to express himself and it's hard for him to communicate, somehow you just get tired of it. Of course you
try to keep it inside, but the whole thing would be easier without that reaction, that come on, out with it now, nothing will come out of this. (I)

Tolerance refers here to the stamina the caregivers must possess in order to be able to hear and endure anything that the clients tell them. The concept comes close to the concept of containment. According to Hyrck, the essence of all Christian pastoral care, as well as of all psychotherapies, should be the reception of the client’s anxiety and distress, and its containment and alleviation before returning it in a tolerable form back to the client. Hyrck states that containment has its Christian origin both in creation and redemption. The term containment was originally created by Bion. 45

Some of the students who mentioned characteristics related to tolerance thought that they were able to tolerate difficult things, silence, anxiety, death, or disfigurement.

I can face almost anything they say. Another thing is that I generally have the courage to talk about things, whatever they are. (P8, I)

Nevertheless I have the strength to be and [pause] accept difficult situations as well. And [accept] the severe disabilities of people with mental handicaps, and that life is sometimes also suffering. I mean I don’t relate to things emotionally and that’s why these difficult things don’t enter my own life. (H3, II)

Some students thought that their own experiences and the processing of their own problems had made it possible for them to understand others without identifying too deeply with them. The ability to face some special problems of the clients could be communicated to them even without words.

Then this thing, it didn’t actually result from the supervision, perhaps it’s come with the work itself that [pause] you don’t need words, that I’m ready to listen to such and such things or [pause] [please] feel welcome to discuss your sexual problems with me, I’ll understand. I mean this is communicated somehow as an [unspoken] message from one person to the other, that if you are prepared to do something, to confront something or someone and to face their problems and anxiety, so that without needing to say anything I’ve communicated it to them. (H2, II)

The problems related to tolerance were seen in the ability to tolerate aggression or difficult situations. 46 However, the main concern of these students was that they identified too much with the client.

45 Hyrck 1989, 77-90.
One thing for sure I think is that you are still at a learning stage, and that these things follow you to your private life, you identify too much [pause] with those you are taking care of. (H1, I)

As to this empathy and sensitivity [stuff], I feel them a lot, but it is both a strength and a burden, because [pause] in all these talks with those involved before funerals and other events like that, I mean you take a lot of burdens to bear as well and there you are, sighing and worrying about them. (P12, I)

Potter states that tolerance can be increased by training and personal therapy.47

Confidentiality was mentioned rather seldom. The students who mentioned it either found themselves reliable and able to keep things told to them confidential or told that they sometimes asked their spouse’s advice in some cases. Church law binds ministers to absolute confidentiality in their pastoral work. Supervision and other forms of consultation are the only exceptions to this principle. However, the identity of the client should always be disguised.48

Briefly, most students referred in their self-assessments also to the various aspects of endurance. Generally, they thought they were faithful and persevering in their client contacts but sometimes experienced difficulties in committing themselves as fully as they wished. Generally students also felt they were able to tolerate difficult things, but sometimes identified too much with their clients’ situation. Similarly, Finnish diaconal workers considered their excessive identification one of the main areas where they needed to grow.49 In this respect, supervision probably was the most important component of the training because it offered the students opportunities to share the burdens they had to carry.

Self-knowledge

Self-knowledge or self-understanding means, according to Bruehl, "the capacity to observe and interpret one’s past, present and future motivations and behavior." I use the term self-knowledge here in a rather broad sense to include the subcategories of 1) recognition of one’s own problems, 2) recognition of one’s limitations, 3) life situations, 4) self-esteem and 5)

49 Hiltunen 1992, 88. Kyllönen (1994, 79-80) found that parish pastors considered characteristics related to endurance essential in providing good pastoral care. They mentioned, for example, confidentiality, patience and perseverance.
professional role. In contemporary pastoral care and counseling the self-understanding of the pastoral caregiver is widely emphasized. Growing self-understanding helps one to become more completely oneself. 50

The recognition and processing of one’s own problems and emotions were seen as a sounding board for the listening work. However, students mentioned very seldom the processing of their personal problems as one of their strengths:

I think I’ve seen so many things in my life that I’m able to understand very many things, . . . I mean I have gone through so many things myself that I’m in a way prepared to work with the clients’ problems. I’m ready to listen to them and I don’t become as distressed about their problems as I used to, because I’ve gone through so many things myself, so there’s room for the relationship with the client. (P17, I)

Conversely, the students generally regarded their ability to recognize their own emotions and problems as a lifelong challenge, or they hoped that it would improve during the training. Specific problems the students mentioned were, for example, inability to recognize their own emotions or their tendency to allow their own personal problems to influence their work:

I feel that I still can’t, am still not able, still don’t know how to use myself as a tool. I mean that the main thing is the task for which they’ve for instance employed me. But now it somehow seems that I’m in a way trying to find out about myself. It’s a cruel thing to say. I mean, that you use others, you use your work, you use those you are counseling trying to find out about yourself, to solve your own problems. I mean it sounds cruel of course, and it isn’t only that, but [it is] in my mind too much anyhow. (II)

The students who talked about recognizing their limitations most often mentioned problems they had with cutting down their workload or with facing clients whose concerns were emotionally too close to their own personal problems. Some pastoral caregivers in Rantavuori’s study also referred to the importance of discovering their limitations and admitting their failures. 51

More loosely related to the category of self-knowledge were the statements concerning either past or present life situations or life experience. Some students felt that their broad experience of life was the basis for understanding diverse situations and people. However, they did not necessarily associate breadth of experience with deepening of self-


51 Rantavuori 1995, 95.
knowledge. Hunter talks about wisdom when he refers to understanding of life achieved through experience. Unlike the students, he relates wisdom to self-knowledge, as well as to maturity, perspective, judgement, and a sense of the whole.52

If students believed that they had a broad experience of life, they also felt better able to understand the diverse problems people had.53 Accordingly, lack of experience of life was considered to limit the ability to comprehend others.

I: What other things in your personality you think are advantages in this work as a pastoral caregiver?

That I'm an aging woman, this experience of life I've got. (I)

When the students mentioned their present life situation, it was seen as an impediment to their pastoral work. Among the problems which were regarded to have a negative effect on one’s work, were, for example, mental distraction, exhaustion, marital crisis, or difficulty with one's own parents. The students thought their acute problems diminished their ability to perceive their clients' problems and to concentrate on them.

The fourth subcategory of self-knowledge was **self-esteem**. According to Reber self-esteem is the degree to which one values oneself.54 Ridley states that significance, personal efficacy, virtue, and power constitute self-esteem. Persons with good self-esteem accept themselves, have a realistic level of mastery in meeting the demands for achievement, have moral and ethical standards and ability to influence and control others. If their self-esteem is threatened, they feel anxious. Self-esteem can be conscious or unconscious, and it appears in a person's overt behavior and in responses to external stimuli. It is resistant to change.55 Here the term refers to personal integrity as well.

The students mentioned characteristics related to self-esteem very seldom as their personal strengths. The students who mentioned it talked about their personal integrity or their ability to be open and accept their own helplessness and incapability. Personality tests confirmed these interpretations.

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52 Hunter 1990, 1325-1326.
53 The respondents in Rantavuori (1995, 94) also referred to their personal experiences as their strength as pastoral caregivers.
54 Reber 1995, 702.
55 Ridley 1990, 1131.
Conversely, several students mentioned problems related to their self-esteem. They were concerned about their lack of self-confidence, difficulty in expressing their disagreement, or inability to tolerate failures, rejection or criticism.

I have difficulty in accepting negative criticism, my feelings are hurt very soon and then it’s difficult to get over the situation. . . . In some context the relative of a patient criticized me. Afterwards it was difficult to relate neutrally to the patient, when his relative had criticized me. (I)

I mean that it's much more easier for me to say, especially for instance with the doctors, this same thing, that of course it's like you say or something, but the fact that I say as a professional that I disagree . . . I mean it's a lot easier to agree than to disagree. (I)

The personality tests confirmed the students' own experiences about their problems of self-esteem. Some of these students had a tendency to personalize situations. They tended, at least in some situations, to take even neutral messages personally. It is generally a sign of either exaggerated self-importance or self-denigration. Their attitude towards themselves also tended to be emotionally biased. Their self-esteem was somewhat labile, varying according to their mood.

Several hospital chaplains talked about issues related to their professional role. These references were related, for example, to how they were dressed:

The thought of how you are dressed has come up during these seminars, what is the image you create when you walk about in the hospital. Many of us wear ordinary clothes, I mean without clerical collar, just ordinary clothes. Then there are some who always wear their uniform, it varies a lot. And everybody has of course their motivation for dressing the way they do. And it has kind of dawned on me why I dress the way I do.

I: Tell me, please.

The clerical collar is terribly important to me. I think it communicates to people that I belong to the parish, that I come here from the parish. I am a pastor. And because of the rest of this, this white coat and so on, it's terribly important. If I didn't wear this, I could be anybody. I would be anybody who walks in the corridor or is visiting somebody else. It kind of gives me an authorization for my work, this clerical collar. A visible authorization. This [the white coat] is an authorization as well. I'm also a representative of the hospital. And nobody, not even the oldest patients who've still got some eyesight left, they can't mistake me for a doctor or physical therapist or nutritive therapist. No, they see that I'm a pastor who walks about the hospital. And I feel that . . . I thought about this for an awfully long time and I thought I

56 Gardziella 1985, 294-295.
must have a terribly weak self-identity, because I have to wear this coat. . . .
But I have somehow accepted this image as my own. . . . On the wards, where
people are always the same or mostly the same, I don't always wear this coat.
And if I'm only visiting there, I can go there wearing ordinary clothes, my own
clothes. I mean that there it isn't important in that way. But here it is. (H2, II)

The wearing of clerical collar had strengthened the students' identity
expressly as a chaplain. Other positive aspects the students related to their
professional role concerned seeing oneself expressly as a consultant on
spiritual issues or to the fact that they were content with their role.

However, one's own professional role and wearing the clerical collar could
also lead to confusion:

I mean I sometimes feel a little, somehow a bit strange, that this is not me
who's walking here with this sugar cube around the throat. . . . I mean I wear
the clerical collar, the hospital expressly said they expected it, a year ago they
asked if I could wear it. So I've been wearing it. And then I sometimes think,
especially in the summer, that should I let it be there, when I'm wearing light
summer clothes and all. That do I have the courage to walk in the street and go
for instance . . . travel in a bus and how can I stand it if people start to look at
me a lot? And it's different, too. Sometimes you just wear it and you don't even
notice it, you just go on walking and people don't look at you so terribly much.
. . . Well, in the bus this thing happened to me. I entered the bus and . . . and
everybody in the whole bus, you could not help it, made you feel kind of
funny, that look, there's a pastor. Nobody said anything, but then when we
were leaving, so this woman said to me: how refreshing to see a pastor in a
bus. . . . So that was one answer to it, that somebody feels it's refreshing. But
then the next day I just didn't feel like wearing it. I mean you just can't take it
time after time. (II)

According to Räty, the professionals' acceptance of their uniform is one of
their ways of identifying with their profession, and thus it is a part of their
professional identity. As are the outer marks of the profession, the inner
marks, such as how the professionals perceive their role are components of
their professional identity. ⁵⁷ Therefore, the students' ambivalence about
wearing their uniform implies uncertainty of their professional identity.

In sum, the issues related to self-knowledge had a great impact on the
students' ways of seeing themselves as pastoral caregivers. Most of the
students' references to this category concerned their weaknesses in this area.
O'Connor demonstrated that the CPE students he studied tended to have
rather similar negative self-perceptions before the training. ⁵⁸

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⁵⁷ Räty 1982, 46, 48-49; Räty 1987, 128.
⁵⁸ O'Connor ’s 1993, 84-88.
Increased self-knowledge also was the main personal goal the students set for the training. They seemed to value their personal growth more than did Finnish pastoral caregivers in general. Studies of the Finnish pastoral caregivers have shown that they generally think that personal pastoral care is important for pastoral caregivers. Nevertheless, their own threshold for seeking professional help seems to be rather high. These results would imply that the students might resist seeking personal help even if they felt that they needed it. Therefore, it would be important that the training offer them enough opportunities to process their personal problems and concerns in an emotionally safe environment. Improved self-knowledge would also strengthen their identity as pastoral caregivers.

**Personal characteristics**

The category of personal characteristics was not clearly distinguishable from the other categories. Many references that were grouped into the category of positive regard could have been considered personal characteristics as well. However, pastoral caregivers’ external characteristics, their talents, practicality, attitude towards life, and effectiveness, could not be explicitly included in the category of positive regard or in any of the other categories. Therefore, another category was created for these characteristics.

Into the category of **external characteristics** were grouped references, for example, to external appearance as a mediator of the presence of God, to good health and to motherliness.

During one of these courses, one person gave me this kind of feedback, she couldn’t define it any closer, but she thought that my appearing in, for example, in an institution of the mentally handicapped, already brings [pause] well, I don’t remember now, but I mean it brings the message of our Heavenly Father, my presence conveys it. I’ve been pondering and thinking about this [pause]. I don’t know whether I have this quality, but I wish. [pause] How it happens and what’s in it, and is it true, I don’t know, but I wish. (II)

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50 The results of Kyllönen (1994, 77) showed that less than 20% of the parish pastors wanted to develop as pastoral caregivers by increasing their self-knowledge, by learning to recognize their blind spots, or by learning to make more use of their life and work experiences.

51 Vanhanen 1986, 143-153, Appendix 4, 22-23. The results of the more recent studies have shown that 90% of the parish pastors and 97% of diaconal workers think that pastoral caregivers’ own pastoral care is important, but only 15% of the parish pastors and about 20% of the diaconal workers had sought professional help. Hiltunen 1992, 89-92; Kyllönen 1994, 77, 82-85.
Practicality meant, for example, ability to organize, methodicalness, or ability and willingness to participate in the nursing of people with mental handicaps.

And what's really [an] awfully good [aptitude] for this job, and without which I don't think you could do this work, and I'd say the same about confirmation classes too, that I don't pick and choose, I may as well wipe their noses or behinds, when the need arises. . . . I find it kind of natural. Nursing doesn't scare me and I'm not horrified at smells or running noses or things like that. I like to care for people holistically and that's awfully important when you work with people with mental handicaps. (I)

In the subcategory of talents I included references to creativity, good drawing skills or singing voice or the lack of these talents. Good drawing and singing skills were seen as important especially with the mentally handicapped, and the lack of them as an impediment.

Another thing, I don't sing and that's an awfully big handicap in this house. It really is. All the time you have to fool around with the tapes and it takes quite a lot of time too, when you plan and think and try to put together musical pieces on the tapes so that you don't need to fool around with the tape recorder all the time. (I)

Other weaknesses mentioned were poor memory and intelligence.

Some students thought that their positive and optimistic attitude towards life was their advantage as a pastoral caregiver:

A positive attitude towards life, I guess that's it. I've always thought of myself as a child born on Sunday, that I am . . . that I want to see the lights stronger than the shadows. . . . And I want my attitude to life and my whole being to be sunny and positive. And it's been like that, I guess it's a characteristic I've had ever since I was young. (P14, I)

Other characteristics grouped into this subcategory were serenity, being a smiling person, open-mindedness, having a modest attitude or an uncomplicated way of considering life and faith:

I've never been one of these dogmatists. And in this work more than ever you've had to enter into things at the practical level. And it's one of my characteristics that I like to concretize things, and think and speak simply. And that's something it's taken a lot to learn. But it's a personal characteristic and if I liked doctrinal subtleties, I'd be getting out of this work. (II)

Into the subcategory of effectiveness were grouped strengths like enthusiasm and energy:
I also like getting enthusiastic about things, I mean that I can get unrestrainedly
enthusiastic about something and then I want to do as much of it as possible.
(H16, I)

Most of the weaknesses in this subcategory dealt with inefficiency. The
students felt guilty because they thought they were too inefficient in their
work or, conversely, that they were too fast-moving, conscientious, or
spontaneous.

I mean this haste or hurrying in such a way that I say, yes, we'll do it like that,
hey, this is a good thing, hey, how are we going to proceed with this thing.
Things like that. I mean that I don't stop to think about the consequences. I
mean I jump right into it and at once, too. This is something I have to teach
myself. And it's also related to this fussing or this hurrying, I mean saying that
we'll do it. Without thinking at all about when, with whom, with what money,
what it'll lead to or is it possible at all. (H2, II)

To sum up, the issues related to the category of personal characteristics
were seen as essential elements of the students' personality, talents or
attitudes towards life. Most of the references to personal characteristics
were positive, but only about half of the students brought out aspects
belonging to this category.61 This might also be an area in which the
students would need encouragement and positive feedback in order to
recognize and value their natural way of being and acting more than before,
and to accept those things they are not able to change.

**Spirituality**

There is a wide spectrum of definitions of the concept of spirituality. Each
person, denomination or group has its own spirituality. Therefore, the
definitions of spirituality vary according to the spiritual backgrounds of
those who create the definitions and according to the purposes the
definitions intend to serve. In this study spirituality refers to the students'
personal devotional lives, religious beliefs, religious experiences and
participation, their relationship with the divine, and how these things
manifest themselves in their personal lives and work. This definition is
rather close to Bickel's notion of spirituality, according to which
"spirituality consists of direct and indirect cognitive, emotional, and
relational experience with the ultimate." Wakefield’s conception of

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61 Kruus (1983, 128-134) showed that hospital chaplains thought they were adaptable, ordinary
people, and prone to depression. These characteristics would appear to belong to the main
category of personal characteristics.
spirituality refers to: "those attitudes, beliefs, practices which animate people's lives and help them to reach out towards super-sensible realities." 62

Accordingly, I grouped into the category of spirituality all references related to any of the above-mentioned aspects. Only a few students brought out aspects related to their personal spirituality when they assessed themselves as pastoral caregivers. Those who referred to it as a strength considered their devotional life an important foundation of their ministry. They felt that when their spiritual needs were satisfied they were better able to concentrate on other people's problems.

I believe in God, and I experience that I get strength from Him. I think it's a great advantage, in the work of the pastoral caregiver and in the work of the Church, that I've got a personal relationship with Him. I think it's an advantage, and I think it also affects my personality, it has formed and developed me. I think it's awfully powerful, and an important thing. (P17, I)

Conversely, some students referred to their personal spiritual struggles and their impact on their work:

[The interviewee indicates a line, signifying a continuum, one end of which is fundamentalism and the other humanism, and while talking points to different places on it.] When I was searching for the meaning of faith, I guess then I was perhaps moving around here, this [points to fundamentalism] would have felt terribly secure: this is the way people believe, we believe like this and I have been effused by the Holy Spirit. Amen. And perhaps you'd even have started to speak in tongues if you'd really tried. But it wasn't my thing. It was foreign to me. It's always been oppressive. But when moving around here [points to the line] I've somehow felt an uncertainty about myself, about how others experience me from the outside, to what extent you have to stick to these Articles of Faith. But somehow you feel you have a more secure identity, that I can be me, myself and be more around here [points to humanism] without losing the fact that I'm a pastor. But at the same time I kind of feel insecure and when you move towards this point [points to humanism], the insecurity around here, I mean you question things, I mean that nothing's certain. But at the same time it makes your tolerance grow terribly much. But at the same time it makes

62 Bickel 1979, 31; Wakefield 1984, 361. Anderson (1981, 22-23) and Conn (1993, 38-39) define spirituality slightly more broadly. The former considers it "the commonplace attitude which influences how each individual acts and reacts habitually throughout life . . . it is a way of being religious in the world." According to the latter, spirituality refers to "the actualisation of human self-transcendence", i.e. capacity for relating, knowing and committing ourselves, by whatever is acknowledged as the ultimate or holy." For Fowler & Peterson (1997, 47) "spirituality means encounter with another, encounter with one's self, encounter with the transcendent or sacred." See also de Jongh van Arkel 1999. On the concept of spirituality within the main Christian traditions see e.g. Hopko 1990, Hinson 1990 and Carmody 1990.
you feel uncertain. And you kind of long for that security and that certainty. But somehow you just can't walk backwards to the protection of the doctrines.

Some students limited their references more strictly to the professional domain by talking about the various religious roles they had in their ministry. They referred, for example, to their talents for giving spiritual direction:

If I think of pastoral care from the point of view of something like a Christian structure... I think pastoral care can be something like spiritual direction, and there I find I'm sound enough. (H5, I)

In addition, they mentioned their willingness to convey to their patients the peace of mind that faith gave or their aptitude for holding short services or teaching in confirmation classes. Those working with the mentally handicapped stressed that the belief that all people, including those with mental handicaps, were created and redeemed by God was an indispensable foundation of their work.

To conclude, only about one third of the students referred to their spirituality in the context of assessing themselves as pastoral caregivers. This would imply that the students did not consider it an indispensable part of their identity as pastoral caregivers. Similarly, Kyllönen showed that parish pastors very seldom considered their spirituality as an area they wanted to develop as pastoral caregivers.\(^{63}\) On the other hand, both the students in the present study and parish pastors in Kyllönen's study may have thought spirituality to be a given, and therefore they did not mention it. However, the interviews showed that several students felt they had no safe forums for discussing their personal spiritual concerns. Therefore, processing these issues during training would be important to them. It might also help them to associate their spirituality with their pastoral identity. During the 1990s the emphasis on including personal spiritual formation in the CPE programs has grown markedly.\(^{64}\)

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63 Kyllönen 1994, 76.
64 See e.g. Nelson 1993; Anderson 1997; Fowler & Peterson 1997; Ivy 1997; Lescher & Troxell 1997; Liebert 1997; Murray 1997; Pohly & Evans 1997; Ruffing 1997; Sheehan 1997; Putman 1998; Fitchett 1998-1999. In 1982 the situation was different. A survey of the ACPE's expectations of ministry showed that they lacked concern for the personal faith of the CPE students. Rowatt 1982, 155-156.
6.3. Changes in Self-Assessments

The changes in the students' self-assessments were examined both quantitatively and qualitatively. All the categories the students mentioned in the initial phase of the study were referred to in the follow-up phase, as well. The content of the categories had also remained about the same, but the emphasis of individual categories had changed.

The quantitative analysis was carried out in order to find out how frequently the students referred to each of the categories in assessing themselves. Therefore, it also gave some guidelines regarding the importance of each of the categories. In this analysis I calculated the number of references related to each category by counting all the positive and negative references related to its subcategories and adding them up. If the student listed several characteristics related to the same subcategory, they were counted as one reference. However, the strengths and weaknesses related to the same subcategory were counted as separate references. Table 6.1 summarizes the number of references in each main category concerning the students' self-assessments. It also shows the proportions of references related to strengths and weaknesses, and the total number of the students who referred to the category.

Table 6.1 indicates that all the students assessed themselves in terms of empathetic listening in both phases of the study. The great emphasis on listening may reflect, at least to some extent, the importance of Kilpeläinen’s textbook. Several students even used the same wordings as Kilpeläinen in her book. Nearly all students had read her book either before the training or during it.

Most students considered their listening skills rather good already before the program, and even more clearly after it. They thought they were empathetic and knew how to listen. However, those students who had set as one of their objectives the improvement of listening skills felt after the program that they still had problems in this area. On the whole, empathetic listening constituted an important component of how the students perceived themselves as pastoral caregivers.

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65 Because of the small number of students, the differences were naturally not statistically significant. However, the figures helped to reveal some main lines.
TABLE 6.1. References Related to Main Categories. Based on the students’ (N=17) assessments of themselves as pastoral caregivers.

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<th></th>
<th>Empathetic listening</th>
<th>Positive regard</th>
<th>Active counseling skills</th>
<th>Endurance</th>
<th>Self-knowledge</th>
<th>Personal characteristics</th>
<th>Spirituality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
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</tr>
<tr>
<td>Total number of references in the category</td>
<td>30</td>
<td>32</td>
<td>55</td>
<td>44</td>
<td>43</td>
<td>33</td>
<td>25</td>
</tr>
<tr>
<td>% of references seen as strengths</td>
<td>63</td>
<td>84</td>
<td>76</td>
<td>75</td>
<td>30</td>
<td>45</td>
<td>56</td>
</tr>
<tr>
<td>% of references seen as weaknesses</td>
<td>37</td>
<td>16</td>
<td>24</td>
<td>25</td>
<td>70</td>
<td>55</td>
<td>44</td>
</tr>
<tr>
<td>Number of students who mentioned the category</td>
<td>17</td>
<td>17</td>
<td>17</td>
<td>16</td>
<td>14</td>
<td>17</td>
<td>15</td>
</tr>
</tbody>
</table>
Two-thirds of the students in both phases also thought they regarded their clients positively. Therefore, in addition to empathetic listening, the category of positive regard forms the basis of the students’ positive self-assessments. Kruus showed that hospital chaplains also felt that they possessed characteristics corresponding to the content of the category of positive regard. The chaplains thought that they were interested in people, sensitive, friendly, and popular. It appears that the students felt that the characteristics related to empathetic listening and positive regard were somehow innate. According to Jacobs, counselors in one sense are born. Their natural disposition and character is as important as their knowledge and skills. Some people have a flair for counseling. Jacobs considers for example empathy a quality of this kind that some people have more than others. On the other hand, he states that the capacity to listen can be enhanced by training. Kalliopuska, however, also considers empathy primarily as a skill that can be learned and improved.

Conversely, most students also mentioned active counseling skills, but now most of the references concerned their limitations. The students’ views of themselves became more positive during the training, but even after it more than half of the references were related to weaknesses.

The most remarkable changes in the students’ notions occurred in the area of analyzing skills. Before the program, most references concerned their problems with analyzing the clients’ situation. After the training only two students mentioned items that could be classed as problems with analyzing. Several students saw their ability to perceive the essential elements of their clients’ situation in a more positive light than before the training. One hospital chaplain, for example, explained how she had learned to realize the importance of all that was said by the patient:

The thing I’ve learned [under supervision], as a kind of a sudden perception especially with the patients or otherwise when talking with the others, is the fact that every single thing, every event, everything that’s happened, all that’s been said, that they are all related. And behind some little thing there may be questions of such enormity that we can’t know about. That all things are

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67 The results are, however, not fully comparable, because Kruus used a test of self-image. On the basis of factor analysis, he created six self-image types: tired of work, original, adaptable, in need of recognition, rational, and extrovert. The names of the factors do not, however, characterize the way most hospital chaplains experienced themselves because Kruus did not take into account the distribution of variables with high factor loadings in each factor. He named e.g. the second factor “independent originality,” even though the variable means (Appendix 7) show that most hospital chaplains felt they were rather ordinary people, Kruus 1983, 128-134.

awfully important, that nothing is trivial. . . . I mean that when you take into account all this, with some kind of respect however, even if a person says that the tea’s awfully cold, it’s awfully cold every day when it’s brought in. I mean that you have to take it seriously, take seriously everything that’s being offered. (H2, II)

Dayringer and Paiva reported similar findings. They showed that the students' felt their ability to understand human behavior had improved during the CPE training. 69

The students’ notions of their challenging skills and therapeutic skills did not distinctly change during the training. The students' assessment of their professional skills and knowledge of pastoral care improved slightly. Before the training all respondents who mentioned aspects related to this subcategory stated that they wanted to acquire more knowledge and improve their professional skills. After the training, being satisfied with them was also expressed. VandeCreek and Valentino also found that CPE students felt themselves professionally more confident after the training. 70

Active counseling skills were apparently considered characteristics that could be improved through training, because most of the objectives the students set for the course dealt with this matter. The results suggest that at least on the emotional level the students did not experience any remarkable change in this area. They still felt great uncertainty of their skills. On the basis of how they perceived their expertise, most students could probably be placed in the phase of advanced beginners. They were better able to analyze and recognize their clients' problems. They also were not as anxious as before the training. However, the great number of weaknesses they still mentioned would imply that they were aware of the limitations of their working methods and understood that their development would still take time. 71

The students’ notions of their endurance also improved to some extent during the program. Especially the hospital chaplains and chaplains who ministered to people with mental handicaps appeared to pay slightly more attention to perseverance and tolerance than before the program. They stressed that they had the patience to listen to the same stories several times, they were faithful, or that they were able to hear difficult things without becoming distressed. This would imply that they saw better the value of

70 VandeCreek & Valentino 1991, 382.
their work, and this helped them to perceive themselves in a more positive light.

**Self-knowledge** was the most crucial category, because with poor self-knowledge an accurate assessment of other characteristics was not feasible either. Self-knowledge was, however, placed on an equal footing with the other main categories, because it was only one of the primary aspects the students took into account when they assessed themselves as pastoral caregivers.

The students did not consider their self-knowledge especially good in either phase of the study. Both before and after the program, about 60% of the references dealt with their weaknesses and problems with the diverse aspects of self-knowledge. However, it is noteworthy that there were more references related to this category after the program. Especially the male students were more concerned about their self-knowledge than before the program. In the initial interviews or questionnaires only two of the seven male participants mentioned self-knowledge. In the follow-up phase five of them brought out aspects that dealt with it. Nevertheless, they still paid less attention to their self-knowledge than their female colleagues. Geary discovered a corresponding difference between the genders in his study on personal growth in CPE. The program helped the male basic CPE students want to be more self-actualizing, but the female students saw themselves as more self-actualizing than their male colleagues both before and after the training.\(^72\) VandeCreek and Valentino also discovered that students' self-actualization increased during the training, but they did not report any gender differences. In addition, they found that some students' scores on the depression scales indicated less depression at the end of the CPE unit, whereas some students' scores showed higher depression than in the pretest. However, this is not necessarily a negative sign because depression is often part of the growth process.\(^73\)

Interestingly enough, even though they emphasized their problems with self-knowledge when they assessed themselves as pastoral caregivers, nearly all students considered improved self-knowledge as one of the main benefits of the training when they assessed the training later in the interview. However, only a few students thought they had made epoch-making discoveries. Because, during the program, the students talked, thought, and wrote more about themselves than ordinarily, this may have

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\(^72\) Geary 1977.

\(^73\) VandeCreek & Valentino 1991, 382-386.
created an impression of greater self-knowledge, even though the actual improvement had not been very extensive.

Already before the training, most students (13) had sought help for their personal problems from a therapist or pastoral caregiver. However, the threshold of seeking help had become slightly lower during it: six students found looking for help easier after the training than before it. Two students participated in a marriage course during the training, two students started in psychotherapy, and three others had considered it. Those who had not resorted to therapy saw financial and practical considerations as the reasons for the non-implementation of their therapy plans:

I think it might perhaps be necessary to [pause] sometimes I think that it wouldn’t be such a bad idea to be somehow in therapy too, kind of find out about yourself in some way. In this work it sure wouldn’t be such a dumb idea.

I: You haven’t actively looked for therapeutic help?

No, actually I haven’t. It’s of course so that [pause] well, there’re a lot of questions there. Here of course everybody knows everybody else, you just can’t go to somebody you know actually quite well and who actually is your colleague. And this . . . you have to have somebody you don’t know too well to go to. And of course it’s also a question of distance, if you try to find somebody from further away it’ll be an expensive thing. It’s much easier in a bigger place. If you try to go further away, it’s of course a question of who’s going to pay for it, and if you can’t pay for it yourself, then you just can’t. But I’ve also thought about it sometimes, that it wouldn’t be such a dumb idea. (II)

The increased interest in personal therapy and what the students said about their personal life in the follow-up interviews indicated that the training activated or intensified marital or other problems that were previously only partly recognized or fully repressed. Dealing with their personal life in the seminars and supervision awakened the students’ interest in processing their problems in greater depth. Personal questions were dealt also with the supervisor in nearly half of the supervisory relationships. Several studies have shown that training programs in counseling or pastoral care can be valuable for the participants’ personal problems and self-insight.74

However, all those students who looked for help had also sought professional help at some earlier stage of their lives. By contrast, the students who might have needed personal therapy or pastoral care equally much but who had not previously overcome their threshold of seeking help were not able to do it during the training either. These findings suggest an obvious need for personal therapy or pastoral care as a part of the training.

74 See e.g. Taylor 1980, 163.
Previous studies of Finnish pastoral caregivers have shown that they think personal pastoral care would be important for them but do not seek it. The main reasons for this were their own introversion and feelings of inferiority, pastoral caregivers' prejudice and lack of trust towards other pastoral caregivers, difficulties in finding a good pastoral caregiver, difficulties in admitting their own failures and need for help, and external circumstances.\textsuperscript{75} Similar barriers were mentioned also by the students of this study.

Another noteworthy point related to self-knowledge was that the hospital chaplains, in particular, talked more about their professional role or identity after the training. Most of them felt that their identity as a chaplain had strengthened. One indication of this was that they found wearing the clerical collar more important than before. For example, a chaplain working with the mentally handicapped told that the course had helped him to realize the importance of the way he dressed:

Maybe one outer [pause] outer characteristic is that, the idea started to smoulder as a result of this course, that now in these short services which we offer in the church or in the instruction units or day centers, I've consciously changed my practice. Every time I go to give a short service, no matter where it is held, I'll wear other trousers than jeans and put this, even if I wear the sweater, I'll have this slip [clerical collar] here. And the advisors gave me positive feedback about it, that it brings kind of solemnity there, that all who are there, who can see, will sense that we've assembled here and even the pastor is appropriately dressed and won't appear in jeans and in a ragged sweater. (II)

Two hospital chaplains felt confused or hesitant in their professional role even after the training.\textsuperscript{76}

Understandably, the question of professional role and identity interested the hospital chaplains in particular because in most cases they were the only representatives of the clergy in their hospital. They were always somehow on foreign ground. They were members of a medical community, but not in a medical role. They inevitably had no clear role model and, therefore, they had to find their personal way to work and carry out their ministry.\textsuperscript{77} Finding their place in the hospital is a problem common to most new hospital chaplains. According to the survey sent to Finnish hospital chaplains, 78% of the chaplains who had held their jobs from one to two years considered it

\textsuperscript{75} Vanhanen 1986, 143-153, Appendix 4, 22-23; Hiltunen 1992, 89-92; Kyllönen 1994, 82-87. Help was generally sought from family members, friends and colleagues, instead.

\textsuperscript{76} See also the quotations concerning professional role in Chapter 6.2.

\textsuperscript{77} On the ambivalent role of hospital chaplain between the medical and religious worlds see Holst 1987a and 1987b.
the hardest thing in their work.\textsuperscript{78} At the time of the follow-up interviews the hospital chaplains had worked in their ministries from two and half to four years. The parish workers had been in their jobs from 3.5 to more than 20 years. Therefore, the question of their professional role was no longer of current interest to them. The training offered the hospital chaplains opportunities to discuss their professional role in several contexts, for example, during the clinical periods. The hospital chaplains may also have served as role models for one another.

An important sector of pastoral caregivers’ self-knowledge is becoming aware of their unconscious reasons for choosing to give pastoral care. According to Jacobs, these hidden motives may include the desire to be loving and useful, the desire for reparation or revenge, and the desire for sex or power. The helping syndrome, unawareness of these hidden motives and needs, often hampers their helping efforts.\textsuperscript{79} One of the lectures in the first clinical period and two books\textsuperscript{80} included in the supplementary reading of the training dealt with this topic. Several students had read both books and considered them important. Yet, when assessing themselves as pastoral caregivers, none of them talked about self-awareness in this sense. However, when the students assessed how they had benefited from the training, about one third of them considered they had learned to recognize their dark sides better, but they did not specify these statements any further.

On the whole, the results showed that the aspects related to self-knowledge had a great impact on how the students perceived themselves as pastoral caregivers and as persons in general. Similarly, O’Connor showed the importance of the integration of personal and professional processes. Self-discovery also improved ministering.\textsuperscript{81} The impact of the training was shown in the increased attention the students paid to the issues related to self-knowledge after the training. The training offered them several opportunities to share their personal issues, and at its best it supported their personal growth, but at its worst wounded them more. The training seemed to activate personal processes in several of the students but left too many of them to survive alone with their open wounds. Only those who had had

\textsuperscript{78} Sielunhoito sairaalassa 1990, 28.
\textsuperscript{79} The helping syndrome can be interpreted as an effort to solve early problems with narcissism. These helpers are not able to seek help for themselves. Their problems may, however, be shown in psychosomatic disorders, depression and in problems in their personal relationships. Haapakoski 1991, 31-50; Jacobs 1997, 56-79.
\textsuperscript{80} Sielunhoiton Aikakauskirja 4 (1991) belonged to the supplementary reading of the third seminar, and Lindqvist’s Aantajan varjo (1990) was included in the supplementary reading for the fourth seminar, in which only the parish group participated.
\textsuperscript{81} O’Connor 1993, 120.
positive experiences of seeking help before were able to look for personal therapy or other help for the problems that surfaced during the training.

During both phases of the study most references related to the category of **personal characteristics** were made by students working with the mentally handicapped. For instance only they mentioned practicality and singing voice. They assessed themselves not only as pastoral caregivers but as chaplains who worked in this special field.\(^2\) Pastoral care did not necessarily play a central role in their daily work. Several of them also defined pastoral care more holistically than the hospital chaplains did.\(^3\) The main content of the various subcategories remained about the same. Because there were only a few references in each subcategory, it was difficult to estimate whether any major changes took place in the way the students assessed their personal characteristics. All changes occurred at the individual level.

It was noteworthy that most students did not refer to **spirituality** when they assessed themselves as pastoral caregivers. Basically, the same students referred to spirituality in both phases the study. Conceivably, the students who did not mention spirituality took it for granted or did not think it as important as some other characteristics of a pastoral caregiver. The formulation of the questions may also have led the students to not consider spirituality as an aspect of their pastoral-caregiver identity.\(^4\)

Most students, however, were concerned about their own spirituality. One indication of this was that four of the six growth groups discussed spirituality. A similar interest in spirituality was also shown by a study concerning chaplaincy in Europe.\(^5\) The slight increase in the students' references related to spirituality may have been partly caused by processing the issue during the training. In addition to the small groups, supervision, the fourth seminar, the seminar of preaching during the second clinical period, the final essay, supplementary reading, and the short services during the training all had an impact on the students and offered them opportunities to process their spiritual

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\(^2\) They were asked to assess themselves as chaplains in their specialty, not only as pastoral caregivers.

\(^3\) See Chapter 5.1.

\(^4\) They were asked to assess themselves as pastoral caregivers and, in addition, their personal strengths and weaknesses. If the students had assessed their characteristics for example with multiple choice questions in a questionnaire including spirituality, the appreciation of spirituality would probably have been rated higher.

\(^5\) According to Pangrazzi (1995, 77) one of the chaplains' pastoral concerns was nurturing their spirituality. They also wished that they would be provided with spiritual guides.
concerns. The benefits and problems of the above components are discussed in detail in Chapter 5.2. 86

Before the training the students who referred to spirituality talked about their spiritual role or other aspects related to the spiritual components of their work. Conversely, after the training the students talked about more personal spiritual concerns, beliefs or vocation. 87

In brief, even though the training offered the students several opportunities for processing spiritual issues, the results suggest that the integration of spirituality and pastoral-caregiver identity did not materialize as readily as might have been expected.

To summarize, during both phases of the study the students mentioned most frequently aspects related to empathetic listening and positive regard when they assessed themselves as pastoral caregivers. These were also the most positive components of their pastoral-caregiver identity. It appeared that the students felt that these characteristics were somehow innate. Conversely, the students' counseling skills and their self-knowledge were the areas in which they assessed themselves to have the most weaknesses, and thus these were the most negative components of their identity as pastoral caregivers. However, after the training the students perceived their skills somewhat more positively. They felt that especially their analyzing skills had improved. On the basis of the students' experiences of their expertise they appeared to have developed from the novice phase to advanced beginners during the training.

Conversely, the students' assessments of their self-knowledge did not improve markedly during the training. However, their answers related to this area were inconsistent because they brought out mainly their weaknesses in this area when they assessed themselves as pastoral caregivers, but nevertheless considered their improved self-knowledge one of the main benefits of their training. It may be that the frequent dealing with their personal issues during the training created an impression of improved self-knowledge even though the actual change might have been rather insignificant.

At both phases of the study most students also referred to the various aspects of endurance. Generally, they thought they were faithful and persevering and that they tolerated hearing difficult things. However,

87 See e.g. the quotation concerning spiritual struggles in Chapter 6.2, Spirituality.
sometimes they were not able to commit themselves to their clients as fully as they wished. During the training the students’ notions of their endurance improved to some extent.

The categories of personal characteristics and spirituality were the components of pastoral-caregiver identity to which the students referred most infrequently at both phases of the study. Most of the references to personal characteristics were positive, and the content of the subcategories remained about the same. Noteworthy was that the students did not consider their spirituality an indispensable part of their identity as pastoral caregivers. They may have thought it as a matter of course and therefore did not mention it. On the other hand, they were interested in spirituality because several growth groups had discussed the issue.

Even though the way of defining the students’ pastoral-caregiver identity as their assessments of themselves as pastoral caregivers was rather narrow, the components that the students brought out in their self-assessments were surprisingly consistent, even with the wider definitions of professional and pastoral identity introduced in Chapter 6.1. The students’ references to skills, self-knowledge, professional role, personal characteristics, and spirituality were consistent with the conceptions of the ministerial identity presented by Pohly and Evans. They included personal, professional and spiritual components in the formation of ministerial identity. However, the students’ did not emphasize the spiritual component as clearly as Pohly and Evans did. The emphasis on spiritual aspects is also more prominent in Ramsays’ and Thorntons’ conceptions. Similarly, Räty also included the skills, clarification of self-image, professional role and personal characteristics in his conception of professional identity.88

In order to summarize the data, I endeavored to group the students into a few pastoral caregiver identity types on the basis of the above-described seven components. However, neither any individual component nor any combination of the components allowed the formation of distinctive types. Therefore, I had to find more general dimensions that would differentiate between the students. One such dimension could be the accuracy of the students’ self-assessments. As a standard of comparison with the students’ self-assessments I used their supervisors’ assessments given at the beginning and at the end of the supervision. The results of this comparison will be analyzed in Chapter 6.4.

6.4. Comparison of Self-Assessments with Supervisor Assessments

The supervisors' assessments should not be thought of as objective statements of truth concerning the students. Their assessments were naturally their own subjective impressions, which might have been influenced by their personal preferences. Furthermore, the different supervisors may have used different criteria in assessing the students. Therefore, the supervisors' assessments were not fully comparable. Regardless of these problems, I believe that in the course of the 40 hours of supervision all supervisors obtained a comprehensive picture of their supervisees and that they probably possessed the clearest picture of the students as pastoral caregivers. Moreover, when they filled in the initial questionnaire, they had already had several sessions with their supervisees. The extensive experience of most supervisors formed a good basis for the assessment of the students.

In the initial phase 16 and in the follow-up phase 14 out of the 17 supervisors returned the questionnaire. Here I compare the students' and their supervisors' assessments in terms of the categories introduced in Chapter 6.2. In order to compare the supervisors' and students' views I first formed similar mind maps of the supervisors' assessments as I had formed of the students' self-assessments. This analysis showed that the supervisors' assessments could be grouped into similar categories. The only exception was the category of personal characteristics, to which were added two subcategories: motivation and other characteristics. In the next phase of the analysis, I formed separate tables for each of the categories, in which each student had a separate row. The main characteristics of each self-assessment were placed in the first column and those of the supervisors' assessment in the second column. On the basis of these tables I was able to assess the congruity between the students' self-assessments and their supervisors' assessments.

The supervisors mentioned nearly all of the categories and subcategories less often than the students, probably because they gave their assessments in

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80 The supervisor who did not return the questionnaire refused to fill it in because he considered doing so a violation of confidentiality. One supervisor filled in only the first questionnaire because at the time the initial questionnaires were sent, her supervisee had almost finished his supervision. One supervisor did not return the follow-up questionnaire for unknown reasons. Three students had the same supervisor, and therefore, the actual number of supervisors was 14.

81 See Chapter 6.1.
the questionnaires. For the same reason their assessments were generally lists of characteristics or short sentences describing the students. For these reasons the comparison of the students' and their supervisors' assessments had to be done on a rather superficial level. Therefore, I have not included excerpts from the supervisor questionnaires or the student interviews in the following comparison. The excerpts from the supervisors' assessments would have comprised only one or two words or sentences, and the students' views have been presented already in Chapter 6.2. Instead, I try to give in each category some examples of the differences between the students' and supervisors' assessments. If no differences were present in the category or subcategory, I give only the supervisors' views. In this chapter I will focus on describing the qualitative aspects of the comparison of the initial phase. The frequencies of the references to each category are presented in Chapter 6.5.

With respect to **empathetic listening**, the supervisors generally thought that the students were empathetic and able to listen. The diverging views of supervisors and students concerned both empathy and listening skills. These students thought that they were not empathetic enough, whereas in their supervisor's opinion they were empathetic, even if at times their empathy might turn into sympathy. Similarly, some students thought that their ability to listen to their clients was not very good, but their supervisors stated that they listened to their clients with empathy and did not dominate the discussion narcissistically. On the other hand, one student regarded the ability to listen as one of her strengths, but her supervisor thought she needed to learn how to listen and hear.

All subcategories of **positive regard** also came up in the supervisors' assessments. However, in both assessments they mentioned most of the subcategories less often than the students did. Nevertheless, they referred to the students' ability to establish relationships and a peaceful ambience just as often as the students did. The majority of the divergent assessments were related to subcategory warmth. The students and supervisors did not disagree, but merely emphasized different aspects of the category. For example, the students stressed their warmth, love or ability to inspire confidence, whereas their supervisors emphasized sensitivity. When the students and the supervisors expressed opposing views, the students were unsure of their capabilities of establishing human relationships or wished they would be more sincere, whereas their supervisors thought that they already possessed these characteristics.

The supervisors assessed the students' **active counseling skills** slightly more positively than the students themselves did. However, the supervisors
again mentioned the aspects related to this category less often than their supervisees did. As to analyzing skills, the supervisors mainly paid attention to the students’ ability to recognize the most essential aspects in the client’s situation. The opinions of five students and their supervisors differed, or they emphasized different aspects of analyzing. One student, for example, thought that she had “some understanding of what was happening in counseling relationships” although, on the other hand, she found it difficult to perceive the essential elements of her clients’ problems. In her supervisor’s opinion she sometimes tended to rationalize when analyzing her clients’ situation. Another student felt she was not always able to penetrate to the core of her client’s problems. Her supervisor, for his part, thought that the student’s weaknesses were her excessive tendency to explain things spiritually and her slow insight.

Only some of the supervisors mentioned challenging skills. They thought that their supervisees had difficulty in confrontation or, conversely, were able to give justifiable feedback to their clients. With regard to the students’ ability to guide conversation, the supervisors, for example, paid attention to their supervisees’ ability to respond in an appropriate way and to guide the conversation. Concerning these skills, they saw more weaknesses than strengths and sometimes emphasized different aspects than did their supervisees. For instance, one student thought she was very versatile as far as conversation topics were concerned, whereas her supervisor stated she tended to take an opposite stand to that of her clients. Another participant felt he did not know how to ask the right questions. His supervisor thought his weakness was his excessive tendency to respond by explaining things religiously or by turning to religious rituals.

Only a few supervisors mentioned therapeutic skills. In their opinion, their supervisees did not possess, for example, skills in brief therapy, adequate knowledge of psychotherapy or of the relationships between religiousness and psychodynamics, and did not know how to use interventions or client-centered methods.

Aspects related to professionalism were mentioned only by the supervisors of the parish workers. They valued, for example, their supervisees’ practical experience, theoretical knowledge, strong professional grip, or good internalization of previous education. Some supervisors also made general comments that could not be grouped into the subcategories of active counseling skills. These comments said, for example, that their student was too theoretical, tried to be too effective, or either was or ought to be more courageous.
The supervisors paid even less attention to **endurance** than their students did. Commitment and strength were considered advantages, while some supervisors felt their supervisees could be more persevering, patient, or assertive. In a few cases the supervisors emphasized different aspects than the students did. For instance, one student considered himself impatient and restless, whereas his supervisor thought he was strong. Another supervisor, whose supervisee had difficulty in committing herself to visiting her hospital clients regularly, agreed with his supervisee on this point, but also stressed firmness as one of her strong points.

Regarding **tolerance**, some supervisors mentioned their supervisee’s ability to face difficult situations without anxiety. Conversely, a few supervisors paid attention to their supervisees’ problems in this area. They mentioned, for example, their supervisees’ tendency to identify too deeply with their clients. One of the students recognized this problem herself, as well. Except for one, the supervisors did not pay any attention to **confidentiality**.

Regarding the category of **self-knowledge** the supervisors paid less attention to the students’ life situation, experiences of life and to their professional role than the students themselves did. As to the other subcategories, the number of references made by both groups was about equal. However, there were very few cases in which both the supervisor and the student paid attention to the same aspects. As regarded **recognition of the students’ own problems**, the supervisors paid attention to their supervisees’ ability or inability to listen to and assess themselves, or to recognize their own emotions. As far as the subcategory of **recognition of the students' own limitations** was concerned, nearly all the supervisors who mentioned this aspect were concerned about their supervisee’s inability to say no and to restrict their workload.

Only some supervisors paid attention to their supervisee’s **life situation or experience of life**. In their opinion the supervisees’ own experiences helped them to understand people. However, one supervisor mentioned that the difficult life situation of his supervisee might also hinder learning and limit the student's perspective.

Some supervisors felt their supervisees had good **self-esteem** and were mature persons, whereas some others mentioned their supervisee’s feelings of inferiority, excessive need for recognition, tendency to underrate themselves, or self-criticism. Most of these students did not refer to any of these as their problems. One of them talked about his lack of self-confidence and fears of being rejected, whereas his supervisor talked about the student's excessive need for recognition.
As to professional role, only one supervisor mentioned this category in the initial phase. In his opinion his supervisee, who was working with the mentally handicapped, had difficulties in accepting the fact that sometimes in his role as a chaplain it was enough just to be present.

The issues the supervisors and students paid attention to concerning personal characteristics differed greatly. In both groups there were only isolated references to each subcategory. For example, the supervisors paid attention to their supervisee's calm and motherly outer appearance, sense of humor, intelligence, education, creativity, or expressiveness. Several supervisors brought out their supervisee's high motivation for pastoral care and counseling and their willingness to learn more about it. Other characteristics mentioned by them included, for example, that their supervisees were ordinary people, they were flexible, or aspired to be thorough. Therefore, these answers were grouped into two new categories entitled motivation and other characteristics.

The supervisors paid even less attention to spirituality than the students did. In the initial phase only four of them mentioned aspects related to it. Two of them thought that their supervisee resorted too easily to spiritual explanations. Both of these students themselves regarded their spiritual contributions in their work as their strengths. They talked about their ability to give spiritual direction or to communicate God's peace. Other issues the supervisors paid attention to were their supervisee's healthy spirituality or capability of assessing the importance of spiritual aspects in his or her clients' life. The low number of the supervisors' references to spirituality may be partly explained by the wording of the questions.

In brief, the supervisors paid attention especially to the positive regard and active counseling skills of the students. Empathetic listening, self-knowledge and personal characteristics were also referred to rather frequently. The supervisors' assessments diverged from the students' self-assessments most frequently in the categories of empathetic listening, positive regard and active counseling skills. The comparison also showed that some students' self-assessments appeared to be rather congruent with their supervisors' views regarding both their strengths and their weaknesses. Correspondingly, regardless of the category, the divergent assessments seemed to be concentrated in certain students. Some of these students seemed to assess themselves more critically than their supervisors, whereas the others appeared to have difficulties in recognizing especially some of their weaknesses. The results implied that the degree of congruity between the students' and their supervisors' assessments offered a means of differentiating between the students.
Changes

On the whole, the supervisors' assessments of their supervisees were more positive after the training. The congruity between their assessments and the students' self-assessments in most of the categories was also higher in the follow-up phase. Table 6.2 summarizes the results.91 Because of the small number of the students, the frequencies show only some main lines.

The number of congruent assessments regarding empathy was higher after the program. As for the ability to listen, the number of references remained about the same. In the category of positive regard, the supervisors stressed the students' warmth even more often than the students themselves after the program.

In the category of active counseling skills the supervisors mentioned aspects related to this category somewhat less often than their supervisees at the end of the program. Generally, they paid attention to different aspects at the beginning and at the end of the supervision. For example, one supervisor who felt that his supervisee inclined to rationalize her clients' problems no longer referred to this problem after the training. Instead he pointed out the student's difficulty in setting goals for her work.

Other problems not mentioned by the supervisors after the program were, for example, the tendency to take an opposite stand to that of the clients, or difficulty in recognizing the key points of the client's problems. When the supervisors mentioned the same aspects both at the beginning and at the end of the supervision, their assessments had not markedly changed.

Some incongruities between the students' self-assessments and their supervisor's assessments concerning active counseling skills existed even after the training. One student, for example, felt that her confrontation skills had improved. Her supervisor agreed, but thought that the student sometimes started to “preach” or explained her client’s problems rationally. Another student thought that he expressed his opinions too readily, but in his supervisors’ opinion he was an understanding, not a confrontational, person.

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91 The figures in the table refer to a total number of references related to each category - not to the number of students. The figures are counted by adding the number of references to the subcategories. Several references concerning the same subcategory were counted as one reference without separating the references concerning weaknesses and strengths. Therefore the figures do not match with the figures given in Table 6.1. Divergent assessments mean that both the student and supervisor referred to the same subcategory, but their views were opposite or they stressed different aspects.
Table 6.2. Comparison of Students’ and Supervisors’ Assessments Concerning the Main Categories. Before = Before training / at the beginning of supervision (N=16). After = after training / at the end of supervision (N=14). Number of references to each category.

<table>
<thead>
<tr>
<th>Category mentioned only by students</th>
<th>Empathetic listening</th>
<th>Positive regard</th>
<th>Active counseling skills</th>
<th>Endurance</th>
<th>Self-knowledge</th>
<th>Personal characteristics</th>
<th>Spirituality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------</td>
<td>-------</td>
<td>--------</td>
<td>-------</td>
<td>--------</td>
<td>-------</td>
<td>--------</td>
</tr>
<tr>
<td>Category mentioned only by supervisors</td>
<td>10</td>
<td>14</td>
<td>24</td>
<td>23</td>
<td>20</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>Congruent assessments</td>
<td>5</td>
<td>3</td>
<td>14</td>
<td>15</td>
<td>14</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>Divergent assessments</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>7</td>
<td>6</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td></td>
<td>8</td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
At the end of the supervision the supervisors paid less attention to *endurance* than before it. Otherwise their assessments had not markedly changed. As far as the students' *self-knowledge* was concerned, the supervisors generally paid attention to similar aspects as at the beginning of the supervision: the students' abilities or difficulties in recognizing their emotions and problems, or their feelings of inferiority. However, they paid more attention to their supervisees' inability to limit their workload. The incongruities between the students' and supervisors' assessments dealt with, for example, the impact of the students' life situation or life experience on their counseling work. In the follow-up phase two supervisors also mentioned their supervisee’s strong pastoral identities.

In the follow-up phase the supervisors referred less frequently to the supervisee’s *personal characteristics*. The category of *spirituality* was referred to even less frequently than in the initial phase of the study.

In conclusion, the supervisors assessed their supervisees more positively after the training, and the congruity between their assessments and the students' self-assessments was also higher in most categories. The remaining incongruities were related to the students' counseling skills, positive regard and self-knowledge. The comparison also showed that the number of students who assessed themselves in a similar way as their supervisor had increased. However, a few students still seemed to have difficulties in recognizing some of their weaknesses. Generally, my personal impression of the students and their change was rather consistent with the supervisors' evaluations. On the whole, the results would imply that the congruity between the students' self-assessments and their supervisors' evaluations could be used to differentiate the students after the training as well.

### 6.5. Four Self-Assessment Types

The comparison of the students' and supervisors' assessments in the various categories showed that the congruity between these assessments could be used as one criterion for differentiating between the students and for summarizing the data. It gave an estimate of the accuracy of the students' self-assessments. In addition, when I read the students' answers and analyzed the mind maps and tables I had created, I noticed that some students seemed to be more critical of themselves in all the categories than the other students. Similarly, I discovered that some students assessed themselves mostly in terms of their skills, whereas the others assessed
themselves by describing their personal characteristics. Therefore, I ended up grouping the students on the basis of three dimensions: accuracy of self-assessment, the degree of self-criticism, and the personality-skill orientation.

As regarded the dimension of accuracy of self-assessment, the grouping was made with the aid of a qualitative comparison of the students’ self-assessments and their supervisors’ evaluations. The students’ self-assessments could be divided into two groups in terms of the degree of accuracy: high and medium. Some of the self-assessments of all students were congruent with their supervisor’s views and, therefore, none was graded with low accuracy. An analysis of the medium accuracy cases revealed that incongruity with the supervisors’ assessment could be divided into two classes: 1) the students were more critical than their supervisors 2) the students emphasized other weaknesses than their supervisors. Therefore, the students were grouped into three groups on the basis of the degree and class of accuracy: 1) high accuracy, 2) medium accuracy related to self-understatement and 3) medium accuracy related to difficulties in recognizing own limitations.

In order to group the students in terms of self-criticism, I counted the number of positive and negative statements that the students made when they assessed themselves in the questionnaires and interviews. The self-criticism of those who mentioned more strengths than weaknesses was graded low, that of those who presented about an equal number of both medium, and the self-criticism of the students who referred somewhat more often to negative aspects was graded high.

By personality-skill orientation I mean the nature of the characteristics the students emphasized in their self-assessments: whether they stressed such characteristics as were typical for them as persons or whether they put the emphasis on their skills as pastoral caregivers. The references related to the categories of positive regard, self-knowledge, and personal characteristics were most clearly related to personality, and the references to active counseling skills were related to professional skills. Empathetic listening, endurance and spirituality included both aspects, depending on the students' emphasis. In terms of this dimension, the students were placed into three groups: those who were skill-oriented, those who emphasized both aspects equally, and those who stressed the aspects related to their personality.  

I counted how many of the students' statements were related to their personal characteristics (features typical for them generally, not only as pastoral caregivers) and how many to their specific skills in pastoral encounters. The students were grouped into that category to which
Chart 6.2 summarizes the categorizations based on the above-mentioned three dimensions at the beginning of the training.

Combining these three dimensions was, however, rather difficult. If all the groups in each dimension were taken into account, 13 different types would emerge. When either the dimension of self-criticism or personality/skill orientation was added to the dimension of congruity with the supervisor’s assessments, this alone resulted in seven types. Combination of self-criticism and personality/skill orientation generated six types. Hence, it was impossible to create the types by simply combining the dimensions, as the resulting number of categories would have been too high. Therefore, I first grouped the students into three types on the basis of congruity with their supervisors’ assessments. I then further divided the group of congruent assessments into two groups on the basis of self-criticism: the students who emphasized their strengths and those who emphasized their weaknesses. I termed the resulting four types as: 1) strength-oriented realists, 2) weakness-oriented realists, 3) self-underraters, and 4) self-deceivers. The first two types were named realists because they assessed themselves in a similar way as their supervisors. The term self-underrater refers to the students’ tendency to be more critical towards themselves than their supervisors were. The term self-deceiver is used here in the sense Reber defines it. According to him, self-deception means “deceiving of oneself in the sense of the inability to have accurate insights into one’s limitations.”

I use the term “self-assessment type” instead of “pastoral caregiver identity type” because I was not able to create the types directly on the basis of the components of the students’ pastoral caregiver identity. Especially the inclusion of congruity with the supervisors’ evaluations as one criterion supports better the term self-assessment type.

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most of their characteristics belonged. If they expressed about an equal number of characteristics at the two extremes of the dimension, they were placed in the middle.

93 Reber 1995, 701.
I also took into account the third category, personality/skill orientation, in the description of the types. Table 6.3 summarizes the characteristics of the groups in terms of the above three dimensions, and Table 6.4 in terms of the seven components of pastoral caregiver identity described in Chapter 6.2. The typical features of each group are illustrated by creating ideal types that have the characteristics of several real students. Most students were easily categorized into these four types. The student whose supervisor did not fill in the questionnaires was placed into the weakness-oriented realists on the basis of the interviews and the feedback she received from the hospital staff during the initial clinical period.
Table 6.3. Characteristics of Self-Assessment Types in Terms of Main Dimensions before Training.

<table>
<thead>
<tr>
<th></th>
<th>Strength-oriented realist</th>
<th>Weakness-oriented realist</th>
<th>Self-underater</th>
<th>Self-deceiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>P17, H16</td>
<td>P6, P10, P14, H1, H3, H11</td>
<td>P4, P12, H2</td>
<td>P8, P13, H5, H7, H9, H15</td>
</tr>
<tr>
<td>Accuracy of self-assessment</td>
<td>High</td>
<td>High</td>
<td>Medium Students underrate themselves</td>
<td>Medium Students do not recognize all weaknesses</td>
</tr>
<tr>
<td>Degree of self-criticism</td>
<td>Low</td>
<td>High</td>
<td>Medium</td>
<td>Low (3) Medium (3)</td>
</tr>
<tr>
<td>Personality/skill orientation</td>
<td>Personality-oriented</td>
<td>Skill-oriented (1) Middle (1) Personality-oriented (4)</td>
<td>Middle (2) Personality-oriented (1)</td>
<td>Skill-oriented (1) Middle (2) Personality-oriented (3)</td>
</tr>
</tbody>
</table>

Mary was a strength-oriented realist. Mary assessed herself more positively than the students of the other types. In her self-assessment she stressed aspects related to her personality, not to her professional skills. Judging from the high congruity with her supervisor’s assessments, she had a quite realistic view of herself.

Mary considered herself an empathetic listener, open, caring, gentle, and respectful. She did not pay much attention to her active counseling skills, but thought that she could recognize the core of her client’s problems. Her perseverance and tolerance were generally good, but she felt that her attention span was sometimes short and her identification with her clients too deep. Mary considered her self-knowledge good. She also listed several positive personal characteristics. In addition, she emphasized her personal spiritual life as a resource, and thought she was good at offering short services.

A typical representative of the weakness-oriented realists was John. On the whole, his self-criticism was higher than that of the students of other types. However, he seemed to have a rather realistic picture of himself as a pastoral caregiver as his supervisor’s assessments were congruent with his own views. John concentrated in his self-assessment on the aspects related to his personality.
Table 6.4. Characteristics of Self-Assessment Types in Terms of Main Categories before Training. sv=supervisors, st= students. If the supervisors' and students' assessments were congruent, they are not referred to separately.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Empathetic listening</th>
<th>Positive regard</th>
<th>Active counseling skills</th>
<th>Endurance</th>
<th>Self-knowledge</th>
<th>Personal characteristics</th>
<th>Spirituality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strength-oriented realist</td>
<td>Strength</td>
<td>Strength</td>
<td>Not stressed</td>
<td>Some problems with perseverance and tolerance</td>
<td>Good self-knowledge</td>
<td>Mainly strengths</td>
<td>Strength</td>
</tr>
<tr>
<td>Weakness-oriented realist</td>
<td>Some problems</td>
<td>Strength</td>
<td>Several problems</td>
<td>Both strengths and weaknesses in perseverance and tolerance</td>
<td>Problems with self-esteem, life situation, self-awareness</td>
<td>Both strengths and weaknesses</td>
<td>Not referred to</td>
</tr>
</tbody>
</table>

John thought he was an empathetic listener. Sometimes, especially when tired, he had difficulties in concentrating on his clients’ problems. He also
occasionally talked too much. He thought he was sincere, interested in people, and willing to help and respect them. He had no problems in establishing relationships, but needed to develop his ability to analyze his clients’ problems, confront them and to guide the conversation. His stamina in listening to almost anything his clients told him was his strength. On the other hand, he sometimes tried to avoid difficult issues or identified too deeply with his clients. John’s self-esteem was not very good. John did not refer to his spirituality.

Susan represented the self-underraters. Susan’s self-assessments were clearly more critical than her supervisor’s evaluations. However, she also brought out several of her strengths. In her self-assessment she stressed equally the skill-oriented and personality-oriented aspects. Her supervisor considered Susan an empathetic listener, but Susan herself thought she was sometimes too empathetic, and sometimes she had difficulties in concentrating on her clients. As to her active counseling skills, Susan’s supervisor saw need for improvement only in her therapeutic skills and knowledge. Susan thought that she was unable to utilize the background information of her clients. As to endurance, Susan mentioned her impatience, restlessness, and lack of firmness, whereas her supervisor said that she was firm and committed herself fully to her clients.

As far as her self-knowledge was concerned, Susan mentioned only her problems of cutting down her workload, while her supervisor emphasized her good self-esteem and self-awareness, her ability to assess herself and to utilize her life-experiences in her work. Susan also talked about her spiritual problems, but her supervisor stressed her healthy spirituality and ability to assess the importance of spiritual aspects in pastoral relationships.

Patrick represented the self-deceivers. When his self-assessments were compared to his supervisor’s views, he appeared to have difficulty in recognizing especially some of his weaknesses. However, he did not assess himself more positively than the students of the other types; his self-criticism was at a medium level, but the weaknesses he mentioned often diverged from his supervisor’s assessments. When he assessed himself, he referred to both to his skills and his personality.

Patrick was an empathetic listener, a warm, peaceful person who inspired confidence and was interested in people. With regard to his active counseling skills, Patrick referred to both his strengths and weaknesses. He thought he had insight and was good at lending support to the clients. The limitations he mentioned were, for example, difficulty in asking the correct questions, confronting his clients, or interpreting the core of their problems, whereas his supervisor paid attention to his inability to set goals for his work and to
his overly rationalized interpretations. The problems regarding endurance that Patrick mentioned were impatience and overly strict confidentiality. According to his supervisor he had difficulty in assertiveness and in facing conflicts.

Patrick considered his self-knowledge rather poor. He thought he had problems of self-esteem, difficulties in recognizing his emotions and limiting his workload. His supervisor noted his self-criticism, his excessive need for recognition, and inability to separate his own traumas from his work. Patrick hardly mentioned any personal characteristics, but his supervisor considered him an ordinary person, motivated to minister pastoral care and to learn more. Patrick felt spirituality was one of his strengths, whereas according to his supervisor he too easily tended to give a spiritual explanation to issues, and sometimes used religious rituals in an inadequate manner in pastoral care.

Based on a comparison of the types described above, the strength-oriented realists and weakness-oriented realists seemed to have the most realistic views of themselves. The main difference between these groups was that the strength-oriented realists had a more positive view of themselves. This might be explained by the age of the students. Several of the weakness-oriented students were comparatively old. They had had no previous training in pastoral care, and in spite of their long working experience they felt they did not have much experience of pastoral care and counseling. This may partly explain their uncertainty as pastoral caregivers. On the other hand, the high accuracy of their self-assessments implied that their relatively high degree of self-criticism was a sign of good self-knowledge and, hence, indicated an ability to perceive personal weaknesses realistically.

The self-underraters differed from the other types in their tendency to underestimate themselves as pastoral caregivers. However, on the basis of their supervisors’ assessments, they had a natural aptitude for pastoral care. They were older than the students in general, but due to other types of work before their current jobs their working experience as pastors was relatively short. Therefore, they may have been wary of emphasizing their professional skills, even though they were very interested in giving pastoral care. On the other hand, according to Jacobs, self-criticism is often related to high ideals and to the pastoral carer’s unconscious desire to be needed and useful.94

The strength of the pastoral caregiver identity of the self-deceivers can be characterized as mediocre, and they had difficulty in recognizing some of their

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limitations. This may be related to their inadequate self-knowledge. Several of
them had, for example, difficulty in recognizing their emotions, and some had
a defensive attitude towards discussing their problems and personal life. This
was indicated also by their way of relating to me during the interviews. The
two students who were inhibited and seemed to withhold themselves from
telling openly about their life belonged to this group. Their personal
problems may have affected their way of giving pastoral care and, in
particular, limited their ability to assess their limitations.

The work setting of the students did not seem to affect their ways of assessing
themselves as pastoral caregivers, as there were both hospital chaplains and
parish workers in all of the groups. The gender of the students did not clearly
explain the differences between the types, either. The lack of personal
psychotherapy may, on the other hand, be related to difficulties of self-
assessment in the self-underraters and self-deceivers. However, several of the
strength-oriented realists and the weakness-oriented realists were able to assess
themselves realistically even though they had not been in personal therapy.

The religious background of the students may to some extent explain why the
weakness-oriented realists assessed themselves more negatively. Three of them
belonged to the same revival movement, the "Awakened." Typical of this
movement is a humble and modest attitude towards one’s spirituality and life.39
This may explain why these students were more inclined to refer to their
weaknesses than to their strengths as pastoral caregivers. References to
positive aspects might have emotionally meant to them boasting and taking
pride in their achievements.

The self-assessment types do not represent any specific personality types.
Empirical research also suggests that there are no special personality types
that would make for an especially good pastor or pastoral caregiver. The
entire personality of the pastors is significant because it is the main vehicle
through which they work.38

Changes

During the training, the students’ assessment of themselves changed in
terms of all the three dimensions. To begin with, after the training they

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38 Personality factors are related to e.g. the types of ministry the pastors find attractive, the way
they carry out their ministry, and to their vulnerability to stress and burnout. The crucial thing
is whether there is a match between the personal gifts of the pastor and the needs of the
appreciated their strengths more than before. Only two students assessed themselves more negatively after the training. Most studies concerning the changes in CPE students have produced similar results. Generally, students perceive themselves more positively and less defensively after training.97

Several students also placed more emphasis on aspects related to their skills. This would imply the importance of skills to their pastoral caregiver identity. This finding is in accordance with the definitions of professional identity. Stenström, for example, states that people with good professional identity think that they possess the skills needed in their profession.98 Only three students stressed their personal characteristics more than before.

The congruity between the students' self-assessments and their supervisors' appraisals was also higher after the training. Fitchett and Gray also used supervisor evaluation in their study on the outcomes of CPE on students' professional functioning. According to their results, supervisors rated their supervisees positively at the end of CPE but significantly less positively than the students themselves. The supervisors' post-CPE assessments were at about the same level as the students' self-assessment at the beginning of the training. In this respect their results differed from the findings of this study.99

Because of the above changes several students were recategorized after the training. The direction of the change, however, was parallel with all students whose type changed. Chart 6.3 illustrates these shifts.

The basic criteria for dividing the students into types were, as in the initial phase, the degree of self-criticism and accuracy of self-assessment. Therefore, because the degree of self-criticism was lower and accuracy of self-assessment higher than before the training, the number of students placed in the type of the strength-oriented realists increased. Altogether seven students from the other three types were placed in this category. Two students who were originally placed into the weakness-oriented realists were transferred because they both assessed themselves clearly more positively than before the training. One of them lacked his supervisor's

97See e.g. Thomas & Stein & Klein 1982.
98 Stenström 1993, 38.
99 The effect of the program was measured by using the Clinical Ministry Assessment Profile. The subscales including most variance between the supervisors' and students' ratings were Creative Use of Conflict, Care Amid Controversy and Facilitation of Relationships. Fitchett and Gray 1994. Cultural differences may account for the differences of the results. Americans are encouraged to project a strong personal image in an evaluation situation, whereas Finns often understate their abilities.
but the other contexts of the follow-up interview indicated that his self-knowledge had improved during the training and therefore, I concluded that his self-assessment was quite realistic. The other student assessed both his strengths and his weaknesses similarly to his supervisor.

Chart 6.3. Changes in Self-Assessment Types. Solid lines indicate shifts from one type to another, and dotted lines indicate tendencies towards another type.

Two of the students who tended to underrate themselves in the initial phase of the study, assessed themselves more congruently with their supervisors after the program. They seemed to be more aware of their strengths than before and dared bring them out. Especially one of them thought her professional skills had improved a great deal due to good supervision.

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\(^{100}\) Because he had nearly finished his supervision at the time of the initial phase of the study, his supervisor filled in only the first questionnaire.
In addition to the above students, also three of the self-deceivers were transferred to strength-oriented realists. The comparison of their self-assessments with their supervisors' appraisals showed that they were more congruent than before the training. When I compared their supervisors' initial and follow-up assessments, I noticed they did not mention in the follow-up phase several of the problems they had paid attention to in the initial phase. This suggests that these problems no longer existed. In the follow-up phase the students themselves also referred to the same problems their supervisors pointed out. A fourth student of this type also recognized some of her weaknesses better than in the initial phase; however because she seemed not to be aware of all the aspects brought out by her supervisor, she was not transferred to the strength-oriented realists.

Of the four students who remained in the category of weakness-oriented realists, two assessed themselves more positively than in the initial phase. However, because they also brought out several of their weaknesses they were not transferred. One of the students was shifted towards the self-deceivers because according to the final assessment of his supervisor he had problems, for example, with confrontation and guiding the conversation. The student himself did not note these aspects. The other two students who remained in the weakness-oriented realists assessed themselves as negatively as before the training, but still congruently with their supervisors.

Only one student remained in the category of underraters. He thought that his skills had improved to some extent, but as a whole he was more critical in his self-assessment than before the program. His supervisor did not return the follow-up questionnaire, but according to the program leaders he was very skilled. Therefore I concluded he probably still underestimated himself.

Two of the three students who remained self-deceivers assessed themselves more positively in the follow-up phase. Their supervisors agreed with them concerning their strengths. However, the supervisors still noted several weaknesses, such as excessive self-criticism and self-disparagement, and difficulty in conducting pastoral conversations and in facing conflict situations, factors that these students did not mention themselves.

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101 The supervisor of one of these students did not hand in his report in either phase, but judging from the interviews and personality tests the student’s self-knowledge was good, and her self-assessments, therefore, realistic.
Experiences of the training

In order to be able to assess why the above-mentioned changes did or did not occur, I analyzed the students’ answers of how they benefited from the training and how they experienced the various components of the training. This information is summarized in Table 6.5.102

Table 6.5. Experiences of Training.

<table>
<thead>
<tr>
<th>Benefits of the training</th>
<th>Strength-oriented realists</th>
<th>Weakness-oriented realists</th>
<th>Self-undersramers</th>
<th>Self-deceivers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Improved self-knowledge and self-esteem</td>
<td>• Slight disappointment</td>
<td>• Slightly improved skills and self-knowledge</td>
<td>• Somewhat improved self-knowledge</td>
</tr>
<tr>
<td></td>
<td>• Strengthened professional identity</td>
<td>• Somewhat improved self-knowledge</td>
<td></td>
<td>• Somewhat strengthened professional identity</td>
</tr>
<tr>
<td>Supervision</td>
<td>• Both personally and professionally important</td>
<td>• Professionally important</td>
<td>• Not very important</td>
<td>• Personally important</td>
</tr>
<tr>
<td>Identity groups and growth groups</td>
<td>• Either identity group or growth group important</td>
<td>• Either identity group or growth group or both negative experience</td>
<td>• Not important</td>
<td>• Identity group important</td>
</tr>
<tr>
<td>Three seminars</td>
<td>• Activated personal processes</td>
<td>• Activated personal processes</td>
<td>• No personal processes</td>
<td>• Activated personal processes</td>
</tr>
<tr>
<td></td>
<td>• Personal insights</td>
<td>• Professionally important components</td>
<td>• Professionally important components</td>
<td>• Personal insights</td>
</tr>
<tr>
<td></td>
<td>• Professionally important components</td>
<td></td>
<td>• Feedback important</td>
<td>• Professionally important components</td>
</tr>
</tbody>
</table>

102 The analysis is based on the sections of the follow-up interviews in which the students were requested to assess the various components of the training and how they benefited from the training on the whole. In the first phase of the analysis I created mind maps of the assessments concerning each component. Secondly, in order to analyze whether the four self-assessment types had experienced the training in a different way, I created first a more detailed version of Table 6.5 in which I summarized the main aspects of the students' experiences concerning each component based on the mind maps.
The students placed in the category of strength-oriented realists after the training stressed their improved self-knowledge when they described how they had benefited from the training. They believed that they were also better able to recognize their dark sides and limitations.⁹³ They felt that their self-esteem was higher; they utilized their own experience of life better, were more able to take their own needs into account and to talk about their problems more openly. According to their supervisors, their professional identity strengthened markedly during the supervision. The students themselves also believed that they were more secure as pastoral caregivers.

These students experienced their supervision to have been important, both personally and professionally. They had taken up several important personal issues with their supervisor and had discussed their problems as pastoral caregivers. Supervision was also professionally important and helped them to clarify their ministerial identity. Similarly, either their identity group or growth group or both were positive experiences. Group members were open

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⁹³ The recognition and acceptance, sometimes also the surpassing, of one's limitations is one of the objectives of supervision. Kuusniemi 1990, 31-32.
and the support and feedback of the group helped its members to gain new insights.

The seminars activated personal processes in most of these students and some considered looking for personal therapy. Several role plays and other exercises were also professionally important for these students. The parish workers felt that the fourth seminar was important both professionally and for their own personal spirituality. The hospital chaplains and chaplains working with the mentally handicapped were mainly disappointed with the work on the wards during the clinical periods because it was not experienced as being very challenging. However, some individual patient contacts were important. The seminar on preaching was also a great disappointment. The students found studying the supplementary reading throughout the training to be hard job, but felt that most of the books and articles were important. Similarly, writing their final essay produced some personal insights in addition to professional benefits.

The weakness-oriented realists also believed that their self-knowledge had improved to some extent during the program, even though they did not make any revolutionary new discoveries. On the whole, they were slightly disappointed in their progress during the training because they “did not become more qualified.” However, they felt that they were more secure and professional than before.

They were rather satisfied with their supervision because it offered them an opportunity to share some difficult work situations. However, they would have also wished to deal more with personal issues. Either the identity group or growth group or both were disappointments. Some group members dominated the conversation, and often the issues discussed remained on a rather superficial level. Even though the problems were evident, the group dynamics were not openly discussed.

The seminars were the best part of the training for the weakness-oriented realists. They included both personally and professionally important components which led them to ponder some of their personal and family problems. As a result, one of these students started personal therapy. The parish workers in this category felt that they gained important insights and got significant feedback during the fourth seminar. Equally, the hospital chaplains felt that the clinical periods were important to them because they strengthened their identity as hospital chaplains and offered them professional encouragement. They also experienced the seminar on preaching more positively than the other students. Some of their patient contacts were also impressive. The weakness-oriented realists thought that the supplementary reading and the assignments were good introductions to
the seminar themes and had also brought personal issues to the surface. Conversely, the final essay was only an assignment that had to be done. The students chose rather familiar topics and did not gain much from the process.

The student remaining in the category of self-underraters believed that his skills and self-knowledge had improved to some extent during the program but not in any revolutionary way. However, he felt that he understood better the importance of emotions. He seemed to remain personally rather untouched throughout the training. He felt that he had not enough material to bring to supervision and therefore, he did not experience it as being very important. His experiences of the identity group and growth group were not especially impressive either. The growth group was a positive experience but was trod under foot by his other duties. The seminars did not bring any deeper personal issues to the surface but included several professionally essential components. The feedback he received from the other students was also important to him. During the fourth seminar the bibliodrama and the trainer’s careful attending to the short services made a strong impact on him. He also found most of the supplementary reading interesting and enjoyed writing his final essay.

The self-deceivers also thought that their self-knowledge had improved to some extent during the training. They had also processed some personal issues. Two of them had also considered the possibility of personal therapy. According to their supervisors, the professional objectives set for the supervision were not fully reached, even though the students’ skills had improved to some extent. However, the students felt that their pastoral-caregiver identity had strengthened.

Supervision was a very important experience for them. The unconditional acceptance the supervisors showed was vital to them. They also were able to deal with issues of self-esteem and other personal concerns in the supervision. The identity group was an important experience to them, especially the feeling of belonging to the group. Conversely, the growth group was thought to have been too heterogeneous and plagued by conflicts between the group members. In addition, the students felt that the topics they raised in the group were not appreciated by the other members. They also suffered from feeling like outsiders during the seminars. However, the seminars were personally important to them and also included professionally educational components.

The only parish worker in this group evaluated the fourth seminar positively because of the personal insights it offered. The clinical periods frustrated the students working in the specialized ministries because the work on the
wards was boring or resembled too much their ordinary work. During the second clinical period they had difficulties in concentrating on the program. The seminar on preaching brought back old memories from their practical exercises in homiletics at the faculty of theology and was a disappointment. The students thought that reading all the literature and writing the assignments was hard but useful work. Similarly, writing the final essay tasted like dry bun even though the theme was interesting. The feedback was also discouraging.

During the interviews several students in all the above categories reported having negative experiences in the identity groups and growth groups. This led me to analyze these experiences in a more detail. These groups were the students' most important opportunity to talk about their personal questions during the training. Table 6.6 shows the frequencies of how the groups were experienced. Generally, the students who belonged to the same group had a rather uniform experience of the group.

Table 6.6. Experiences of the Identity Groups and Growth Groups.

<table>
<thead>
<tr>
<th>Experience of the group</th>
<th>Identity group</th>
<th>Growth group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Partly positive, partly negative</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Mainly negative</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

The students who had a favorable opinion of the identity groups and the growth groups regarded the communication and interaction within them to be open and sincere. They shared their personal problems with the other members and felt that they were heard and understood by them and that they received the support they hoped for from them.

Well, there you were at least able to see the change, that people all of a sudden opened up and changed. . . In a way I felt that it was nice to go there at the end of the day, to share all [of what you had on your mind], whatever now had surfaced. And of course the fellowship with the other group members, to belong to a group. I think that you could see this change clearly, I mean that when you were able to tell something that you generally don't talk about, after that the person became free, even though he or she did not say anything else, you could see that he or she felt secure in this group. (II)

The CPE students in O'Connor's study also experienced their group experiences positively. They felt that the group was nonjudgmental but confrontational. Trust within the group was an essential ingredient of the students' experience. Students felt that they were able to unload their
personal and ministerial burdens in the group. The participants also thought that their self-acceptance had improved and their personal authority had increased. The group also helped them to see difficult experiences in their personal life history as assets that made them more compassionate and empathetic. The supervisors confirmed the students' self-assessments. In addition, they also pointed out that the students were better able to recognize their limitations. According to supervisors, peer feedback was one of the most powerful sources of student learning. On the whole, the training, and the group process in particular, had strengthened the students' ministerial identity.103

In the present study nearly half of the students experienced the growth group or identity group as just the opposite. They thought the interaction within the group was superficial and, therefore, they did not want to share important personal issues with the group. Some students were disappointed because they had revealed their painful life situation to the group but felt the group members did not have the stamina to bear what they were told.

[The student tells about the difficult life situation she had revealed in the group] . . . I experienced then anyhow that some people started to become anxious and started to pity me . . . and actually I was not pleased that I spoke about these things because I felt that it didn't serve that situation. Well, some people were happy that I had finally said something personal and opened up. But the others became anxious . . . . I kind of had this thought when I made this initial move . . . but I felt that those persons with whom I could have talked [more] became anxious, and I thought that this was not a good idea after all. (I)

Several students also experienced some other group members as overly domineering and, consequently, reserved and quiet members had no space in the group. Problems were also caused by conflicts between some group members. No solution was found for most of these interpersonal conflicts, and therefore they affected the overall interaction of the group and troubled those involved in them even after the training.104 The interviewees of O'Connor did not reveal the conflicts that apparently also occurred in their groups, but the students referred to them by using, for example, the term

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103 O'Connor 1993, 94-102, 111-115, 157-158.
104 This was clearly shown by the interviews. Some students told me about their conflicts with other group members and even asked my advice about the other party possibly being willing to try to solve the dissension. However, due to confidentiality of the interviews and my role as a researcher, I tried to avoid taking a stand on these conflicts. Generally, both parties of the conflicts told me how they had experienced the situation in the group. All growth group leaders had noticed the problems in the group.
confrontation. Conflicts between group members are a part of the normal group development. However, if the group is not able to deal with these difficulties, it does not move forward.

Discussion

On the whole, the training seemed to strengthen the pastoral-caregiver identity of the students. The students' ways of assessing themselves as pastoral caregivers showed that the development of their pastoral caregiver identity was a holistic process affected by the advancement of their skills and their personal development. The formation of the students' pastoral caregiver identity can also be understood as an experiential learning process. Holistic personal development is in accordance with the experiential emphasis of learning in the training. The outcomes of learning are shown in the changes of the students' self-assessments.

The strengthening of the student's pastoral caregiver identity was indicated most clearly by the increased number of the students classed as strength-oriented realists after the training. In addition to them, also the students remaining in their original type believed their pastoral caregiver identity had strengthened to some extent. Most students also experienced that their self-knowledge had improved. However, in this respect their self-assessments were rather inconsistent. Even though most students mentioned that the training had improved their self-knowledge, they brought out several problems in this area when they assessed themselves as pastoral caregivers. Similarly, only a few students felt that they had made revolutionary new discoveries during the program. In some cases the experience of the improvement of self-knowledge was probably simply an impression resulting from writing and talking about personal questions more than ordinarily. The increased congruity with the supervisors' views might also have been a result of the feedback received from the supervisor. The students learned to better recognize in themselves expressly those aspects their supervisor considered important.

Most studies on the CPE students have also indicated improved self-knowledge, self-acceptance and improved identity as a pastoral caregiver.

107 Napier & Gerschenfeld 1993, 480-489.
109 In the experiential views of learning the ultimate goal of learning is holistic personal development. See Chapter 1.5.
110 See Jarvis 1987a, 24-26.
The students have appeared to be more confident after the training, more enthusiastic and ambitious, more independent, more interested in life and more self-actualizing. Their sensitivity to themselves and others has also shown to increase.\textsuperscript{111} However, Thomas et. al. and Geary discovered that some of these changes tended to disappear after the training. They also found that female students assessed themselves more favorably, and that their self-confidence, personal adjustment and endurance were higher than in the male students.\textsuperscript{112} According to Derrickson, studies have shown that the basic character or personality of the students does not change.\textsuperscript{113}

Both improved self-knowledge and strengthened pastoral caregiver identity were in accordance with the personal goals of the students and those set by the program leaders. Nearly all the students stressed the gaining of better self-knowledge as their main personal goal for the training. However, the progress in the students grouped as strength-oriented realists appeared to be greater than those in the other categories. Table 6.5 shows that these students also experienced the training more positively than the students in the other categories. The decisive factor seemed to be that throughout the program these students appeared to gain both personally and professionally of the various components of the training. In addition, they had several safe forums for processing their personal issues that surfaced during the training. Firstly, in their supervision they were able to deal with not only their professional concerns but also their personal issues. Similarly, either their identity group or growth group or both functioned well and thus offered them an opportunity to process issues that they felt important. Furthermore, they experienced the literature studies and the final essay as both personally and professionally important.

The factor that seemed to differentiate the students categorized into the other types from the strength-oriented realists appeared to be the smaller impact of personal processes. Either the training did not provoke any major personal issues (the self-underrater), the students did not have safe opportunities to process their personal concerns, or their problems were so deep that they would have needed extra help. Supervision of these students remained at a professional level, but the supervision of the self-deceivers also dealt with personal issues. The seminars were professionally important to all these groups and provoked personal issues in them as often and


\textsuperscript{112} Geary 1977, 13-16; Thomas & Stein & Klein 1982, 186-192.

\textsuperscript{113} Derrickson 1990, 355.
intensely as in the strength-oriented realists. However, because the other components did not offer them places for processing these issues, their progress was slower. Either the identity group or the growth group or both were disappointments to these students. Some of these students seemed to be those responsible for the conflicts in the identity groups and growth groups without necessarily noticing it. They might have needed special help in processing their problems. Additionally, most students who were placed into the categories of weakness-oriented realists, self-underraters and self-deceivers did not gain any personal or professional insights from their final essay. Most of them chose topics that were familiar to them, and thus they were rather easy to deal with.

On the whole, the students' experiences of the training regarding their personal development and the enhancement of their professional identity raised the question of the balance between the educational and therapeutic aspects of the training. Regardless of their self-assessment type, the training appeared to cause more or less painful personal issues to surface in most students. Some of the students progressed remarkably in their personal processes. For them the training served as a trigger for increased self-reflection and for a transformation process. Conversely, some students finished the training their wounds aching or bleeding, without being able to look for help. For them the learning experience offered by the training might even have been harmful. It would also seem that in some cases the students' personal crisis activated during the training deprived them of energy and diminished their progress on the professional sphere.

In CPE the problem of balancing the educational and therapeutic aspects of the training appears to be as evident as it is in the Finnish training. According to the articles and studies that discuss this issue, the general opinion seems to be that the students' personal development is as valuable to their ministry as their improved skills. However, for example the supervisors in O'Connor's study clearly stressed that CPE was education, not therapy. Hemenway states that even though CPE is in the first place education, it necessarily also brings about therapeutic changes and awareness. In her opinion, growth can take place only when the students' emotional needs are recognized, shared and met. Nevertheless, Hemenway as well as, for example, Pohly and Evans, stress that when personal needs demanding psychotherapeutic help are uncovered, the

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113 Mezirow (1981, 6-7; 1990, 13-17) terms this process as perspective transformation.
113 See Jarvis 1987a, 24-26.
supervisor should not turn the supervisory conversation or group session into therapy but should refer the supervisee to personal counseling. Pohly and Evans also state that the personal dimension of supervision means focusing on how the supervises' emotions, reasons, thought processes and intentions are manifested in their pastoral ministry. Equally, when the event or case dealt with during supervision has provoked strong emotions in the supervisees, they should be helped to unpack these emotions.\footnote{Pohly \\& Evans 1997. See also Millar 1990, 272-273.}

Most counselor and therapist training programs consider personal therapy an indispensable part of the training. In Seaton-Johnson and Wayland’s study on CPE supervisors, 84\% of the 653 supervisors agreed that personal psychotherapy was useful in clinical training.\footnote{Seaton-Johnson \\& Wayland 1980, 156.} The importance of personal therapy or pastoral care of the pastoral caregivers is also acknowledged by several textbooks and articles on pastoral care and counseling.\footnote{Bruehl 1990, 1139-1140; Olivius 1990, 155-159; Giblin \\& Barz 1993; Wicks 1993; Means 1994; Jacobs 1997, 56-79; Pohly \\& Evans 1997.} According to Clinebell, either personal or group psychotherapy should be an integral part of all pastoral training because it helps to remove the inner blocks that diminish the ability to use one’s personality as an instrument in helping others.\footnote{Clinebell 1984, 420-421.} Kilpeläinen and Sainio do not talk about therapy, but they do stress that pastoral caregivers should have pastoral caregivers of their own.\footnote{Kilpeläinen 1969, 212; Sainio 1987, 92.} Studies of Swedish clergy show that a relatively high proportion, varying from 37 to 41\%, of them, has a pastoral caregiver.\footnote{Bäckström 1994, 69-71; Hanson 1996, 98.} In Finland 15-20\% of the diaconal workers and parish pastors had sought professional help.\footnote{Hiltunen 1992, 89-92; Kyllönen 1994, 77, 82-85. Lindqvist (1994) also stresses the importance of personal care of hospital chaplains. However, he states that it may also become a burden if the ways of receiving the care are similar to the care hospital chaplains give themselves. Therefore, he calls for diversification of their care, for example, by changing work duties for a couple of years.}

In brief, the general trend seems to be that personal issues should be dealt with in the training, but these processes should focus on the ways in which personal issues affect pastoral work. However, because the training sometimes seemed to bring very difficult personal issues to the surface, it would appear to be important to offer the students an opportunity for personal or group therapy, pastoral care or spiritual direction as a part of the training, depending on the nature of the student’s problems. Another option would be to require the students to look for personal care in addition to the training. This would guarantee that also those students whose threshold of
seeking help is high would receive the help they needed. Finding a therapist had been a difficult process even for those students who had found one during the training.

The implementation of personal care would probably also remove the pressures to process personal issues in supervision. The students' experiences of supervision showed that they were disappointed if it focused only on professional concerns.126 Similarly, studies on Finnish pastors and diaconal workers have shown that supervision is experienced positively if it to some extent deals with personal issues. The main benefits of supervision have appeared to be the development of pastoral identity and personality, and a changed perspective on one's work. Diaconal workers experienced supervision mainly as an opportunity to let off steam, an opportunity to share the burdens of their work. The negative experiences of supervision were generally related to group supervision, to the lack of trust in the group, in particular.127

The integration of personal and professional issues appeared also to be important for the students in the seminars. In their feedback forms 11 students considered the seminars to have been the most important component of the training. In addition to the professional benefits, the contacts with the other students and the exercises focusing on the students' personal life appeared to have been important. The seminars seemed to play the central role in surfacing the students' personal processes.127 The outcome of these processes depended on the support the students got in dealing with them. Those who looked for therapy or other help or who belonged to well-functioning identity groups and growth groups made better progress than those students who had no opportunity to find support.

The functioning of the identity groups and growth groups would seem to require special attention. As tables 6.2 and 6.7 show negative experiences of these groups were more common than positive experiences. Several factors would appear to explain this result. To begin with, lack of trust in the group seems to be one of the most important factors. Means points out that the

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126 Derrickson & Ebersole (1986, 12-13) demonstrated that former CPE students recalled their supervision afterwards favorably if it had focused on themselves personally. However, their study was methodologically problematic. Vandecreek and Glockner (1983, 260-262) found that the students' evaluations of their supervisory relationships were tied in various ways to their levels of self-esteem, depression and fear of death.


127 The first and second seminars focused on the students' personal development in particular. See Chapter 1.4. However, shortness of time allocated to dealing with each student's assignments was experienced negatively. Thus, the assignments aroused high expectations in the students, but they often resulted in disappointment.
professional formation process is often painful and therefore, the environment should be safe and supportive and conducive to self-revelation and learning. He states that anxiety is the chief barrier of satisfactory human relationships. When students trust that they are in a safe environment they reveal and learn much.120 Similarly, Knowles stresses the importance of the mutually respectful, trusting and supportive learning environment.129 One form of this respect is that the students are told in advance what they will be expected to share with others. deCourcy also emphasizes that the students’ right to privacy must be respected.130

One factor decreasing trust in this training program was the great number of groups the students had to participate in. During the follow-up interviews some students commented that always having to open oneself up to new people was hard. The hospital chaplains, for example, belonged to altogether nine different groups during the training.131 It is no wonder that some students were not willing to be open in all these forums. Because of the extended format of the training, the time gap between the seminars clearly also affected the group process. In these respects the program differed greatly from the CPE training, where everything takes place in the same small group.

Negative experiences in one group may also have affected the students’ difficulties in trusting the new groups. If they experienced in one group that the group was not able to hear and support them, they might have been more cautious to talk openly in the other forums.132 Similarly, O’Connor

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120 Means 1994, 205-206. McFayden (1994) showed that the main threats to the formation of pastoral identity of students of theology were fears, for example, of depersonalization, of being watched, of one’s inadequacy, rejection, of being overpowered, being seen as a know-it-all, and of losing oneself.
130 deCourcy 1998.
131 These groups were 1) the identity and 2) supervisory groups during the initial clinical period, 3) the group of all participants during the initial clinical period, 4) the large group of all students during the seminars, 5) the identity group and 6) their section during these seminars, 7) the growth group, 8) the supervisory group and 9) the group of all students during the in-depth clinical period. Naturally, some of the members of each group were the same. For example, the students in the section of the hospital chaplains during the seminars and the participants of the second clinical period were mostly the same. However, some participants of the both clinical periods did not participate in the seminars. In addition to their involvement in these groups, the students were asked to reveal their personal issues twice to me in the interviews. In this respect, the interviews may also have influenced their reluctance to talk about their personal issues in the groups.
132 This may be explained by transferring the mental model of social practices from the previous group situations to the new group. See Gruber et al. 1996; Tuomi-Gröhn & Engeström 2000.
discovered that the students' previous experiences influenced their ability to trust the group and the supervisor.\textsuperscript{133}

In addition, the conflicts between the group members were difficult experiences for several students. The conflicts were generally related to the domination of some group members or to the heterogeneity of the group. Friesen discovered similar findings in interpersonal groups in CPE.\textsuperscript{134} The reactions inside the group to other group members can be the students' projections of their emotional reactions to other important people in their lives. These reactions may hurt those group members who, because of their own life history, are vulnerable in the same areas.\textsuperscript{135}

Conflicts are a normal part of group processes and can enhance learning.\textsuperscript{136} However, they should always be processed in the group on a here-and-now basis.\textsuperscript{137} According to Hemenway, the group should be able to work through the issues of trust, intimacy, confidentiality, honest and direct expression of feelings, authority, anxiety, and ambivalence in order to own its own process. She stresses that the supervisor should participate in enabling the group to become a stimulus for its own learning. Similarly, O'Connor showed the importance of the supervisor as the facilitator of the group process. The role of the supervisor was to observe and identify the dynamics at work in the group and to guide the process.\textsuperscript{138} In the identity groups working without a supervisor, the participants did not necessarily have the skills in dealing with the group conflicts in a constructive way. However, the results suggest that even in the supervised growth groups the conflicts were not openly discussed.

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\textsuperscript{133} O'Connor 1993, 120-122.

\textsuperscript{134} Friesen 1973, 231-233. Similarly, Harmanen (1997, 142) demonstrated that the leaders of grief counseling groups experienced that dominating and overly talkative persons caused difficulties in the group.

\textsuperscript{135} According to Hemenway (1982, 199-200) personal issues often surface during the first CPE unit. During the later units students are ready to shift the focus to professional identity and functioning. In Finland the first unit is also the last.

\textsuperscript{136} On the stages of group development see e.g. Gibbons 1987; Napier \& Gerschenfeld 1993, 480-489. On the history and present situation of process groups in CPE see Hemenway 1996. On the importance of conflicts in learning see Manninen et al. 1988, 38.

\textsuperscript{137} Dealing with the conflicts in the group can be seen as a form of expansive learning.

According to this view, learning is initiated when the existing collective practice (e.g. group interaction) is questioned. The process can lead to an analysis of the contradictions of the current practice (conflicts and ways of interacting within the group) and in the development of new forms of activity. Tuomi-Gröhn \& Engeström 2000.

\textsuperscript{138} Hemenway 1982, 199; O'Connor 1993, 166; Hemenway 1996, 134-135. In the experiential views of learning one of the teacher's main roles is to act as a facilitator. Kolb 1984, 197-201.
Furthermore, the issues related to group processes and group dynamics were not specifically dealt with in the training. The group consultations for the identity group leaders offered by the program leaders during the seminars did not seem to be enough to provide instruction in group dynamics.\textsuperscript{139} The experience alone is seldom proved to result in effective learning.\textsuperscript{140} Another factor affecting the difficulties in dealing with the conflicts was probably related to time. The identity groups had only four sessions during each seminar. Because of the six-month break between the seminars, to a certain extent the identity groups had to begin all over again in the subsequent seminars.

However, even though the groups should deal with the conflicts that arise, the group process should not turn into group therapy. Hemenway states that the need for therapy is evident when an issue between two students or a student and the supervisor constantly reappears and is apparently unresolvable. Equally, need for therapy is indicated if one student constantly blocks the here-and-now process of the group.\textsuperscript{141} Steinhoff-Smith strongly criticizes the interpersonal groups of CPE for their quasi-therapeutic nature. He joins Hemenway in agreeing that personal transformation is essential to professional formation. However, he would differentiate it more clearly as Hemenway from the group work and supervision.\textsuperscript{142}

Hemenway discovered in her study that focusing on group theory in CPE is minimal.\textsuperscript{143} The results indicate a strong focus on individual learning within the group context and only mild interest in understanding and using group dynamics or the group-as-a-whole process. Her analysis of videotaped supervisory sessions confirmed the strong individualistic and therapeutic bias of the group work. The material offered little evidence of the direct application of theoretical material about group process or dynamics. Therefore, Hemenway suggests that the supervisors should develop or adopt a sound theory for group work and share this theoretical approach with the group. At least one didactic session should be focused on small group

\textsuperscript{139} See Chapter 1.4.
\textsuperscript{140} See e.g. Ernst 1994, 102-116; Anderson & Reder & Simon 1996, 9.
\textsuperscript{141} Hemenway 1982, 199; Hemenway 1996, 134-135.
\textsuperscript{142} Steinhoff-Smith (1992, 47-54) claims that confidentiality is not maintained and the supervisors' evaluations can determine whether a student gets a post as a chaplain. In Finland group leaders do not evaluate the students. Furthermore, the students already have permanent jobs, and therefore, the training does not affect their career.
\textsuperscript{143} Hemenway's (1996) research material consisted of 100 Educational Theory Papers written by the CPE supervisory candidates and passed by the readers as part of the certification process. Hemenway analyzed both the papers and the readers' comments on them. In addition, she analyzed 15 videotaped supervisory sessions.
theory. Hemenway's own suggestion for such a theory is a group-as-a-whole approach, based on the psychoanalytic tradition and subsequent work on group theory in the object relations tradition.\textsuperscript{144}

The lack of a coherent group theory seems also to be evident in the training program studied here.\textsuperscript{145} The goals of the identity groups and growth groups emphasized the personal growth of the students and instruction in group dynamics. However, a theory of group work was either lacking or it was not clearly articulated. The instructions given to the students concerning the identity groups seemed to focus mainly on the development of communication skills. Articulation of a theory underlying group work would clarify the goals of the groups and give a clearer structure for the group work.\textsuperscript{146}

To sum up, the training seemed to strengthen the students' pastoral caregiver identities. However, the results also implied that special attention should be paid to the balance of educative and therapeutic aspects of the training. The training appeared to cause personal processes to come to the surface in most students but several of them were not able to find safe forums either in the training or outside it to process the issues provoked. These unprocessed personal issues also seemed to disturb the professional development during the training. Therefore, it would be important to offer the students an opportunity to obtain personal care in the form of psychotherapy, pastoral care or spiritual direction. In addition, the great number of negative experiences in the identity groups and growth groups suggests that the problems related to these groups should also be acknowledged. The articulation of an underlying group theory, instruction in the basics of group dynamics, and dealing with the conflicts within the groups would appear to be the main concerns. The large number of different

\textsuperscript{144} Hemenway 1996, 130-143, 165-166. The key issues in the approach suggested by Hemenway are: 1) the group needs an agreed-upon task, 2) both conscious and unconscious elements are always active in the life of the group, 3) special attention is paid to leadership and authority issues, establishment of the member roles, the group's boundaries, the group's ability to identify group patterns and to establish itself as a work group, 4) the leader monitors amounts of anxiety, degrees of regression and acting out, and the influence of individual and group psychotic elements, 5) individual members become aware of their valences and defense mechanisms operative in the group situation, and 6) each member's personal and interpersonal participation is seen in the light of the larger group-as-a-whole dynamics.

\textsuperscript{145} Harmanen (1997, 199) discovered that application of any specific group theory was also lacking in grief counseling groups.

\textsuperscript{146} O'Connor (1993, 171) showed that CPE students were concerned of the lack of clear direction in the group interaction. Means (1994, 205-206) points out that students do not do well in loosely structured environments.
On the whole, the students were offered plenty of opportunities to reflect on their life and work throughout the training. The students should be encouraged to keep a journal or learning portfolio of their personal and professional development throughout the training in which they constantly assess their learning and reflect on the problems and questions that arise. This type of reflection might improve the students' ability to discover the possible unconscious factors affecting or limiting their development. According to Boud and Walker, students should be directed to reflect on both their inner and outer worlds, their thoughts and emotions as well as on what takes place in the various learning contexts.  

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147 On the ways of promoting self-knowledge see e.g. Haug 1987, 36-39; Laine 1996, 162. Rollins (1987) used biographical accounts as a means of developing CPE students' personal and pastoral identity. He utilized both Biblical stories and autobiographical accounts. Other methods utilized in CPE programs are journals or process notes.

148 Boud & Walker 1990, 63-76.
7. LIMITATIONS OF THE STUDY

Qualitative research does not possess accurate measures for ensuring the validity and reliability of results. Also, the use of these terms in qualitative approaches is controversial. The basic method of increasing the trustworthiness of qualitative results is often based on a detailed description and thorough documentation of the entire research process and the problems revealed by it. I have tried to apply this principle to the present study. In the presentation of the results I hope to have provided accurate documentation of the process of creating the categories and the material they were based on. The categories were illustrated with several excerpts from the original data.

Triangulation is often used as a means of increasing the trustworthiness of the results. However, according to Silverman, data can be generated in multiple ways but triangulation does not guarantee an increased validity of the results. For example, if the information obtained through different methods is conflicting, the researcher may not have in hand the instruments with which to determine which data are the most reliable. On the other hand, the seemingly conflicting data may just represent different aspects of the phenomenon. In this study I have tried to utilize such discrepancies as one form of information.

One means of increasing the reliability of categorization is the inter-rater method. I did not use this method, as it would have required much time and effort from the rater to go through large amounts of data. I thought it was too big a favor to request from a colleague familiar with qualitative methods. To some extent, the feedback on the initial categorizations I received at the research seminars served the same purpose.

Because qualitative analysis always is, ultimately, subjective, qualitative researchers should always be aware of their own presuppositions and the effects of their previous knowledge and experience on their research process. Personal factors may either block or enhance the research process.

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3 Silverman 1993, 157-158.
4 Tynjälä 1991, 393.
5 See e.g. Silverman 1993, 148.
6 Eskola & Suoranta (1998, 211) stress that subjectivity of qualitative research should always be acknowledged as the inevitable starting point. Also, the researcher is always the central tool. On the role of the researcher see also Salner 1989, 65-68.
7 Tynjälä 1991, 393, 395.
Strauss and Corbin use the term theoretical sensitivity when they speak of the personal qualities of the researcher affecting the analysis. This sensitivity can have various sources. One of them is the literature the researcher studies in order to become familiar with the phenomenon.8 Studying literature on pastoral care, effectiveness of education, and the theories of learning and transfer, in particular, has helped me in the interpretation of the findings of the present study.

Another source of theoretical sensitivity is the professional and personal experience of the researcher. Studies both in psychology and in theology have increased my pastoral knowledge. My working experience consists of, for example, practicing as a hospital chaplain in a mental hospital and as a psychologist in a children's hospital, working as a parish lector in two parishes, and as a university researcher, lecturer, and assistant. Participation in the program as an observer gave me insights into the personal processes that the students may possibly have had to undergo. My working experience as assistant of practical theology has been beneficial mostly from the point of view of methodology. While tutoring the students in their qualitative studies, I learned a great deal myself. The ongoing development of education in the Department of Practical Theology has helped me to reflect not only on my own teaching methods but also on the results of the present study. According to Strauss and Corbin, the analytical process itself also increases one's insight into and understanding of the phenomena.9

On the one hand, this broad experience has certainly helped me to carry out the present study. On the other hand, it may have been a restrictive factor affecting the whole research process. For example, my interest in psychology was probably shown in my inclination to ask for more clarifications when the interviewees' life histories were concerned - at the expense of concentrating more clearly on their work.

I have not participated myself in the training on which the present study focuses. As an outsider in this respect, I may have been able to detect some things better than if I had gone through it myself. On the other hand, my lack of clinical pastoral education may also be a shortcoming by making a deeper analysis and understanding of the processes taking place during the training difficult for me.

When I began the present research project, I had a very positive view of the training that I would be studying and a high regard for the program leaders. This was shown in the first drafts in my inclination to only stress the

8 Strauss & Corbin 1990, 41-47.
9 Strauss & Corbin 1990, 42-43.
benefits of the training. Personal opinions may also have biased my observations and fieldnotes on the seminars. The ability to evaluate the training critically and detect the areas in need of development increased as I became more familiar with research on learning and transfer.

How to express matters and to categorize and typify the participants without hurting or offending them and how to ensure their anonymity was another problem that emerged in the course of the analysis. For example, sometimes a deeper interpretation of the results would have required a clearer description of the participants' personal life situations. However, these personal details might have helped some Finnish readers to identify their source. The participants were necessarily not very well aware of some of their problems. In these cases the results could have had a confrontational effect for which the participants might not have been ready. Categorizations are always simplifications, and therefore placement in a certain category may also create feelings of having been mistreated or misunderstood. 10 Probably, in all these respects I may even have been overprotective.

My obligation to ensure the anonymity of the students also had a significant impact on the way I chose to analyze the data and to present the results. As I categorized the material according to the phenomena, the individual developmental histories of the students cannot easily be pieced together. Such histories would probably have been more interesting and would have portrayed the growth process of the students better than the segmented depiction in the form of categories and types that was used here. However, they would have endangered the anonymity of the students. In a small country the circle of those working in the specialized ministries, in particular, is small, and the students' wish to maintain their privacy is easy to understand.

The analysis of the data showed that the most interesting and versatile data was obtained during the interviews. Nearly all interviewees talked openly about their life and work. My participation in the seminars appeared to increase the openness of some students. I believe that in the follow-up interviews the students told me openly about the conflicts during the training because they knew that I was aware of them. They appeared to consider me in a way as a member of the training group.

If the scope of my study had been narrower, the interviews would probably have offered information at an even deeper level. On the other hand, because previous studies of the training did not exist, a broad survey was

10 On this dilemma see Eskola & Suoranta 1998, 225.
justified in order to gain an overview of the students' training experiences and the functioning of the various components of the training.

On the other hand, the questionnaire material was a great disappointment. The interviews showed that the students' answers in the questionnaires were unreliable because the figures given were only rough estimates of their work. Comparison of the official statistics of the students who compiled them, and their answers in the questionnaires confirmed the unreliability of most of the statistical data. Furthermore, the students' answers in the open-ended questions in the questionnaires were short and, therefore, not very informative. Therefore, I chose to exclude most of the questionnaire material. The problems with the questionnaire data raise strong doubts about the usefulness of questionnaires in studying practices or conceptions of pastoral care. However, most previous studies of the pastoral care given by various employee groups have been based on questionnaires. Most of the studies of CPE training have also used quantitative methods.

Similarly, even though the supervisors' answers given in the questionnaires offered an important standard of comparison to the students' self-assessments, I would have been able to get better data by interviewing them. On the other hand, the confidentiality of the supervisory relationship might have caused more refusals to participate in the study if the data had been collected by interviewing the supervisors.

The verbatims and other types of reports written for the supervision provided useful additional information about the students' practices of pastoral care. However, the view they gave of the students' work might have been distorted because they were often written about the cases that the students experienced as difficult. Therefore, they probably gave a too negative picture of the students' work. Analyzing these reports was difficult because their style and length varied a great deal. Difficulties of using this material were also caused by the great differences in the number of reports. The differentiation between the reports written during the first and latter part of supervision was also somewhat problematic because not all reports stated when they were written. On the whole, the reports gave only some glimpses of the students' ways of working. The most reliable data on the students' pastoral work could probably have been obtained by observing their work over a rather long period of time. However, in practice this would have been impossible to carry out.

This study itself probably influenced the students' training experience. The interviews, in particular, might have been powerful interventions because they forced the interviewees to reflect on things that they would not otherwise have necessarily thought about. The initial interview probably
also created some expectations of the training in the students. It was also an extra encounter in which they had to open themselves up and may therefore have decreased some students' need to talk about personal issues in the various groups included in the training. Some students reported that the interviews were an extra burden because they had to tell their life story once again. On the contrary, in some cases the interviews may also have improved the students' ability to reflect on their life. Most students felt that the interviews helped them to clarify their thoughts and offered them an opportunity to talk about their situation.

The assessment of the change on the basis of qualitative data was not an easy task. Basically, I tried to detect the change by asking the students the same questions during both phases of the study and by comparing these answers. In addition, I asked them to assess how they had changed. Sometimes these methods gave contradictory results. Generally, the students tended to assess the change more positively than the comparison of their answers given during the two phases indicated. Even though the accurate measurement of the change was impossible, I believe that I was able to detect the most significant aspects. However, to what extent the changes resulted from the training and to what extent from other factors, was impossible to measure.

The transferability of the results to other training programs can best be assessed by the providers of these programs. In order to facilitate this assessment, I tried to document accurately the process of data collection and analysis, as well as to assess as sincerely as possible both the strengths and weaknesses of my study. The number of the students was small, and the study was limited to only one training course. Therefore, I believe that, for example, not all of the categories and types found in this study might be discovered in other similar training groups. Similarly, the conflicts that took place in this training group may not exist in all training groups or they might be different. However, the conclusions made regarding the various components of the training might be useful for the development of corresponding extended training programs. I hope that they would offer at least some ideas of the issues that would be worth reconsideration.

The structure of the intensive CPE and other similar training programs differs markedly from the composition of the program studied here, and therefore, the results might not be as readily transferable to such programs. However, I believe that the question of transfer is just as important in these programs, especially if the setting of CPE markedly differs from the

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students' actual work settings after the training. Studies of the transfer of the learning outcomes of CPE to the students' actual work are rare. However, they might reveal the real effects of the training. Similarly, it would be interesting to study the specialized training programs in pastoral care offered by the dioceses in Finland because in these programs the parish workers practice in the hospitals during the clinical periods. It would be worth examining how well they are able to transfer these experiences to their own work in the parish.
8. CONCLUSIONS

The main goal of this study was the evaluation of the specialized training program in pastoral care and counseling of the Evangelical-Lutheran Church of Finland. The revelatory function of such an evaluation is to critically assess how well the objectives have been reached and how relevant the outcomes of the training are in terms of the students' work contexts. In the evaluation of the training I have also tried to assess the quality of the students' knowledge and learning and to discuss the reasons for the non-achievement of some goals. In addition, I have endeavored to outline some ways of improving the training. In this final chapter I will summarize the positive outcomes of the training, categorize the students' development on the basis of the categories and types introduced in the previous chapters and sum up the aspects of the training that would seem to require further improvement. Furthermore, I will discuss the findings in the light of the theories of learning, transfer and expertise.

8.1. Positive Outcomes of the Training

The main professional goal the students set for the training was the improvement of their pastoral care and therapeutic skills. The program leaders did not stress the advancement of specific skills but emphasized instead the development of the students' personal ways of giving pastoral care. In addition to these objectives, both the students and the program leaders considered the improvement of self-knowledge important. The students working in specialized ministries also expected that their professional identity would strengthen. Furthermore, the program leaders found the integration of the students' spirituality, personality and way of giving pastoral care, as well as the development of their personal conceptions of pastoral care and theology of pastoral care as central goals for the training.

The results showed that some development occurred in most goal areas. The most important outcomes of the training are summarized in Table 8.1. Most students felt that their pastoral care skills had improved. They thought that their ability to listen effectively improved to some extent and that they were able to hear and observe more than before, and as a result, recognized better

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the problems of their clients. Several students also seemed to use more active and insight-oriented ways of challenging their clients. The students also felt that they used spiritual resources more naturally in pastoral care. Some students appeared to be better able to deal with their clients' spiritual concerns and to accept their spiritual language. Most students had also tried to apply some ideas of the solution-focused approach introduced in the second seminar.

Table 8.1. Positive Outcomes of the Training.

<table>
<thead>
<tr>
<th>Practices of pastoral care</th>
<th>Conceptions of pastoral care</th>
<th>Pastoral caregiver identity</th>
</tr>
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</table>
| Experienced skill improvement | • Deepening of therapeutically and spiritually oriented views  
• Increased valuation of the spiritual basis of pastoral care  
• Slightly increased theological reflection | Strengthened  
• Attempts to focus more on pastoral care  
• Improved sense of professional competence  
• More positive self-assessment  
• Increased accuracy of self-assessment  
• Experience of increased self-knowledge  
• Perspective transformation |
| Listening  
• Recognition of clients' problems  
• Challenging  
• Spiritual resources  
• Some attempts to apply the solution-focused approach | Increased therapeutic inclination  
• Deeper conversations  
• Adoption of terminology  
• Interpretations  
• Confrontation | |

The therapeutic inclination of several students' had clearly increased. They endeavored to go deeper in their pastoral encounters, had adopted psychodynamic or psychological terminology, used more interpretations in their pastoral care conversations and confronted their clients more clearly.

As regards the development of conceptions of pastoral care, the results indicated that especially those students whose conception of pastoral care was termed either as therapeutically oriented support or spiritually oriented support were able to deepen their views. On the whole, the training appeared to increase the students' valuation of the spiritual basis of pastoral care. The students were offered plenty of material supporting this aspect throughout the training. Several components of the training also offered the students opportunities for theological reflection. However, no clear development occurred in this area.
The results concerning the students' learning of new practices and their conceptual development showed that the students improved most in the areas in which the conditions for successful transfer were materialized. Consistent with the cognitive conceptions of transfer, transfer appeared to occur if 1) the training started from the students' situation, 2) skills and knowledge were learned well, 3) the introduction of the issues was relevant in terms of the students' work contexts, and 4) if the students encountered the issues frequently in their work and thus had plenty of opportunities to apply the things learned in practice. They also reflected on these issues rather often in supervision. On this basis, successful transfer was shown, for example, in the students' improved ability to encounter death and grief and in their increased use of spiritual resources. Similarly, hospital chaplains and parish workers working with heterogeneous client groups benefited most from the training because their work corresponded best with the content of the training.

The experiential views of learning emphasize holistic personal development as the ultimate goal of learning. In this respect the training appeared to clearly represent this approach. Accordingly, the most important outcome of the training was the strengthening of the students' pastoral caregiver identity. An important part of it was related to students' personal development during the training. Several studies on CPE have obtained similar results. Strengthened pastoral caregiver identity was manifested in various ways. Firstly, parish workers' stronger pastoral caregiver identity was shown in their attempts to focus their work more on pastoral care. They had changed their area of responsibility or otherwise reorganized their work in order to get more time and opportunities to give pastoral care. As regards the chaplains who were working with the mentally handicapped, their strengthened professional identity was indicated by their increased cooperation with other professionals and active implementation and creation of new practices.

Secondly, the students' strengthened pastoral caregiver identity was shown in their improved sense of professional competence. They explained difficulties in helping some client groups by referring to the gravity of the problems, not to the lack of their own experiences or skills as they had done

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before the training. Their improved sense of personal ability was also shown in their increased tolerance of criticism. Strengthened identity as a pastoral caregiver was also shown in the students' more positive self-assessments. After the training most students paid more attention to their strengths than to their weaknesses when they assessed themselves as pastoral caregivers. Furthermore, their ways of assessing themselves appeared to be more accurate, judging from the increased congruity with their supervisors' views.

Most students felt that their self-knowledge had improved even though they did not make any revolutionary discoveries. The training also appeared to bring the students' personal problems to the surface and to cause some students to deal with them in depth. In these cases it started the process that Mezirov terms perspective transformation, which means meta-level awareness of the ways in which various presumptions and personal life history influence on self-image and one's work. Perspective transformation also changes ways of relating to clients. O'Connor discovered similar changes in CPE students. They examined the options of their life, tried out new relationships and built up confidence in new roles. In the process of perspective transformation the development of self-reflection is essential. Reflective skills can be enhanced by adequate feedback from supervisor or peers. Accordingly, the results showed that support and feedback from peers and from the supervisor appeared to be essential in the transformation process. Students who had progressed in their personal processes had entered psychotherapy, belonged to a supportive and well-functioning identity or growth group, or had an opportunity to deal with their personal issues under supervision.

In the light of the theories of expertise, the training appeared to strengthen especially the students' vertical expertise. The development of their practices of pastoral care and their strengthened pastoral caregiver identity implied that most students proceeded from the novice phase to advanced beginners or from advanced beginners to competent performers. Typical for these phases was their improved ability to recognize their clients' problems, their increased self-confidence as helpers, and their improved awareness of their limitations. Conversely, characteristics of horizontal expertise appeared to increase mainly in the chaplains working with the mentally handicapped. They had reorganized their work, planned and implemented

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5 Mezirov 1981, 6-7; Mezirov 1990, 13-17.
new projects in co-operation with staff and other assisting agencies, and created multiprofessional teams for these purposes. These were indications of boundary crossing and utilization of collective expertise. Other characteristics of horizontal expertise, such as constant critical reflection on one's work, progressive problem-solving skills or consideration of difficulties as challenges and opportunities for learning, were not as clearly shown in their practices. The students' reflective skills appeared to develop more with respect to their personal life than to their work even though the latter constitutes an essential aspect of expertise. The training itself did not emphasize the development of horizontal expertise. The development of the chaplains working with the mentally handicapped was probably related to the challenges of their work and to the support received in supervision.

8.2. Main Dimensions and Types of Change

In order to sum up the findings across the different types and categories introduced in the previous chapters, I tried to find the main dimensions of change that would differentiate the students. I started this analysis by designing a table (Appendix E) that showed each student's placement in the main types or categories introduced in Chapters three to six and the changes that occurred during the training. Thus, this table included

1) the students' main motives of applying for the specialized training or for a specialized ministry (Chapter 3.1)
2) their main objectives for the training (Chapter 3.2)
3) changes they carried out in their work during the training (Chapter 4.2)
4) changes in their pastoral conversations (Chapter 4.3)
5) changes in their reasons for experiencing that pastoral encounters were difficult or easy (Chapter 4.3)
6) their main approach of pastoral care before and after the training (Chapter 4.4)

7) their way of defining pastoral care before and after the training (Chapter 5.1)

8) their category of the theology of pastoral care before and after the training (Chapter 5.2)

9) their self-assessment type in both phases of the study (Chapter 6.5)

Transfer to a new group or category was marked with a double arrow and a tendency towards a new group or category with a single arrow. In addition to the changes from one type or category to or towards another, remarkable strengthening of specific aspects within the category is also indicated in the table.

This table showed that the main dimensions differentiating the students’ change profiles were related to strengthened pastoral caregiver or professional identity, increased therapeutic emphasis or inclination, and greater valuation of spiritual aspects of pastoral care. The strengthened pastoral caregiver identity was shown in the changes the students carried out in their work, in their ways of explaining their success or failure in pastoral encounters and in their assessments of themselves as pastoral caregivers. The pastoral caregiver identity of all students had improved at least in some of these ways. If their identity showed improvement in all three areas, the strengthening was rated high.

The increase of therapeutic inclination was most clearly indicated by the changes in the students’ approaches to pastoral care and in their ways of defining pastoral care. If the students’ work approach or their way of defining pastoral care had moved to or towards the category of therapeutically oriented approach, their therapeutic inclination was considered to have strengthened. As regarded the students originally placed in these categories, their therapeutic inclination was rated to have increased if they had used clearly more insight-oriented ways of giving pastoral care.

Increased valuation of spiritual aspects of pastoral care was shown in a more natural and willing use of spiritual resources in pastoral care and in a greater emphasis on spiritual aspects in the definitions of pastoral care. However, these changes were not as obvious as the changes in the other two dimensions. Therefore, the students were grouped into four groups on the basis of the changes in their pastoral caregiver identity and their therapeutic inclination. Chart 8.1 shows the students’ placement on these dimensions. The students who valued spiritual aspects more than before the training are indicated in bold italics.
Chart 8.1. Students’ Placement on the Main Dimensions of Change. Bold italics indicate the students whose valuation of the spiritual aspects of pastoral care increased during the training.

Characteristic for group one students was that their therapeutic inclination had increased and their pastoral caregiver identity had strengthened. Their increased therapeutic orientation was indicated by their increased interest in insight-oriented pastoral care. They felt that they were able to encounter their clients in a new way and that they recognized and endured their clients’ problems better than before. Furthermore, they felt that they were better able to discuss some difficult topics, such as death or sexual problems, with their clients. They also gave more interpretations to their clients and seemed to have adopted psychological and therapeutic terminology. In their definitions of pastoral care they emphasized the importance of clients’ deeper insight into their life situation. Their definitions remained rather similar before and after the training.
The strengthened pastoral caregiver identity of the group one students was shown in their more positive assessments of themselves as pastoral caregivers. Their self-assessments also became more congruent with their supervisors' views. In addition, all of them had carried out changes in their work, for example by focusing more on pastoral care or by actively participating in various projects in the hospital. They also appeared to tolerate criticism better and explained difficult pastoral encounters by referring to the extent or depth of the clients' problems, not to their lack of experience or skills. Their increased spiritual orientation was shown in a more natural use of spiritual resources in pastoral care.

Characteristic for the training experience of the students in group one was that they felt that they gained both personally and professionally from the training. The supervision, in particular, seemed to be important for their progress. They had processed issues related to their pastoral caregiver identity in the seminars and during the clinical periods as well. In addition, they felt that the supplementary reading had helped them to discover their own dark sides.

The students placed in group two differed from the group one students in the less prominent strengthening of their identities as pastoral caregivers. Only one student in this group assessed himself more positively after the training. These students had not made any clear changes in their work either. The increase of their therapeutic inclination was shown in similar ways as in group one. They also had tried to apply some principles of the solution-focused approach. Their ways of defining pastoral care did not markedly change. Their assessments of the benefits of the training were rather heterogeneous. Two students emphasized the professional benefits whereas one student had primarily processed her personal issues.

Judging from their more positive self-assessment and the nature of changes they carried out in their work during the training, the main change in the group three students occurred in their pastoral caregiver identity. Their therapeutic inclination did not increase during the training. The training had been influential above all for their personal development. They had processed their personal questions in the seminars and in supervision. Both students in this group felt that they were better able to recognize their own emotions than before the training. This was also shown in their greater courage and openness in their work.

The students of group four did not change markedly in their therapeutic inclination or in their pastoral caregiver identity. These students did not seem to gain very much professionally from the training. Most of them were working with the mentally handicapped or with old people, and the training
did not focus on the issues that were relevant in their work. They represented holistic and listening-centered approaches of pastoral care and were not able to develop their own work approach because holistic and non-conversational means of helping were not emphasized in the training. However, their emphasis on the spiritual aspects of pastoral care increased more than in the other groups. They felt that they were able to use spiritual resources more naturally in pastoral care. Their ways of defining pastoral care also showed increased valuation of spiritual aspects. Most students in this group had carried out some changes in their work in order to increase pastoral care but they did not view themselves as markedly more competent after the training. The training had raised personal issues in some of them, whereas some appeared to remain rather untouched in this respect.

8.3. Problems of the Training and Suggested Improvements

On the whole, the differences in the development of the above four groups showed that the outcomes of the training were best when the training offered the students means of developing their original ways of giving pastoral care and helped them to process their personal questions. Correspondingly, those students' whose work orientation and views of pastoral care differed from the approaches the training focused on had to change their views in order to benefit from the training. Those students, in particular, who had a holistic and general orientation to pastoral care, were not supported either on the practical or conceptual levels. Most of these students worked with the mentally handicapped or with old people. They were not sufficiently aided in developing their personal ways of giving pastoral care or in deepening their conceptions. As a result, the training was less useful for them than for the other students.

In this respect, the training did not follow the guidelines of experiential views of learning. The experiential as well as constructivist views of learning stress the importance of sufficient familiarization with the students' situation before or at the beginning of the training and of planning the content and implementation of the program on that basis.12 Even though the training aimed at developing the students' personal ways of giving and understanding pastoral care, it was mostly carried out as before. The students' actual situation and needs did not markedly affect the curriculum.

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Thus, in practice the seminars did not start from the students’ experiences as the experiential views emphasize.

In order to take into account the needs of all students equally, the training would appear to need to start more clearly from the students’ own personal situation and from the challenges they face in their work. According to Fox and Sleezer, one solution could be to plan the program in cooperation with the students. This would ensure that the program is consistent with the challenges of their work and that it enhances transfer of what is learned. The students’ own impact on the planning would probably also increase the perceived similarity of the situations of training and students’ own work, and thus, increase the probability of attempting transfer.

The results would also imply that the training focused on developing mainly the vertical expertise in pastoral care. Horizontal aspects were not specifically emphasized in the training, and only a few students seemed to develop towards horizontal expertise. In their work it was shown in increased cooperation with hospital staff and with other assisting agencies, and in active participation in various projects. The need for a more horizontal view of work, however, would seem to be increasing in all the work contexts that the students represented. Stone also points out that training of pastoral care should be based on the challenges pastoral caregivers face in their work and take also into account the recent changes in their work. According to Stone, the clinical development during the training should include skills needed in the specific work context of the students but should also be as broad as possible in order to prepare them for work in other areas of pastoral care. One indication of a rather narrow understanding of pastoral care was the lack of communal and prophetic aspects of pastoral care in the training. These aspects have also been rare in CPE programs.

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17 Fox 1994; Sleezer 1994.
17 According to Stone (1995) there is no agreement on what constitutes an appropriate training program in pastoral care nor a consensus of the core of expert knowledge and skills in the field. Stone proposes that training should develop knowledge in five areas: clinical, theological, research, conceptual, and administrative.
19 O’Connor 1993, 163.
The students considered acquisition of new skills an important goal for the training. However, the results indicated that even though skill development occurred to some extent, greater emphasis should be given to it. Similarly, Kyllönen discovered that the supplementary training of parish pastors should focus more clearly on the improvement of the skills of pastoral care. New approaches, the solution-focused approach in particular, were introduced here, but their conscious practice and application were lacking. The supplementary reading, seminars and supervision in learning new skills were not integrated well enough. In principle, most components of successful transfer were offered: theoretical knowledge, introducing and modeling the new aspects and an opportunity to practice and reflect on the application attempts. The reasons for failed transfer were related to inadequate acknowledgement of the student’s actual work in the introduction of the approach. According to the cognitive notions of transfer, the context in which the new approaches are to be applied should always be taken into account. Successful transfer also requires using a greater variety of examples. Furthermore, students’ possible misconceptions and barriers to learning were not examined, and practicing the approach was neither required nor followed up. Especially the situated views of transfer stress the importance of practicing the new approaches in authentic contexts and reflection on these attempts with the supervisor or other workers. The dispositional way of understanding the adoption of solution-focused approach suggests that pastoral caregivers should adopt a solution-focused disposition, way of encountering their clients. These views stress that the students should be enabled and encouraged to create contexts in their work in which they can apply the new approach.

The experiential emphasis of the training was shown in a relatively small investment in the students’ conceptual development. Experiential views of learning have been criticized for their overemphasis on experiences at the cost of increasing knowledge and skills. The results showed that this criticism appears to be justified. Similar undervaluation of conceptual development has also been discovered in CPE programs. However, the

20 Kyllönen 1994, 76-78.
22 Gruber et al. 1996.
experiential learning cycle includes also the conceptualization phase. The students were required to complete some reflective assignments on the supplementary reading; however it generally appeared that conceptual development was just expected to occur without being consciously supported. This was most clearly shown in the area of theological reflection. The training offered, in principle, several opportunities for this, but specific assignments encouraging theological reflection were minimal. Theories of conceptual development suggest that conscious development of personal theology and conceptions of pastoral care requires facilitating this type of reflection throughout the training and incorporating it in several components, both at the individual and at group levels. According to situated views of transfer, conceptual development necessitates confronting the students with a great variety of situations and contexts in which the concepts are applicable. Stone also calls for greater emphasis on conceptual development in the training of pastoral care. He states that conceptualization means the ability to think clearly about pastoral care and to develop one's own theory. Conceptual development also includes development of metacognitive knowledge of one's own learning.

The final essay could be developed to serve the integration of skills, personal development and conceptual development. For most students the essay seemed to cause anxiety, and their motivation for writing was low. Several students chose a familiar topic that required minimal new learning, and as a result, the essay was rather useless for them. One reason for the students' difficulties with the final essay might be the transfer of the experiences of writing their master's thesis to the essay writing. In order to increase the students' motivation for writing their final essay and its usefulness for their work and their professional and personal development, it could be developed towards expansive learning. In this model, learning processes are triggered when some of the practitioners begin to question the practices or wisdom taken for granted in their work community. The

27 Kolb 1984, 4-42; Jarvis 1987a, 16-26; Heron 1996, 84-87.
29 Gruber et al. 1996.
30 Stone (1995). The supervisors in O’Connor's (1993, 164, 211) study also pointed to the problem of overemphasizing the affective area of learning at the cost of the cognitive area. The participants in O'Connor's study did not acknowledge CPE experience as the source of theory and did not generate any theories of their own.
31 The actions of expansive learning include questioning the current practice, analysis of the situation, modeling a new activity, examination of the model, its implementation in practice,
students could be challenged to change an existing practice or to develop new practices of pastoral care in their own work or in their work community. The theme of the essay could also be a more conceptual problem related to pastoral care that would require development of personal theory and its application to the student's work.

This process should be started already in the first seminar. The students could be divided into small groups in order to offer them an opportunity to utilize the ideas, feedback, and support of their peers throughout the project. Hilsman included a professional development seminar following a similar model in an extended unit of the advanced CPE. The peer group consultations helped each student to develop, define, implement and evaluate their project.33

The learning process could also follow the principles of progressive inquiry learning introduced by Hakkarainen, Lonka and Lipponen. In their model learning starts from the students' own experiences and knowledge of the issue. The students also set their own learning goals. Learning is a progressive process aiming at supporting and creating the students' own theories and models of the phenomenon. The process includes critical evaluation of their learning process, theories and practices, and acquisition of new knowledge. The core of the process is the shared expertise of the group.34 In the first seminar the group could design its members' projects and create the learning goals for each student. The group could also help the student to clarify his or her current conception of the issue (experiences, concepts, theological beliefs, spiritual frameworks involved, etc.) and the areas in which he or she needs more knowledge, skills or information.

After the first seminar the students could study the subjects they need to learn and collect the information required for carrying out their project. In the next seminar they could share with the group what they have learned and discuss the problems that have risen. In this phase the group could also help the student to create a plan for the implementation of the project: people he or she needs to consult, patients, parishioners, staff or colleagues to involve, functions to carry out, possible records to keep, and dates and times. Before the final seminar or clinical period the students would carry out their project and collect material for its evaluation from those involved.

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33 Hakkarainen & Lonka & Lipponen 1999, 202-205.

34 Hilsman 1997.

35 Turkki & Gröhn 2000.
They would also write their own evaluation of the process, to be discussed in the small group in the last seminar or clinical period. This evaluation should include assessment of what they learned personally and professionally in the process and articulation of their learning on the theoretical and theological levels as well. Conscious inclusion of conceptual and theoretical development in the process is essential because mere doing seldom leads to a deeper conceptual understanding of the issue.37

Turning the final essays into developmental projects would also enhance the students' acting as agents for change in their workplaces. Tuomi-Grohn and Engeström call for closer cooperation between the schools and workplaces. According to them, the students could act as boundary crossers between the training and the work place. They could bring their new insights and tools to serve the process of change.38 The process would increase horizontal expertise because in carrying out their project the students would have to create new solutions in co-operation with other students and professionals.39 The training of pastoral care offers good opportunities to develop networks of expertise because the students represent various fields of pastoral work. The current challenges in the field of pastoral care would also call for more conscious development of horizontal expertise in the training.

The model proposed here would also prevent the students from transferring to the writing and evaluation of the final essays the experiences of writing their masters' thesis and of criticizing their peer students' papers in the seminars during their graduate studies.39 O'Connor also reported the negative impact of previous learning experiences. The CPE students had to learn a new way of studying by reducing their passivity and taking responsibility for their own learning.39 This process would include perceiving the peers not as critics but as cooperators. The situated, dispositional, and expansive views of learning emphasize the importance of cooperation. The proposed model of the final essay might enhance the transfer of the cooperative dispositions or social practices to the students' work.40

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37 Hakkarainen & Lonka & Lipponen 1999, 206.
39 On the characteristics of horizontal expertise see Chapter 1.5.
40 On the situated views of transferring social practices see Gruber et al. 1996; Tuomi-Grohn & Engeström 2000.
41 O'Connor 1993, 133-158.
42 According to Bereiter (1995, 21-33), transfer of dispositions means transfer of specific ways of approaching things, tendency to create similar situations in one's own work. The situated views of transfer stress that what is transferred across situations are social practices. Gruber et al. 1996; Tuomi-Grohn & Engeström 2000.
Concerning the personal development of the students, the results showed that the training raised painful personal problems in most students. The training offered an opportunity to process personal issues in identity and growth groups. However, these groups seemed sometimes to cause even more problems if they were not able to deal with the issues or conflicts that surfaced. More attention might be given to the students' understanding of the group dynamics, as well as to a more specific articulation of the underlying theory of group work. Personal problems seemed also to appear in the supervision, sometimes at the cost of professional concerns. Therefore, it would seem important that the students be offered an opportunity to receive psychotherapy, pastoral care or spiritual direction, depending on their needs, as a part of the training or in addition to it. Personal therapy is an indispensable part of most training programs of psychotherapy, and personal therapy or pastoral care is also recommended in most textbooks of pastoral care and counseling. Personal care would also be in accordance with the emphasis of holistic personal development of experiential views of learning. It would enhance development of meta-level consciousness and perspective transformation by offering all students an opportunity for guided and supported self-reflection.

The integration of personal, spiritual, and professional development is essential in the training of successful pastoral caregivers. This integration might be furthered by requiring the students to write a journal throughout the training. Writing has proved to be an effective means of promoting both self-reflection and transfer. The students' writing process could be facilitated by giving them specific reflective assignments concerning the various components of the training. They could be required to reflect on the books and articles they read, the seminars, small groups, and supervision from the viewpoints of their professional, personal and spiritual development. In addition, they could be guided to reflect on the impact of the various components of the training on their views of pastoral care and theology of pastoral care. A final evaluation of their learning process during the training based on the journal could be dealt with in supervision.

In brief, much positive development occurred during the training. The students' pastoral care skills improved to some extent, their valuation of the

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41 Hemenway (1996) discovered similar problems in CPE groups.
43 Mezirow 1981, 12-13; Mezirow 1990, 5-17.
46 Means (1994, 206) proposes that integration can be facilitated by writing and presenting short papers on topics like "Pastoral counseling is.."
spiritual basis of pastoral care grew and some students were able to deepen their views of pastoral care. Furthermore, most students felt that their identity as pastoral caregivers had strengthened. The students' interest in processing their personal issues also increased. Two years is a rather short time, and in an extended program the students are not able to dedicate themselves solely to the processes related to the training but have to take care of their everyday work and family responsibilities as well. Therefore, the training always can only enhance their professional and personal development, not turn them into omniscient experts in the field. However, the analysis of the results in the light of theories of learning, transfer and expertise suggests that the students' learning might be more effective if the training could be developed in the following areas:

1) It could be more student-centered by starting more clearly from their skills, knowledge, conceptions, and the needs of their work.

2) At the same time, it could be more channelled. As learning does not occur by itself, the students could be given more reflective assignments and could be required to practice the approaches introduced.

3) The integration of self-directed study, seminars and supervision could be improved, especially in teaching new practices.

4) Conceptual development and theory formation could be encouraged in addition to learning by doing.

5) The development of horizontal expertise could be enhanced in addition to vertical expertise.

6) The final essay could be developed into an expansive learning project.

7) Group dynamics could be taught and dealt with, and the theory of group work in identity groups and growth groups could be articulated more clearly.

8) The students could be offered an opportunity to obtain professional help for their personal problems.

Because this study was a broad survey of the students' progress during the training, a detailed analysis of most areas of the training was not possible. Future studies should focus on narrower topics. One of the issues that would require a more detailed analysis would seem to be the group process: what actually takes place in the identity groups and growth groups. Similarly, the present study offered very limited information about the supervisory process. The written reports did not say anything of the reflection that
occurred in the encounters between the supervisor and supervisee. The research methods should allow getting into the core of the process, for example by videotaping the sessions. However, the participants' willingness to have such material used for research purposes might not be very great.

A detailed analysis of the development of the students' practices of pastoral care would also be interesting, but it would face similar difficulties. In order to examine how the students are actually able to apply the approaches introduced in the training to their work would require observing the students' work for a rather long period of time. Some studies have used simulated pastoral care sessions, but these do not tell much of the students' ability to face the various challenges of the authentic work contexts. The conceptual development of the students would also be worth studying in more detail. It could be examined, for example, on the basis of the students' journals.
9. REFERENCES

The authorized translations of the titles are marked with an asterisk *. Other title translations are my own.

9.1. Unpublished References

The names of the Finnish organizations are given, followed by an acronym. Year 0 refers to the year the first group of students participating in this study completed their initial clinical period, and Years 1 to 4 refer to the following years. The actual years are not revealed to ensure the participants' anonymity.

Lectures


Käyhty, M.-L. (199x). Identiteetti ja sielunhoitajan tehtävä. [Identity and task of the pastoral caregiver]. Lecture in the first seminar.

Käyhty, M.-L. (199x). Auttavan suhteen luominen avioparin kanssa [How to create a helping relationship with a married couple]. Lecture in the second seminar.

Sainio, Aarno (199x). Kohtaamisen tavoista sielunhoidossa ja psykoterapiassa [On the backgrounds of encountering in pastoral care and psychotherapy]. Lecture in the initial clinical period.


Archival sources

Kirkon diakonia- ja yhteiskuntatyön keskuksen arkisto (KDYKA) [Archive of the Center for Diaconia and Society]


Diakonian viranhaltijain erityiskoulutuksen tavoitteet ja sisältöalueet. [Aims and contents of the specialized training of diaconal office holders.]


Kirkon koulutuskeskuksen arkisto (KKKA) [The Archive of the Institute for Advanced Training]

Erityiskurssit. Pastoraalipsykologian kurssi 93. [Specialized courses. Course in pastoral psychology 1993.]

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Sielunhoidon erityiskurssi 199x. Identiteettiryhmän luonne ja tarkoitus. [Specialized training in pastoral care 199x. The nature and purpose of the identity group.]

Sielunhoidon erityiskurssi 199x. Seminaari I. Kirje osallistujille. [Specialized training in pastoral care 199x. Seminar I. Letter to the participants.]

Sielunhoidon erityiskurssi 199x. Seminaari II. Kirje osallistujille. [Specialized training in pastoral care 199x. Seminar II. Letter to the participants.]

Sielunhoidon erityiskurssi 199x. Seminaari III. Kirje osallistujille. [Specialized training in pastoral care 199x. Seminar III. Letter to the participants.]

Sielunhoidon erityiskurssi 199x. Seminaari IV. Seminaariohjelma ja kirje osallistujille. [Specialized training in pastoral care 199x. Seminar IV. Seminar program and letter to the participants.]
Sairaalasielunhoidon erityiskurssit 199x. Seminaarit I-III. Seminaariohjelmat. [Specialized training in pastoral care 199x. Seminars I-III. Seminar programs.]

Sairaalasielun hiippakunnallinen erityiskurssi 92. [Diocesan specialized training in pastoral care 1992.]

Sairaalasielun hiippakunnallinen erityiskurssi 96. [Diocesan specialized training in pastoral care 1996.]

Sairaalasielun hiippakunnallinen erityiskurssi 98. [Diocesan specialized training in pastoral care 1998.]


Sairaalasielun työnohjaajakurssi 2000. [Supervisory course of pastoral care 2000.]

Virtaniemi, M.-P. (s.a.) Omakohtaisen sielunhoitoteologian tekemistä. Sielunhoidon erityiskurssi. Seminaarissa IV jaettu moniste. [On the formation of personal theology of pastoral care. Specialized training in pastoral care 199x. A handout given in seminar IV.]

Kirkon perheasiain keskuksen arkisto (KPKA) [The Archive of the Center for Family Issues]

Bonnevier-Tuomela, M. (s.a.). Vad är en Balint-grupp och passar den för dejourhandledningen i församlingarnas samtalsställen? [What is a Balint group and is it suitable for training duty officers in the telephone counseling service of parishes?] Unpublished article.

Kirkon sairaalasielunhoidon keskuksen arkisto (KSKA) [The Archive of the Center for Hospital Chaplaincy]

Runkoehdotus raportin laittimista varten. [Proposal for report structure].

Sairaalasielunhoidon erikoistumiskoulutus. Perehdyttävä kliininen jakso vuonna 0. Kirje osallistujille. [Specializing training of hospital chaplains. Initial clinical period Year 0. Letter to the participants.]

Sairaalasielunhoidon erikoistumiskoulutus. Perehdyttävä kliininen jakso vuonna 1. Kirje osallistujille. [Specializing training of hospital chaplains. Initial clinical period Year 1. Letter to the participants.]

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Sairaalasielunhoidon erikoistumiskoulutus. Syventävä kliininen jaako. Osastojako. [In-depth clinical period. Ward appointments.]
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Semaarari I. Sairaalasieluhoitajien ja kehitysvammaistyön teologien jaosto. Etukäteistehtävän ohjeet. [Seminar I. The section of the hospital chaplains and chaplains working with the mentally handicapped. Instructions for role play.]
Videohartauden havainnointilomake. [Observation form for the videotaped short services.]

Lapuan hiippakunnan arkisto (LHA) [Archive of Lapua Diocese]

Mikkelin hiippakunnan arkisto [Archive of Mikkeli Diocese]
Diakoniatyöntekijöiden täydenyyskoulutus Seminaarit I-III. Kurssiohjelmat. [Supplementary training for diaconal workers. Seminars I-III. Course curricula.] Mikkelin hiippakunta [Diocese of Mikkeli].
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9.3. WWW-Pages

(WWW-materials whose authors are indentified are given in 9.4. The dates indicate the date the WWW-pages were read.)


9.4. Literature


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for a theological-experiential process in ACPE supervision.


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[Aggression as an issue in hospital chaplaincy]. Sielunhoidon
Aikakauskirja [Review of Pastoral Care], 1, 79-88.

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Tampere: Reports from the Department of Teacher Education in
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10. APPENDIXES

Appendix A. Supplementary Reading for the Program

The number of students who read the book/article in question is given in brackets [ ]. H= hospital chaplains or chaplains working with the mentally handicapped (N=9), P= parish workers (N=8). The books and articles are listed in the order they were presented in the letters sent to the participants. The important readings were required reading for all students. From the recommended readings the students could choose the books they were interested in. Authorized translations of the titles are marked with an asterisk *. Other translations are my own. Year 0 refers to the year the first group of students participating in this study completed their initial clinical period, and Years 1 to 4 refer to the following years. The actual years are not revealed to ensure the participants’ anonymity.

Initial clinical period

(Group 1, Year 0)

Books:

Articles:
Important reading:

Books:


Articles:
Hyrck, M. (1989). Vaivatun virvoitus ja syntisen sovitus. [Revival of the troubled and atonement of the sinner.] Sielunhoidon aikakauskirja, 2 [Review of Pastoral Care, 2], 7-90. [H 5, P 7]


One or more of the following books is recommended to all the students:


**Recommended to the different employee groups:**

Parish pastors and diaconal workers:


Hospital chaplains:


Family counselors:


**Second seminar**

**Important reading:**

Books:


**Articles:**


**Recommended to all the students:**

Third seminar

**Important reading:**

Books:


Articles:


Artikkeleita teemoista "auttajan varjo" ja "psykkinen sairaus ja uskonto." [Articles on themes "The helper's shadowy sides" and "Mental illness and religion." Sielunhoidon Aikakuuskirja, 4 [Review of Pastoral Care, 4]. [H 8, P 5]

Hospital Chaplains also:


Family counselors also:


Recommended to all students:


**Fourth seminar**

*(the parish group only)*

**Books:**

(The students had to choose four books; three from the first two groups and one from the third group):

**Group 1:**


**Group 2:**


**Group 3:**


**Articles:**

Falk, B. (s.a.). *Keskustelu kriisissä olevan kanssa.* [Talking with a person in a crisis.] [P 8]


Virtaniemi, M.-P. (s.a.). *Uskonollisten ilmiöitten kohtaaminen psykiatrinen terapian suurajossa.* [Encountering religious phenomena in psychiatric hospitals.] [P 7]
Kähty, M.-L. (s.a.). Psyykkisestä sairaan maailma. [The world of the mentally ill person.] [P 6]
Aalto, K. (s.a.). Psyykkisesti sairaiden sielunhoidon erityiskysymyksiä. [Special problems in the pastoral care and counseling of the mentally ill.] [P 6]
Virtaniemi, M.-P. (s.a.) Omakohtaisen sielunhoidon teologian tekemistä. [On personal theology of pastoral care and counseling.] [P 7]
Nikolainen, A. T (s.a.). Uuden testamentin ihmiskäsitys ja kristillinen sielunhoito. [Christian pastoral care and the concept of man in the New Testament.] [P 7]

**In-depth clinical period**

(Hospital chaplains and chaplains working with the mentally handicapped)

**Article:**

Pihkala, J. (s.a.) *Mitä on saarna*. [What is a sermon?] [H 9]
Appendix B. Interviews

Initial Interview

1. What does your present job consist of?
2. How much do you enjoy your work (external circumstances included)?
3. What are the tasks you would especially like to concentrate on at the moment? How well are you able to do it?
4. (What are the reasons why you are able (not able) to organize your work, emphasizing the things you would like to do?)
5. What does your work mean to you?
6. What is the relationship between your work and free time? Are you satisfied with it?
7. How would you describe the human relationships in your working environment and your position in them?
8. What setting does your working environment provide for pastoral care (have provisions been made for it)?
9. What possibilities do you have to give pastoral care in your own parish / hospital / institution?
10. What is your opinion of the possibilities of giving pastoral care in a hospital setting / in ministry to the mentally handicapped / in a parish setting?
11. What are the contexts in which you think it is possible to give pastoral care in a hospital / in a parish setting?
12. What factors make pastoral care seem easy / difficult to give in a hospital / with the mentally handicapped / in a parish?
13. In what manner does pastoral care given in a hospital / with the mentally handicapped differ from pastoral care done in a parish? (or vice versa)
14. What contacts do you have with other pastoral caregivers?
15. What is the importance of these contacts as regards your own work and the way you are able to cope with it?
16. What kind of person do you think your friends / colleagues consider you to be?
17. What are the characteristics you value most in yourself? (Why?)
18. What are your personal strengths as a pastoral caregiver?
19. What characteristics do you find most difficult to accept in yourself? (Why?)
20. What are your personal limitations as a pastoral caregiver?
21. Have important changes occurred in your life during the past two years?
22. What things are of the greatest importance to you at the moment? (Why?)
23. What things cause you the most difficulty at the moment? (Why?)
24. What is your family life like presently?
25. Which events in your life have had the greatest influence on what you are now as 1) a person, 2) a pastoral caregiver? In what ways have they influenced you?
26. What do you think your reaction would be if you became seriously ill? (Why?)
27. What kind of feelings does death stir in you (your own, someone else's who is close to you, a patient / parishioner of yours)? (Why?)
28. (Hospital chaplains) Why did you choose to work as a hospital chaplain? (Pastors working with the mentally handicapped:) Why did you choose to work with the mentally handicapped? (Parish workers:) Why did you apply for this specialized training program?
29. What personal goals have you set for the specialized training program you are participating in?
30. What issues / skills do you hope to improve during the program as a pastoral caregiver?
31. What do you think pastoral care is (how do you define it)?
32. What are your objectives regarding the pastoral care you are giving?
33. Can you assess yourself as a pastoral caregiver at the moment?
34. Which pastoral care skills have you mastered well / less well?
35. Which methods do you primarily use?)
36. Which methods you feel are the most difficult for you? Why?
37. What methods would you like to try out?
38. In what kind of pastoral encounters you have found it difficult to control your own feelings? Why?
39. Have you sought to apply methods derived from therapy approaches into your own counseling methods? Which approaches?
40. How has your practical work influenced your thinking about the relationship between pastoral care and psychotherapy?
41. What factors have an influence on the nature of pastoral relationship (as regards the pastoral caregiver, the client, other factors)?
42. What are the most common problems you have encountered in your clients?
43. What problems do you feel best able to help solve? Why?
44. What problems do you find especially difficult to face? Why?
45. In what ways have you attempted to help those clients with marital or partner problems, family interdependence or conflicts? (E.g. do you
meet only one member of the family / husband and wife together / the whole family, where do you meet them, what forms of pastoral care do you give?)

46. How do you assess your own readiness to help people suffering from the above problems?

47. How have you tried to help those whose problems are related to alcoholism (their own or somebody else's who is close to them)? (Whom in the family do you meet, who tends to be looking for help, where, what forms of assistance to you use?)

48. How do you assess your own readiness to help people suffering from the above problems?

49. How have you tried to help your clients to cope with mental problems? (Who are those seeking help, whom do you meet, where, how do you help them?)

50. How do you assess your readiness to help the people suffering from the above problems?

51. How have you tried to help people to cope with physical illness (their own or somebody else's who is close to them? In what contexts do you meet them, whom do you meet, how do you help them?)

52. How do you assess your own readiness to help people suffering from the above problems?

53. In what ways have you tried to help mourning relatives, the terminally ill, those who are contemplating suicide or have attempted it? (In what contexts, on whose initiative, whom do you meet, how do you help them)

54. How do you assess your own readiness to help people suffering from the above problems?

55. In what ways have you tried to help the people whose problems are spiritual?

56. What are the contexts you meet these people in? What sorts of people need help? What are their problems like?

57. How do you assess your readiness to help the people suffering from the above problems?

58. In what kind of pastoral encounters do you normally use spiritual resources? In what ways? On whose initiative?

59. What is your opinion of the usefulness of spiritual resources in pastoral care?

60. To what extent do you include spiritual matters in pastoral encounters if the clients do not talk about them? In what sorts of cases? How often?

61. What spiritual resources would you like to use in pastoral care more often than now? Why?
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62. What is the importance of prayers, said either by the client or by you, in solving problems?
63. How does your own spiritual state (life) show in your counseling?
64. How does your own spiritual state (life) affect your other work?
65. How does your work affect your spiritual life?
66. What spiritual events do you like to participate in most (not related to your work)? What is their significance for your spiritual growth?
67. What is your God / your relationship with God like?
68. What does Jesus mean to you?
69. What does the Holy Spirit mean to you?
70. What are your most central "pain spots" regarding spiritual life?
71. What kind of people with spiritual views differing from your own do you find the most difficult to relate to? Why?
72. Describe your own theology of pastoral care.

Follow-up Interview
1. Have your tasks changed during the past two years. If so, in what ways?
2. Has there been some change in your job satisfaction. If so, why?
3. On which tasks would you prefer to concentrate at the moment? How well are you able to implement your hopes regarding your work at the moment? (Why / why not?)
4. What does your work mean to you?
5. What is the relationship between your work and free time? How satisfied are you with it?
6. How would you describe the human relationships of your work environment and your own position in it? Compared to how it was two years earlier, has the situation changed?
7. Have any changes occurred in your possibilities of giving pastoral care and counseling in your own parish / hospital? (Have there been any changes in the external circumstances? What about the spiritual ones (the atmosphere and so forth)?)
8. In your opinion, what are the ways in which pastoral care and counseling in a parish differ from that practiced in a hospital (or vice versa) / in what ways pastoral care with the mentally handicapped differs from pastoral care in other settings?
9. Have there been any changes in your contacts with other pastoral caregivers / chaplains working with the mentally handicapped? Have you kept in contact with the other students?
10. What is the importance of these contacts as far as your own work and your mental ability to do it are concerned?
11. What kind of person do you think your fellow students consider you to be?
12. What are the characteristics you value most in yourself?
13. What are your personal strengths as a pastoral caregiver / chaplain working with the mentally handicapped?
14. What are the characteristics you find the most difficult to accept in yourself?
15. What are your personal limitations as a pastoral caregiver / chaplain working with the mentally handicapped?
16. Have any important changes taken place in your life (in any area) during the past two years? What kind of changes? (What is their significance to you?)
17. What is your family life like presently? Have any changes taken place in it during the past two years? (What is the reason for them in your opinion?)
18. What things are of the greatest importance to you at the moment? (Why?)
19. What things do you feel are the most difficult at the moment? (Why?)
20. What events in your life have had the greatest influence on what you are now as 1) a person, 2) a pastoral caregiver? In what ways?
21. What issues related to your own life history have you especially processed during the training? In what ways? Why those? What initiated the process? How has dealing with them affected you?
22. How have you changed as a person during the past two years? What are the factors that have had an influence on it?
23. In what ways have you processed issues related to death during the training? (How has it affected you? What initiated the process?)
24. What changes did the training have on your skills as a pastoral caregiver/chaplain working with the mentally handicapped? (Has your working mode changed? How?) In your opinion, which factors had the greatest effect on these changes?
25. Can you assess yourself as a pastoral caregiver at the moment?
26. Can you assess yourself as a pastor / diaconal worker / hospital chaplain / chaplain working with the mentally handicapped now?
27. What is pastoral care to you (how do you define it)?
28. What are your objectives regarding the pastoral care you are giving?
29. What did you learn during the training or from your reading that you have tried to employ in your own work? How well do you feel you have succeeded in this?
30. How do you see the relationship between pastoral care and psychotherapy?
31. What factors have an influence on what a pastoral relationship will be like (in terms of caregiver, client, other factors)?
32. What pastoral encounters have lately aroused strong feelings in you?
33. What are the most common client problems you have lately encountered in your pastoral work? Have there been any changes in this compared with the time before the training? What might have caused them?
34. Which problems do you feel that you are best able to help solve? What might be the reason for this? What do you do in order to help solve them? Has there been any change in this?
35. Which problems do you find especially difficult to face? What might be the reason for this? In what ways have you attempted to help these people? Have you noticed any change compared to the time before the training?
36. Have the ways in which you use spiritual resources in your work changed? How and what is the reason for the changes?
37. Have there been any changes in how often you employ spiritual resources in pastoral care, if the client does not take the initiative? What kind of changes, Why?
38. In your opinion, has your spiritual life changed during the past two years? If so, how? Has the training had an effect on your spiritual life? In what ways?
39. How does your spiritual life manifest itself in your work?
40. How does your work affect your spiritual life?
41. What is your God like at the moment? What is your relationship with Him?
42. What does Jesus mean to you?
43. What does the Holy Spirit mean to you?
44. What are your most central "pain spots" regarding spiritual life?
45. Describe your own theology of pastoral care.
46. How well have the goals you set for the training been reached? What was good; what about the disappointments?
47. How would you describe the meaning of the training as a whole for you? (Which factors influenced you most? For what reasons? What were the things you found the most meaningless? Why?)
48. What benefits did you derive from the different areas of training?
   - seminars (three in which everyone participated),
   - role plays,
   - identity groups,
   - sector work,
   - short services,
   - other events common to all,
430

- candid talks and meetings with the other students,
- the program leaders

49. How important was the first clinical period to you? (Please assess also the different parts: working on the wards, supervisory group, short services, identity groups, lectures, free-time activities)

50. How important was the first seminar period to you (the processing of your own personality and life history)? How does its influence on you manifest itself?

51. What questions were important to you / your work during the second seminar period (family issues)? How does its effect on you manifest itself?

52. How did the third seminar period (death) affect you?

53. In what ways did the fourth seminar affect you (what was useful and problematic, respectively: written assignments, lectures + discussions, bibliodrama, short services, the processing of the final essays)?

54. What was the importance of the second clinical period to you? (Please assess also the different parts of the period: sector work, supervision, the seminar "The Word in the Hospital," the processing of the final essays, short services.)

55. What was the importance of the supervision to you?

56. What was the importance of the growth group?

57. What was the importance of the preliminary assignments?

58. What was the importance of the literature you read?

59. What did you derive from the final essay you wrote?

60. Assess how the working experience that you gained affected you as a pastoral caregiver?

61. What will be your next "step on the path of growth"?

62. What would you like to change in the training? For what reasons?

63. How did you experience participating in this study?
Appendix C. Student Questionnaires

Questionnaire 1

(Before the first seminar)
Hospital chaplains
(The space for answering the open-ended questions is deleted here)

Please write your answer on the line or in the empty space reserved for it. Should there not be enough space for your answer, please continue on the reverse side. Answer the structured questions by drawing a circle around the alternative of your choice.

1. Year of birth: _____

2. Marital status:
   1 Single
   2 Married since _____
   3 In a live-in partnership since _____
   4 Separated / divorced since _____
   5 Widow / widower

3. Year(s) of birth of your child(ren): _______________________

4. Schooling / education: _________________________________

5. Year of graduation: _____

6. Please list here the posts and assignments you have had since graduation, and after each post the number of years you have been employed in the post in question. Also, include long leaves of absence and the reason for them. Estimate the number of hours spent weekly in giving pastoral care.

<table>
<thead>
<tr>
<th>Workplace</th>
<th>Position</th>
<th>Time</th>
<th>Pastoral care hours / week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. Type of hospital you work in:
   1 Various kinds of hospitals
   2 General / central hospital
   3 Psychiatric hospital
   4 Geriatric hospital
   5 Institution for the mentally handicapped

8. Division of working time in 199x? Give the average number of hours
   devoted to the following tasks during a normal working week and an
   estimate of the number of hours for the whole year:

<table>
<thead>
<tr>
<th>Task</th>
<th>hours/week</th>
<th>hours/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short services / religious events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperation with staff and hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training and teaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning and preparatory work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other assignments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Number of pastoral care sessions in 199x: __________

10. Number of clients you had in 199x: __________
    of whom female _____ %, male _____ %

11. Who took the initiative in your new pastoral care contacts during
    199x?

    % of the contacts
    The client
    Relatives or friends of the client
    You
    Staff
    Someone else

12. Percentage of your pastoral care sessions in 199x according to meeting
    place:

    % of the sessions
    Over the telephone
    In a theologian's office
    On a hospital ward
    In other hospital premises
In a parish office __________  
Elsewhere, where __________ __________

13. Percentage of your pastoral care sessions in 199x according to duration:  
% of the contacts

<table>
<thead>
<tr>
<th>Duration</th>
<th>% of the contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 0.5 hours</td>
<td>__________</td>
</tr>
<tr>
<td>0.5 - 1 hours</td>
<td>__________</td>
</tr>
<tr>
<td>1 - 2 hours</td>
<td>__________</td>
</tr>
<tr>
<td>Over 2 hours</td>
<td>__________</td>
</tr>
</tbody>
</table>

14. Percentage of your clients according to number of contacts:  
% of the contacts

<table>
<thead>
<tr>
<th>Contacts</th>
<th>% of the contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once</td>
<td>__________</td>
</tr>
<tr>
<td>2 - 3 times</td>
<td>__________</td>
</tr>
<tr>
<td>4 - 5 times</td>
<td>__________</td>
</tr>
<tr>
<td>6 - 7 times</td>
<td>__________</td>
</tr>
<tr>
<td>8 times or more often</td>
<td>__________</td>
</tr>
</tbody>
</table>

15. How often were the most central problems of your clients related to the following areas:

<table>
<thead>
<tr>
<th>Problems</th>
<th>1 = never</th>
<th>2 = quite infrequently</th>
<th>3 = occasionally</th>
<th>4 = quite frequently</th>
<th>5 = very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital problems or problems in a couple relationship</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family dependence or other family problems</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other problems with human relationships</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholism (client’s own or someone else's close to him or her)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth as a human being</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental problems</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical illness / disability</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client’s own death or death of someone close to the client</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual problems</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
16. How often do you employ the following spiritual resources in pastoral care:

<table>
<thead>
<tr>
<th>Resource</th>
<th>1 = never</th>
<th>2 = quite infrequently</th>
<th>3 = occasionally</th>
<th>4 = quite frequently</th>
<th>5 = very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>I pray on the client's behalf</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I pray together with the client</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I quote / use passages from the Bible</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I read / use quotations from spiritual literature</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use spiritual music</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use confession</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I give the Holy Communion</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. How often have you referred seekers of help to the following professionals or professional bodies:

<table>
<thead>
<tr>
<th>Professional/Bodies</th>
<th>1 = never</th>
<th>2 = quite infrequently</th>
<th>3 = occasionally</th>
<th>4 = quite frequently</th>
<th>5 = very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist / therapist / psychologist</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other physician</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health clinic</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinic for the treatment of alcoholics</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social services</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis hotline</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family counseling center</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parish worker / some other</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>person doing spiritual work</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some other person or organization</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Have you received supervision?

1 No
2 Yes, __________ hours, in ____________________________
19. What kind of therapy have you received (also the years when you have been in therapy)?

20. If you have not been in therapy, would you like to start?
1 No
2 Yes, what kind of therapy?

21. Why would you like or not like to have therapy?

22. Which therapy methods are familiar to you?

23. The type of training in pastoral care and counseling you have received. When?

24. Your experience as a pastoral caregiver:

25. Please list the books that you consider important to your work as a pastoral caregiver. Also, tell why the books have been important to you.

26. Revivalist movements or religious groups you belong to:

27. Number of your close friends: ________________

28. Are you suffering from a chronic disease?
1 No
2 Yes, please name it ________________

29. Are you worried about your economic situation?
1 Continuously
2 Occasionally
3 Never

30. Your hobbies:

31. Your different roles in your present life situation (work + free-time)?

32. The role in which you feel most comfortable. Why?

33. The role in which you feel most uncomfortable. Why?
34. How successful has your choice of career as a hospital chaplain proved to be?
   1 Very successful
   2 Somewhat successful
   3 I cannot say
   4 Somewhat unsuccessful
   5 Very unsuccessful

35. Occupation in which you would prefer to work? Why particularly in it?

36. Where would you prefer to work as a pastoral caregiver? Why particularly there?

37. In which type of hospital would you prefer to work?

38. Your opinion of the most important pastoral caregiver characteristics? Tell why you consider each characteristic important.

39. Assess yourself in terms of the characteristics you mentioned.

40. From what sources do you get the strength to do this work?

41. Who appreciates your work and encourages you in it?

42. Who gives you professional help in work-related issues?

43. How often have you sought professional help in personal problems?
   1 Never
   2 Once
   3 A couple of times
   4 Several times

44. If you have sought professional help, please indicate what type of help and from where? If you have not sought professional help, why not?

45. How difficult is looking for professional help for you?
   1 Very difficult
   2 Somewhat difficult
   3 Somewhat easy
   4 Very easy
Below you will find some questions about your own spiritual life. When answering them, leave out the situations that are related to your professional duties.

46. How often do you pray?
   1. Several times daily
   2. Approximately once a day
   3. A few times weekly
   4. A few times monthly
   5. Less frequently

47. In which situations do you pray?

48. Why do you pray or not pray?

49. Your experiences of how your prayers have been answered:

50. What does prayer mean to you?

51. How often do you read the Bible?
   1. Many times daily
   2. Once a day
   3. A few times a week
   4. A few times a month
   5. Less frequently

52. Why do you read or not read the Bible?

53. What spiritual literature do you read?

54. What does spiritual literature mean to you?

55. What spiritual music do you listen to?

56. What does spiritual music mean to you?

57. What is your attitude towards the phenomena termed charismatic?
   Your personal experiences of them.

58. To what extent do your closest friends think about spiritual questions in the same way as you do?
59. Write your spiritual life history.

**Questionnaire 2**
(After the training),
Parish pastors and diaconal workers
(The space for answering the open-ended questions is deleted here)

Please write your answer on the line or in the empty space reserved for it. If the space is not enough, please continue on the reverse side. Answer the structured questions by drawing a circle around the alternative of your choice.

1. Has your area of responsibility changed during the last two years?
   1. No
   2. Yes, now it is ______________________________

2. How is your working time divided between different tasks at the moment? Please give the average number of hours you devote to each task during a normal working week. If you think it difficult to estimate the number of hours, you may give your estimates as percentages.

   **Pastors:**
   - Pastoral care: ________
   - Groups: ________
   - Services / religious events: ________
   - Rites of baptism, marriage and burial: ________
   - Visits to institutions: ________
   - Home visits: ________
   - Training and teaching duties: ________
   - Office duties: ________
   - Planning and preparatory work: ________
   - Other assignments: ________

   **Diaconal Workers:**
   - Pastoral care: ________
   - Groups: ________
   - Short services: ________
   - Visits to institutions: ________
   - Home visits: ________
Training and teaching duties
Office duties
Planning and preparatory work
Other assignments

3. Number of pastoral care conversations in 199x? ________

4. Number of clients in 199x? ________
of whom female _____ %, male _____ %

5. Who took the initiative in your new pastoral care contacts during 199x?

   % of the contacts
   The client
   Relatives or friends of the client
   You
   A colleague of yours
   Someone else

6. Pastoral care sessions in 199x according to meeting place:

   % of the sessions
   Over the telephone
   In your own or a colleague's office
   In other parish premises
   In the client's home
   In some institution (hospital, etc.)
   Elsewhere, where

7. Percentage of contacts in 199x according to duration:

   % of the contacts
   Under 0.5 hours
   0.5 - 1 hours
   1 - 2 hours
   Over 2 hours

8. Percentage of your clients according to number of contacts:

   % of the contacts
   Once
   2 - 3 times
   4 - 5 times
   6 - 7 times
8 times or more often

9. How often were the most central problems of your clients related to the following areas:

<table>
<thead>
<tr>
<th>Problem</th>
<th>1 = never</th>
<th>2 = quite infrequently</th>
<th>3 = occasionally</th>
<th>4 = quite frequently</th>
<th>5 = very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital problems or problems in a live-in partnership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family interdependence or other family problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other problems with human relationships</td>
<td></td>
<td></td>
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<td>Alcoholism (client’s own or someone else's close to him / her)</td>
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<td>Growth as a human being</td>
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<tr>
<td>Mental problems</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Physical illness / disability</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client’s own death or death of someone close to the client</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual problems</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. How often do you employ the following spiritual resources in pastoral care:

<table>
<thead>
<tr>
<th>Resource</th>
<th>1 = never</th>
<th>2 = quite infrequently</th>
<th>3 = occasionally</th>
<th>4 = quite frequently</th>
<th>5 = very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>I pray on the client's behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I quote or use passages from the Bible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I read or use quotations from spiritual literature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I use spiritual music</td>
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<td>I use confession</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I give the Holy Communion</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11. How often have you referred seekers of help to the following professionals or professional bodies:

   1 = never
   2 = quite infrequently
   3 = occasionally
   4 = quite frequently
   5 = very often

<table>
<thead>
<tr>
<th>Professional</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist / therapist / psychologist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Other physician</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Mental health clinic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Clinic for the treatment of alcoholics</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Social services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Crisis hotline</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Family counseling center</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Parish worker or some other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>person doing spiritual work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Some other person or organization</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

12. Have you sought help for your own problems from sources outside the training (i.e. from other persons or bodies than your supervisor or growth group)?

   1  No
   2  Yes, what kind of help? __________________________

13. How difficult is it for you to seek professional help?

   1  Very difficult
   2  Somewhat difficult
   3  Somewhat easy
   4  Very easy

14. Your roles in your present life situation (work + free-time)?

15. The role in which you feel most comfortable. Why?

16. The role in which you feel most uncomfortable. Why?
17. How successful has your choice of career as a pastor / diaconal worker proved to be?
   1 Very successful
   2 Rather successful
   3 I cannot say
   4 Rather unsuccessful
   5 Very unsuccessful

18. Occupation in which you would prefer to work? Why particularly in it?

19. In which setting would you prefer to work as a pastoral caregiver? Why, in particular?

20. List the most important characteristics of a pastoral caregiver. Tell why you consider each characteristic important.

21. Please assess yourself in terms of the characteristics you mentioned.

22. From what sources do you get the strength to do this work?

23. Who appreciates your work and encourages you in it?

24. Who gives you professional help in work-related issues?

Below you will find some questions concerning your own spiritual life. When answering them, please leave out the situations that are related to your professional duties.

25. How often do you pray?
   1 Several times daily
   2 Approximately once a day
   3 A few times weekly
   4 A few times monthly
   5 Less frequently

26. On what occasions do you pray?

27. Why do you pray or not pray?

28. Your experiences of how your prayers have been answered:
29. What does prayer mean to you?

30. How often do you read the Bible?
   1. Many times daily
   2. Once a day
   3. A few times weekly
   4. A few times monthly
   5. Less frequently

31. Why do you read or not read the Bible?

32. What spiritual literature do you read?

33. What does spiritual literature mean to you?

34. Which of the following books or articles (supplementary reading) have you read? Evaluate the meaning of each book or article to you personally by using the following scale:
   0. I did not read the book / article
   1. Totally meaningless (you did not learn anything new from the book, or it did not mean anything to you personally)
   2. Rather meaningless
   3. I cannot say
   4. Rather important
   5. Very important (you felt that you learned something new and important in terms of your work from it, or it was important to you personally)

   If you do not remember reading the book, place a question mark at the end of the numbers.

The list of the supplementary reading recommended to be read during the training (See Appendix A).
Appendix D. Questionnaires of Supervisors and Growth Group Leaders

Supervisors, Questionnaire 1
(At the beginning of the supervision)
(The space for answering has been deleted here)

1. Name?
2. Year of birth?
3. Your degree and graduation year?
4. Since when have you worked as a supervisor?
5. When did this supervisory period start?
6. Your estimate of when it will end?
7. Duration of each supervisory session?
8. In what ways do you guide this supervisee?
9. What are the goals you set for yourself regarding this supervisee?
10. What is your opinion of his / her personal strengths as a pastoral caregiver?
11. What is your opinion of his / her personal limitations as a pastoral caregiver?
12. In your opinion, what were his / her strongest areas regarding pastoral care and counseling skills at the beginning of the supervision?
13. In your opinion, what were his / her weakest areas in pastoral care and counseling skills at the beginning of the supervision?
14. How do you think this supervision will be beneficial to him / her?
15. What else would you like to say about this supervisory relationship or your supervisee?

Supervisors, Questionnaire 2
(At the end of the supervision)

1. Your name?
2. What is your post at the moment?
3. When did this supervision period end?
4. Did you modify your method of supervision while it was going on?
   1. No
   2. Yes, what kind of modifications and why?
5. To what extent were the objectives you set for the supervision realized?
6. What personal strengths you think your supervisee possesses in his / her work as a pastoral caregiver / with the mentally handicapped / as family counselor?
7. What are in your opinion his / her limitations as a pastoral caregiver / chaplain working with the mentally handicapped / family counselor?
8. What are in your opinion his / her strongest areas as far as pastoral care and counseling skills are concerned?
9. What are in your opinion his / her limitations as far as pastoral care and counseling skills are concerned?
10. Your opinion of in what ways your supervisee profited from the supervision? Please give also a short description of his / her progress during the supervision.
11. What are the areas in which you think he / she should have further supervision or other instruction?
12. How would you describe this supervisory relationship (a "general evaluation")?
13. What else would you like to say about this supervisory relationship or your supervisee?
14. What feedback do you want to give this researcher on this and / or the previous questionnaire?

_Growth Group Leaders, Questionnaire_  
(After the last growth group)

1. Your degree?
2. Your present post or office?
3. Starting and ending dates of this growth group?
4. How frequently did the growth group meet?
5. How were the group sessions carried out?
6. What goals did you set for this group and to what extent you think they were reached?
7. What kind of issues were processed in the group (broad outlines)?
8. What were the strengths of this group regarding its functioning?
9. What was problematic in this group regarding its functioning?
10. What did you think of this group (general estimate)?
11. How did you experience being the leader of this group?
12. Please state the ways you think the following students benefited from the growth group?
13. What else would you like to say about this group?
14. What feedback you would like to give to the researcher regarding this questionnaire?
### Appendix E. Students’ Change Profiles in the Main Categories and Types

X indicates that the student has made changes in the area in question. Changes in the ways of explaining why certain conversation topics were experienced as difficult are indicated as follows: cr=improved tolerance of criticism, ca=no longer explains difficult client contacts by referring to the lack of ability to help, pe=no longer explains difficult client contacts by referring to the lack of personal experiences, we=no longer explains difficult client contacts by referring to the lack of work experience. A shift from one category to another is indicated by \( \Rightarrow \) and a tendency towards a new category with \( \rightarrow \). Strengthening of a characteristic within the category is indicated by \( \uparrow \). If no change is indicated, the student remains in the original category. S= strength-oriented realist, W= weakness-oriented realist, U= self-underrater, S= self-deceiver.

<table>
<thead>
<tr>
<th>Student</th>
<th>Motive</th>
<th>Objectives</th>
<th>Changes in work</th>
<th>Changes in conversations</th>
<th>Changes in ways of explaining difficult client contacts</th>
<th>Approach to pastoral care</th>
<th>Definition of pastoral care</th>
<th>Theology of pastoral care</th>
<th>Self-assessment type</th>
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<td>crisis</td>
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<td>U ( \Rightarrow ) S</td>
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<td>X</td>
<td>pe we ca</td>
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<td>God's love</td>
<td>U ( \Rightarrow ) S</td>
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<td>D ( \Rightarrow ) S</td>
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<td></td>
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<td>X</td>
<td>cr ca</td>
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<td>ca cr</td>
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<td>D → S</td>
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<td>General</td>
<td>Creation</td>
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<td>W → D</td>
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