

Article

Caring for–Caring about: Negotiations of Values in Pastoral Care

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Abstract: The term “care” in pastoral care means *caring for* others. Yet those who care for others in pastoral conversations can also be defined existentially as people who *care about* the world, that is, people who hold values. This article explores how caring for and caring about commence in pastoral practice, with special attention paid to conflicts of values in pastoral conversations. The article proposes a typology of subjects for value conflicts in pastoral care, and it proposes a set of strategies for navigating those conflicts. We base both proposals on an analysis of German and Norwegian verbatims, i.e., protocols of pastoral caregivers’ memories of pastoral care encounters. These verbatims highlight that while pastoral caregivers and care seekers have different roles and obligations in pastoral care, an existential encounter occurs which has its own potentials and pitfalls. Thereby, we draw attention to the necessary negotiations of values that transpire in pastoral conversations in postsecular societies.

Keywords: care; pastoral care; values; negotiations



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1. Introduction

An 80-year-old woman, recently visited by a compassionate vicar in the wake of her birthday celebration, candidly expresses her desire for a swift and merciful end to life rather than a prolonged agony. Reflecting on the prospect of self-determined assisted suicide, she unambiguously declares, “I don’t want to be confined to a bed at the end. They should give me that final shot” (G8).¹ In stark contrast to a close relative’s prolonged death, this parishioner discerns the greater value of autonomy and self-direction over enduring unnecessary suffering.

The vicar perceives a sense of loneliness in the elderly woman and seeks to instill hope. While acknowledging and validating the woman’s expressed sentiments, the vicar also gently intervenes by emphasizing the worth of being surrounded by a caring family and delving into the concept of life after death. “And beyond death, life continues. In our community, we often say, “The best is yet to come””.

The vicar attempts to infuse hope. But the older woman remains largely unresponsive to his ideas of the positivity of family and the prospect of an afterlife: “Who knows”, she responds. Instead, the pastor’s desire to inspire hope leaves little room for dialogue about death, dying, and pain.

This illustrative scenario, rooted in our data material, highlights the pervasive influence of values in the realm of pastoral care (Lynch 2002). Care seekers² bring their values into the conversations. The values held by pastoral caregivers significantly color their engagement with care seekers. And, as a discerning reader of this article, you likely evaluate these interactions through the lens of your own values—just as we, the authors of this article, have done.

Human beings, including pastoral caregivers and care seekers, are passionate about the world. From an existential point of view, human beings are constituted as beings who

care about (German: “*Sorge*”, Latin: “*cura*”). For human beings, the world matters. People care about the world in such a way that they direct their attentions and their passions towards those aspects of the world that they find important. This structure of human existence—the care structure—is the basis for human willing, wishing for, and desiring (Heidegger 2010). Thereby, as Danish existential psychologist Joachim Meier has pointed out, the care structure shows itself in concrete modes of caring about something specific (Meier 2023). Those concrete manifestations of care in the lives of human beings are what we call their values. We define pastoral care as care for people who care about and care for—by people who care about—through conversations in an ecclesial context (compare Harbsmeier 1995, p. 384).

On this basis, this article investigates how this dual structure of care commences in pastoral practice, with a special focus on conflicts of values.

In the scenario mentioned above, we saw a value conflict between the autonomy of the care seeker and the wish of the pastor to provide hope or something “that lasts after the conversation” (G8). Based on a qualitative analysis of data consisting of 23 verbatims (protocols of pastoral caregivers’ memories of pastoral care encounters) from German and Norwegian students of pastoral care, this article offers two proposals in terms of a typology of value conflicts and subsequent strategies to deal with them.

We present a typology comprising three sets of subjects for value conflicts in pastoral care. In the scenario mentioned above, we observed a conflict between a care seeker and a pastoral caregiver as subjects whose values clashed during the conversation. Such a conflict is one of three identified types that we refer to later in the article.

We propose a set of strategies concerning how pastoral caregivers can navigate value conflicts in pastoral care. In the previously mentioned example, the pastor endeavored to guide the care seeker towards the pastor’s religious perspective of hope. We categorize this approach within a three-fold set of strategies.

These proposals contribute to the discussion of normativity in pastoral care. Normativity in pastoral care is often discussed but mostly guided by a normative moral question: Should pastoral caregivers interfere with the values and norms of care seekers? The two main traditions of pastoral care in the 20th century (kerygmatic and therapeutic) were united in their position with respect to ethics, normativity, and morality in pastoral care: they distanced themselves from ethics in pastoral care (Ziemer 2019; Harbsmeier 1995; Lange 1991). Nevertheless, norms and values played an important role for each of these paradigms, as the approaches were normative regarding the delivery of the gospel to the care seeker (kerygmatic) or regarding a non-directive stance to the conversation out of respect for the autonomy of the care seeker (therapeutic). Thus, the ethical dimension disappeared from the explicit pastoral care approaches but was still active subconsciously.

In contrast, the contemporary landscape of the relationship between ethics and pastoral care theory is intricate and multifaceted. Since Don Browning’s (1976) work *The Moral Context of Pastoral Care*, voices have sought to develop ways to keep the insights of therapeutic pastoral care while also being open to situations of care where care seekers seek or require moral counselling and confrontation from the care giver (Poling 1984; Pembroke 2002). Contemporary models of relating pastoral care and ethics vary from viewing pastoral care as a subdimension of ethics, as proposed by Herms (1991), to conceptualizing pastoral care as ethical counseling, as outlined by Ziemer (2019). Klessmann (2015) suggests an alternative perspective, positioning ethics as one facet among others within the broader framework of pastoral care practice. While pastoral care predominantly orients itself toward the individual, emerging perspectives in postmodern, postcolonial, and intercultural approaches highlight an increasing awareness of how values are socially embedded (Noth et al. 2017; Doehring 2015a).

This article contributes to this research field and the overall research question by addressing two subquestions: Who are the subjects of values when values clash in pastoral care conversations? And in what ways might pastoral caregivers negotiate such value conflicts? We propose that the clarification of these two questions should form the foundation

for any normative discussion of pastoral intervention, especially in pluralistic societies where conflicts of values will be increasingly widespread.

2. Theory

The article is grounded in two foundational theoretical strands. Initially, we aim to elucidate the concept of values, a crucial step in discerning the underlying values within our verbatims. Subsequently, we delve into an exploration of how contemporary intercultural pastoral care navigates the intricate terrain of negotiating values within the context of pastoral care.

2.1. Theory of Values

“Value” is an apparently universally accessible concept. However, its primary meaning (something which people value) “may conceal a large number of secondary meanings and understandings” (Pattison 2007, p. 29). Pattison argues that although much work (both empirical and theoretical) is needed to clarify the concept of value, it is impossible to escape its ambiguity, as values are changing and contextual and created in an ongoing dynamic process (ibid., p. 39). Even though we agree that the notion of value is ambiguous and may slip between different meanings, we will circumscribe it here for our purposes.

Pattison and colleagues carried out a small empirical project studying values among health professionals in the UK, asking the participants to tell stories of critical incidents in which they became aware of their values (ibid., p. 44). This way of entering values through stories allowed for contradictions, complexities, and ambiguity in the health care professionals’ “living values”. Our approach is similar in that we seek to understand value conflicts through verbatims.

This indirect approach to the study of values depends on an understanding of values as something distinct from *attitudes*. Shalom H. Schwartz argues that attitudes “are evaluations of objects as good or bad, desirable or undesirable” (Schwartz 2012, p. 16), whereas values are latent constructs that are hidden behind concrete personal attitudes and thus represent what is important to someone: “Values underlie our attitudes; they are the basis for our evaluations. We evaluate people, behaviors, events, etc. positively if they promote or protect attainment of the goals we value” (ibid., p. 16). Values are thus more abstract and general than attitudes, which are typically associated with specific situations.

Schwartz also offers another important distinction between values and *norms*. Norms, according to Schwartz, give information about the social desirability of a certain behavior: “Norms are standards or rules that tell members of a group or society how they should behave” (ibid., p. 16). Norms, like raising your hand in class, are about how to act in specific contexts and thus highly socially constructed as guidelines for social behavior (Popitz 2006). They are thus different from values. As Schwartz puts it: “Values transcend specific actions and situations” (ibid., p. 4). Values, like respect, are relevant in many different contexts and are specified into norms in different contexts. Therefore, values are latent constructs which express internalized representations of moral beliefs (Kraaykamp et al. 2019). Values work as guiding principles for an individual’s self-orientation in their actions and sayings (Cemalcilar et al. 2018).

2.2. Values in Pastoral Care

Gordon Lynch confronts the challenge of values in pastoral care with a direct approach. In his work *Pastoral Care and Counseling*, he contends that every instance of pastoral care inherently involves various values. Lynch highlights the risk of pastoral caregivers unconsciously adhering to values ingrained in their own experiences, which may not always be the most beneficial. In contrast to theorists advocating for pastoral caregivers to “suspend their personal values in their work with others”, Lynch argues that “this simply indicates that the pastoral workers’ vision of the good life places a strong emphasis on personal autonomy” (Lynch 2002, p. 22). Lynch asserts that every decision in pastoral care inherently reflects values and contributes to what he terms a “vision of the good life”.

Carrie Doehring is on the same footing as Lynch concerning the omnipresence of values in pastoral care. For her, values, together with beliefs and practices, constitute every person's basic outlook on life. In fact, core values together with central beliefs and key practices orient people's lives in such a way that they can be called a people's "religion" (Doehring 2015a, p. xx). Using the term "religion" for this constellation, rather than something more philosophical like "worldview" or "meaning", is intentional. While both "religion" and "worldview" signal an interest in searching for those values that are more deeply held than more superficial values, the term "religion" also encompasses the passion of ultimate values, which is in line with the "caring about" structure of human existence, as mentioned in the introduction.

Doehring's conception of values differs from Lynch on two accounts. First, Doehring goes deeper into formulating her own vision for pastoral care, which, in the words of Lynch, entails a vision for the good life. Doehring's vision centers on what she calls "life-giving interrelationships among practices, values, beliefs, and emotions" (ibid., p. 11). The good life is led when practices, values, and beliefs come together in ways that allow life to flourish. In defining what is life-giving to another person, Doehring is radical in her respect for the autonomy of the other, which derives from her background in postcolonial and liberation theology. Her vision of the good life places a strong emphasis on care seekers' right to defining and creating their own life orientations, which is why missionary efforts in pastoral care are banned from the outset (ibid., p. xxiv; p. 1–2).

A second way in which Doehring differs from Lynch is by developing concepts that can grasp conflicts of values in care seekers and in pastoral caregivers. Doehring points out that the values that we hold are not the same as the values that we enact. Since the constellation of values, beliefs, and practices are a person's religion, she suggests calling this constellation a person's "lived theology" (ibid., p. 4), which enables a contrast to a more "intentional theology" (ibid., p. 12). The contrast between lived theology and intentional theology speaks to the experience of acting, believing, and being different(ly) than how one would like to act, believe, and be. It entails the idea of living one set of values while wanting to live another. Such discrepancies are seen as conflicts of values.

However, Doehring is aware that conflicts of values can occur in other arenas than within a contrast between one's own lived theology and intentional theology. Exploring the term "moral stress", which she understands as the result of a conflict of values, Doehring points to interpersonal and systemic possibilities for value conflicts. "Compared to terms like family stress, workplace stress, and traumatic stress, moral stress locates the source of stress within conflicts in values, either within persons (intrapsychic moral stress), between persons (interpersonal stress), or within systems (systemic moral stress)" (Doehring 2015b, p. 637). Her emphasis on interpersonal stress is especially crucial for our study on conflicts of values in pastoral care. Doehring's understanding is similar to that of Pargament and Exline on "spiritual orienting systems" that provide the individual with orientation, especially in times of stress and crisis. But values located in the inner spiritual orienting system may also cause religious or spiritual struggles, such as moral struggles or interpersonal spiritual struggles, if the values are not in line with the individual's experience and behavior expected by others. Thus, these struggles may lead to increased stress and potentially affect individual health (Pargament and Exline 2022, pp. 29–31).

What Doehring does not consider is the possibility of conflicts between different types of intentional values that can be life-giving depending on different perspectives on the good life. After all, Doehring emphasizes that the good life is liberative not only personally, but also relationally and communally (ibid., p. 12). How is the pastoral caregiver to act in the face of potential discrepancies between what is experienced as personally liberative and what is communally liberative? To explore this issue, we started a study, the materials and methods of which we describe in what follows.

3. Materials and Methods

Our method for exploring value conflicts in pastoral encounters is a qualitative analysis of verbatims. Values arise in everyday pastoral care conversation. If they are not reflected upon, they might have a big impact on the pastoral care interaction and shape how pastoral care can be helpful or harmful to individuals. Since the beginning of clinical pastoral training, verbatims have been a way to reflect upon roles, interactions, and interventions and gain a deeper understanding of pastoral care and a powerful instrument to learn and train in pastoral care (Jones 2006). Therefore, the analysis of verbatims is useful to uncover how value conflicts appear and how they can be negotiated.

3.1. Material

We analyzed material consisting of nineteen German and four Norwegian verbatims (G1-19 and N1-4, respectively). Verbatims are based on real dialogues of pastoral care, anonymized and written down by the pastoral caregiver from memory after the conversation with the purpose of seeking supervision, often as part of a training program like CPE. Usually, these verbatims are analyzed by the group or the pastoral caregiver with his or her supervisor. Therefore, they also contain a brief reflection on the conversation at the end of the verbatim. This material enables us to analyze the dialogues not only for value conflicts in the care seeker and between the care seeker and the pastoral caregiver as they appear in the conversation, but also the value conflicts that are hidden in the conversation which eventually appear in the written reflections of the pastoral caregiver.

The German and the Norwegian verbatims differ on a few accounts. The German material was collected from two separate training courses. One course included only pastors in training who learned the basics for pastoral care, and the other course was an advanced training program for pastors and other church professionals. Altogether, we collected nineteen verbatims and scanned them for issues and topics where values caused conflict. Only six of the verbatims contain obvious value conflicts (G1, G5, G6, G8, G14, and G17). The conversations all took place in a relatively informal setting or spontaneously, such as encounters after a Sunday service or during a birthday visit within the context of church congregations. Following the pastoral care dialogues, the pastoral caregivers recorded their personal reflections on the encounters in writing. These written reflections typically follow a structured format, including the following topics: the situation and preconditions, such as previous knowledge about the care seeker; the care seeker's emotions, behavior, and pastoral care needs within the situation; and the caregiver's own role.

The four Norwegian verbatims were from parish pastors and chaplains in tertiary education in clinical pastoral care, all of them having attended different courses. The conversations took place in institutions (hospitals and universities) and in local communities/parishes. Three of the conversations were prompted by the care seeker, and one occurred in a spontaneous encounter. In the Norwegian verbatims, the pastors wrote their reflections next to each meaningful section (a sentence or paragraph) of the dialogue. All the four Norwegian verbatims (N1-4) include value conflicts.

The examples finally presented in the paper were chosen from the material after an extensive analysis of the topic and content of pastoral care and how values played a role, and they have been translated from German or Norwegian into English by the research team. The team has interpreted and discussed the value conflicts and the negotiation in each of the cases to gain a more detailed view and validate the analysis through various perspectives on the material.

3.2. Validity

Using verbatims to explore value conflicts in pastoral care conversations raises questions of scientific validity. First, the verbatims were written by the pastoral caregivers, which means that we only have the pastoral caregivers' memories of the conversations. Our only access to the values of the care seekers is through those memories. In contrast, the sources for the pastoral caregiver's values are both the conversations and the written reflections.

Second, the verbatims were written for the purpose of supervision. This means that pastoral caregivers loyal to the spirit of supervision may have been adamant about recording the dialogues as loyally as possible. However, we cannot exclude that pastoral caregivers embellished the texts to hide aspects of the conversations from their supervisors.

Third, the pastoral caregivers chose these conversations from among many if the conversations raised professional questions worthy of consideration in the context of supervision. This purpose aligns well with our research focus on value conflicts.

Material consisting of recorded conversations might have given us a more accurate account of the conversations, but the reflections of the pastoral caregivers would be missing. Furthermore, any recording could have interfered with the attention of the conversational partners and raised ethical issues. While the content of the value conflicts may be biased because pastoral caregivers only write up those conversations that they find important for supervision, the content of the value conflict is not in focus in our analysis. Instead, this article aims at describing types of value conflicts and at systematizing strategies for negotiating value conflicts.

Our purposive sample thus consisted of 10 verbatims which include value conflicts. We considered this material to have the necessary informational power, as our aim was not to map the field but to use the material to explore models in dialogue with established theories (Malterud et al. 2016).

3.3. Hermeneutics

Our qualitative analysis of the verbatims resulted in a typology of ways in which conflicting values appear in pastoral care. This typology is an inductive product of our reading of the verbatims available. In this way, the 23 verbatims available and the 10 purposively selected ones provided the basis for an explorative method to answer our research question. We cannot claim to have saturated the field. In this regard, our method can be called a systematic, explorative analysis inspired by bottom-up categories.

In our efforts to investigate values in empirical research, we encounter a methodological problem. To obtain information about what is of value to a person, there are usually two ways. One way is to ask directly what values are important to a person, e.g., by using the Schwartz Value Scale (Schwartz 2006). Another way is to conclude a person's values indirectly from behavior, cognitive attitudes, or even emotions. The latter way has become most popular in the social sciences, where most studies are about attitudes and beliefs. Based on our terminological discussion of values as underlying attitudes and norms, we approached our investigation of values by interpreting them indirectly from the dialogical and reflective material presented in the verbatims.

Readers of these verbatims will probably respond with values of their own, as have we. Some will find the interventions of the pastoral caregivers well grounded; others will find them problematic (Lynch 2002). We are aware that we have only limited insights into the actual situations. Therefore, in our analysis, we attempted to bracket our own attitudes to the interventions in these verbatims, analyzing them descriptively instead. Furthermore, to include a limited plurality, we analyzed the verbatims and discussed them as a research group consisting of the three authors of the article.

3.4. Ethics

Using verbatims for research purposes requires significant ethical consideration. The project was reported to the data protection service: the Norwegian Agency for Shared Services in Education and Research (sikt.no, reference number: 449838), and permission was received to process personal data on the following terms:

We received the written verbatims in anonymized form in Norwegian and German, respectively, and translated them into English. Subsequently, we maculated the original transcripts. The identities of the care seekers are not known to us. In the German case, the identities of the pastoral caregivers are known only to the course leaders who collected the anonymized verbatims and passed them on to the researcher. Regarding the Norwegian ma-

terial, the researcher knows the identities of the caregivers because the researcher recruited them for the study based on knowledge that they had completed clinical pastoral training.

Further, we secured informed consent from the pastoral caregivers. The German pastoral caregivers were informed by the study leader about the context and aim of the study. They orally agreed to provide their verbatims for research purposes. The Norwegian pastors were informed both orally and in writing and gave their written consent. We collected the anonymized verbatims through personal meetings or by post.

There is strict legal regulation of confidentiality in pastoral care. However, throughout the history of clinical pastoral education, pseudonymized verbatims have been shared with colleagues in group supervision to enhance learning (Jones 2006). Using such verbatims for research purposes can be considered as a prolongation of this learning perspective. However, as published research is open and thus moves beyond the professional peer community, we took some further measures to secure confidentiality. This meant ensuring full anonymity (not only pseudonymity) of the care seekers. We asked the pastoral caregivers to provide anonymized verbatims in which the care seeker could not be indirectly recognized due to very specific problems. Furthermore, we looked through the transcripts received to double check their anonymity while translating them into English. It was also pertinent to avoid detailed records of the conversation in the article text, even if this was at the expense of analytic transparency. As we were not interested in analyzing care seekers' struggles per se, we minimized and masked information about the care seekers' problems.

4. Analysis

In the subsequent analysis, we examine the values exhibited by pastoral caregivers and care seekers in the context of pastoral care. Our inquiry is dual-pronged, centering on two key aspects. First, we investigate the subjects implicated by conflicting values within our material. Second, we delve into the strategies employed by participants to navigate and reconcile these conflicting values. These inquiries deliberately exclude consideration of uncontroversial values, focusing instead on those that emerge as points of conflict.

4.1. Typology of Subjects for Conflicting Values

Our material allows us to distinguish three pairs of subjects for conflicting values, as shown in Figure 1: conflicting values (1) in the care seeker, (2a) between the pastoral caregivers and the care seekers (as expressed in the conversation), (2b) between the pastoral caregiver and the care seeker (as projected by the pastor), and (3) in the pastor.³

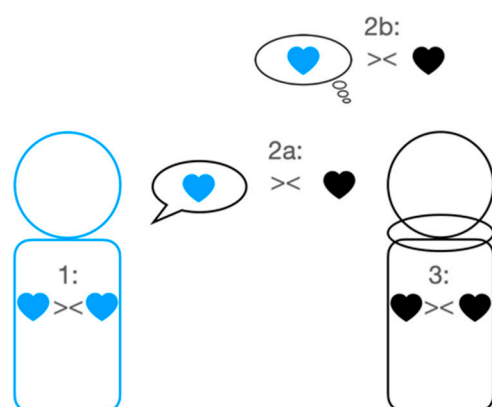


Figure 1. Three sets of subjects for values in conflict.

1. Negotiations of conflicting values expressed in the conversation by the care seeker

In conversations, care seekers can express experiencing conflicting values on a personal level in their present situation. They can find themselves bound in a dilemma of conflicting values with no apparent way out. One deeply held value might resolve a conflicting situation in a way that transgresses another similarly heartfelt value and vice versa. Being

trapped in such a dilemma might be why the value conflict appears in pastoral care in the first place, or clarity about the dilemma might be the result of the conversation with the pastor. Such dilemmas are available in this material through conversational analysis.

Conflicting values are evident in G14, where the care seeker grapples with an internal dilemma between the pursuit of life's pleasures and the commitment to frugality. While on vacation, the care seeker experiences frustration with a relative's perceived excessive thriftiness, a value she identifies within herself as an existential concern. A parallel instance is discernible in verbatim N3, where the care seeker navigates an internal clash between engagement in pornography—a manifestation of hedonistic values—and his conscientious Christian beliefs that condemn such behavior as morally incorrect. In G5, a kindergarten teacher reveals a conflict about her leave of the team and her grief to be abandoning the children to pursue her own happiness in life.

2a. Negotiation of conflicting values held by the pastoral caregiver and values expressed in the conversation by the care seeker

In conversations, care seekers may articulate values that clash with those held by the pastor. Pastoral caregivers possess their own set of values, including professional ones. How does a pastoral caregiver navigate a situation where the care seeker's values conflict with the pastoral caregiver's personal values or certain values they perceive to be held by their church? Researchers can explore these dilemmas in conversational transcripts when pastoral caregivers openly express their values or, alternatively, in pastoral reflections when pastoral caregivers choose to conceal their values.

One example of this type of value subjectivity is G8, as mentioned in the introduction, where the conflict is between the autonomy of deciding the time of one's own death and the value of belonging to a community regardless of one's state of suffering. Another example is N1, in which a widowed lady expresses wanting to grieve alone to avoid having the children carry her mental load. Based on the pastoral caregiver's knowledge of grief theories and professional experience, the pastoral caregiver instead puts forth the value of community, expressed through shared grief. Also, G6 shows parts of this conflict when an old woman expresses her thoughts about a traditional life as a wife and mother to a young colleague who is a working mom, which provokes the caregiver to articulate her own perspective and take a stand for her style of life where working and family life are both important. In G17, there is a conflict of values regarding care for others (the care seeker) and care for oneself as selfcare (the pastoral caregiver). The pastoral caregiver wants to know how the care seeker is feeling but the care seeker keeps talking about others because she is convinced that she is getting better herself if others get better too.

2b. Negotiation of conflicting values held by the pastoral caregiver and projected to the care seeker by the pastor

The third type is a variation of the second. Both involve negotiations of values between pastoral caregivers and care seekers. However, while the second type deals with values expressed by care seekers in conversations, the third type focuses on values that the pastoral caregiver attributes to the care seeker because they remain implicit in the conversation. How do pastoral caregivers respond to values they perceive as conflicting in this context? Such dilemmas are primarily accessible to researchers through pastoral reflections, although it may also be possible to speculate on them through conclusions drawn from the conversations.

In G1, a conflict occurs between the perceived secularity of the care seeker and the pastoral caregiver's wish to pray and articulate the dimension of faith. On a visit to an older, seemingly depressed patient in an eldercare home, the vicar had prepared themselves for offering prayer as a religious intervention, but in the verbatim they reflect that "there was no natural opportunity for this in the conversation" because "spiritual topics [...] did not meet with much response from [Mrs. X.]" (G1). This value conflict saddens our vicar. A similar friction appears in N1, in which the pastoral caregiver perceives the care seeker to

hold a secular worldview and therefore withholds her resurrection theology, although she thinks this theology would have been beneficial to the care seeker.

3. Negotiation of conflicting values held by the pastor

The final type focuses on conflicting values held by the pastor. Pastoral caregivers may have values that lead them to respond to the care seeker in ways conflicting with other values they hold. Experiencing conflicting values within oneself provides a space for professional reflection. These dilemmas are accessible to researchers primarily through pastoral reflections unless pastoral caregivers decide to express self-reflectivity in conversations.

Negotiation of pastoral caregivers' contrasting values was present in N4, in which a chaplain experiences a double bind between two types of loyalty: loyalty to the care seeker's story about having been treated badly by a teacher and loyalty to the teacher who is a colleague of the pastor. Also, the pastoral caregiver in G1 experiences a dilemma between respecting the care seeker's story and being authentic as a pastoral caregiver with a theological outlook on life. In N1, the pastoral caregiver struggles with the value of non-directiveness and the value of aiding the care seeker with adequate interventions. In N2, the pastoral caregiver reflects a conflict between the professional value of confidentiality and the value of being present in a spontaneous conversation in a public space. In G17, the caregiver is torn between the value of giving autonomy to the care seeker in deciding what is best for her and the need to give care. At the same time, she fears that she might overlook her own boundaries as a caregiver by offering too much support. Thus, the issue of care may itself be an issue of values.

4.2. Strategies for Navigating Conflicting Values

Throughout the analysis, we have seen different ways of negotiating those values, ways which we systematize now. True to the pastoral perspective of the verbatims, we see the strategies of negotiations of values from the point of view of the pastor. Our systematic model of this negotiation has two steps.

For all three types of value conflicts, a negotiation of the conflict will begin with an initial option of concealing or revealing the conflict within the conversation, with both options resulting in certain consequences in the conversation. Care seekers might reveal or conceal their value conflicts depending on their courage to reveal or shyness leading them to conceal, or due to what seems helpful to them according to a good relationship with the care seeker or the flow of the conversation itself. Pastoral caregivers also stand before the choice of hiding the value conflict that the pastoral caregiver has seen, perhaps to work on other aspects of the care seeker's suffering, or explicating it in the conversation with the purpose of working on it. Examples of revelation in our material are the pastoral caregiver in G14 (conflict type 1) who helps the care seeker explicate a conflict between enjoyment/generosity and thriftiness, and in N1 (conflict type 2a), where the pastoral caregiver explicates a conflict between grieving alone (care seeker) and grieving together (pastor). In contrast, the pastoral caregiver in G1 conceals a conflict that he perceives between secularity and prayer (conflict type 2b).

Whether the pastoral caregiver conceals or reveals the conflict, the negotiation of values can proceed in three directions, which we call "prioritize one", "stay with ambiguity", and "find a third" (see Figure 2).



Figure 2. Possible negotiations of values in conflict.

4.2.1. Prioritize One

The conversation might move in the direction of establishing a clarification for the care seeker to figure out which of the values are more important than the other. Depending on the pastoral caregiver's method of pastoral care, such a clarification can take place in more directive ways or in less.

This strategy of negotiating value conflicts appears in G14 (conflict type 1), where the care seeker comes to prioritize generosity over thriftiness during the conversation and establishes an embodied practice of blowing away the thriftiness when her thriftiness tempts her. The care seeker herself decides which value she wants to pursue, so the pastoral caregiver mostly encourages her to follow her own values. This strategy also features in N1 (conflict type 2a), where the pastoral caregiver uses references to research to convince the care seeker to adopt the pastoral caregiver's value of grieving together instead of grieving alone, as the care seeker wants. Furthermore, this strategy can be found in G8 when the caregiver talks about the importance of family and being together in life while the care seeker wants to talk about her fear of endless suffering and seems to be overlooked, with the caregiver trying to focus on the positive side of life. Also, G5 is an example when the caregiver concentrates on the importance of following one's own happiness and goals in life despite the feeling of abandoning the children in the kindergarten.

4.2.2. Stay with Ambiguity

The conversation may also turn in the direction of allowing the care seeker to stay with the ambiguity of the value conflict. Here, the point is not so much to prioritize one value over the other, nor to sublimate the two values into a third, but to find a way to live with the equal importance and irreconcilability of the two values: both are important, and both are guiding factors in one's own life.

Within our dataset, an instance of this negotiation strategy following the revelation of a value conflict remains unattainable. However, in G1 (subject type no. 2b/3), the pastoral caregiver opts to conceal the value conflict, consequently grappling with the inherent ambiguity stemming from the perceived secularity of the care seeker in contrast to the pastoral caregiver's own value of prayer.⁴ Although the primary objective of documenting G1 was to seek supervision, the specific strategy employed in navigating the value conflict during supervision remains unknown to the researchers. The same applies to G17 when the caregiver struggles to navigate between the need to help and support the other in multiple family crises and to pursue her own boundaries of not getting involved too much.

4.2.3. Find a Third

Finally, the conversation could also progress towards identifying a third value that can sublimate the two others. In this context, "sublimation" reflects a Hegelian concept involving three layers of meaning in the German word "*Aufhebung*": *preserving* what is valuable from each of the conflicting values, *elevating* the third value to a higher position for acceptance, and *discontinuing* the two conflicting values.

In our material, N3 is an example of sublating the value conflict. With a care seeker caught between his lived hedonism and honoring his Christian heritage, the pastoral caregiver suggests a third option by introducing specific hedonistic actions integrated in Christian theology.⁵

5. Discussion

At this point, we return to the implication of our findings for our overall research question and for contemporary pastoral care theory. We discuss the two proposals in turn.

5.1. Typology of Subjects for Conflicting Values

Our initial typology serves as a response to the central research question regarding how the dual structure of care—caring for and caring about—manifests in pastoral care. It delineates three distinct types of value conflicts that play a pivotal role in shaping the

dynamics of pastoral care. First, value conflicts can act as a direct catalyst for care when care seekers themselves articulate conflicts in their values (type 1). Second, conflicts can arise during the caregiving process if care seekers express values divergent from those held by pastoral caregivers (type 2). Lastly, pastoral caregivers may grapple with uncertainty about how to provide care, reflecting internal value conflicts within pastoral caregivers themselves (type 3). Pointing to these levels offers a comprehensive understanding of the nuanced landscape of value conflicts in pastoral care.

The revelation of these three types challenges the predominant emphasis on conflicts within care seekers (type 1) in contemporary pastoral care theory. Jürgen Ziemer, a German practical theologian, focuses on pastoral care as ethical counselling which seems to be particularly important in times of crises (Ziemer 2019). Eilert Herms, a German systematic theologian, argues that pastoral care revolves around enhancing the ethical judgment capabilities of care seekers (Herms 1991, p. 52).⁶ According to Herms, pastoral caregivers who experience care seekers grappling with ethical conflicts play a crucial role in investigating instances where care seekers may be avoiding sincere self-awareness (ibid., p. 57). Such inner value conflicts are also relevant considering that values serve as an inner orienting system providing the individual with orientation and guidance in times of conflict (Pargament 1997). If those values are challenged or contradicted by the experienced reality or other individuals or groups, this may result in developing spiritual struggles, such as moral struggles (Pargament and Exline 2022). Thus, addressing such inner value conflicts and potential spiritual struggles seems to be very important in pastoral care.

However, implicit in Herms' perspective is the potential for conflicts between care seekers and pastoral caregivers (type 2). Herms advocates pastoral care as a space free from ethical imposition, urging pastoral caregivers to conceal their personal values to foster independent ethical judgment in care seekers. In line with such an understanding, and more concretely, Doehring speaks of the "the righting reflex", which constitutes a temptation for the pastor. The righting reflex is an experience of wanting to make things right for care seekers "by offering suggestions, giving advice, and proposing tools" (Doehring 2015a, p. 67). Instead of wanting to solve dilemmas for care seekers (an approach often rejected by care seekers), pastoral caregivers should allow for the more "laborious work of [...] allowing integration to happen through long-term meaning-making" (ibid., p. 67). Living with the tension of care seekers is important to create a space for care seekers to begin entering the process of co-creating intentional theologies.

However, a consequence of this professional ethos, unexamined by Herms and Doehring, may be the emergence of conflicts within the pastoral caregiver (type 3). Such internal conflicts may arise when pastoral caregivers find themselves in disagreement with Herms' perspective, revealing potential tensions within the pastoral role.

We argue that awareness of these various conflict types is essential for pastoral caregivers and supervisors to understand how they engage with pastoral care and essential to develop a sense of professionalism in caregiving. This may also be implemented as an important part of self-awareness ("Selbsterfahrung") in pastoral care training. Pastoral supervisors might be inclined to intervene more directly in professional value conflicts within pastoral supervisees compared to pastoral caregivers intervening in conflicts within care seekers. Pastoral care training not only reflects the existing values of pastoral caregivers but also introduces new professional values and attitudes ("Haltungen"; e.g., Haußmann 2022), such as transparency, validation, and empathy, forming the basis for pastoral care methods. These values become a part of pastoral caregivers' professional identity if pastoral caregivers allow them to integrate into their own orienting system. This reflection is crucial to ensure that values are not merely held as a matter of duty but are integrated within pastoral caregivers' core identities.

In Christian cultures as well as in religiously pluralistic settings, values are plural. When pastors give care, it is crucial for them to explore whether they themselves hold values that for them are non-negotiable or unquestionable. Such values serve as a haven from the challenges of the external world and may also be closely related to the realm of

lived religion or lived theology. These values are ambiguous, however. If the external world is seen as chaotic and in the wrong, non-negotiable values strengthen and support the individual. If the external world is seen as gathered and in the right, such values can serve as a cover from necessary criticism. On the other hand, such values may also cause inner conflict or moral stress when they lead to constant conflict within pastoral care practice. A professional attitude in pastoral care and caregivers insists that the reflection on such non-negotiable values is crucial, with the purpose of becoming aware of what is important and what the underlying needs or strategies or attractors are that drive conversations.

5.2. *Strategies for Navigating Conflicting Values*

Our exploration of strategies for navigating conflicting values in pastoral care serves as a roadmap for understanding the intricacies of value conflicts. The set of strategies encompasses the following approaches: prioritizing one value over others (I), embracing the ambiguity inherent in conflicting values (II), and discovering a third value that transcends and reconciles the two opposing values (III). The impact of this set of strategies on contemporary pastoral care theory varies depending on the nature of the conflict (types 1–3).

In the context of value conflicts within care seekers (type 1), our material has unveiled specific strategies aimed at helping care seekers comprehend their own value conflicts more effectively. These include creating space for the articulation of values, recognizing expressions of emotions as indicators of underlying values (G14), assigning names to conflicts (G14), and offering interpretations of value conflicts (N3). In contrast to these specific strategies, our set of strategies primarily focuses on the final outcomes of the navigation of conflicts: favoring one value, coexistence with the conflict, or the proposal of a new reconciling value.

Understanding these outcomes is vital for what some theorists describe as the ethical competence of pastoral caregivers. [Körtner \(2015\)](#) contends that ethical competence should be intrinsic to pastoral care, distinguishing it from other forms of counseling. [Jähnichen and Karle \(2020\)](#) emphasize that individuals also seek pastoral care conversations to gain ethical guidance from experts. Beyond knowledge of ethical argumentation, professional ethical competence encompasses, we argue, an understanding of our typology for navigating value conflicts. Understanding our set of strategies would equip pastoral caregivers with specific lines for guiding a conversation, enabling them to discern which type of resolution the care seeker seeks.

Thereby, pastoral caregivers are better equipped than with an overall warning against the “taking sides trap”, as we saw it in [Doehring](#). If care seekers suffer from value conflicts, caregivers might be tempted to take a stand for one of the values, she argues. Thereby, “The care seeker’s internal power struggle gets transposed interpersonally when caregivers argue for discontinuing and care seekers argue for continuing a habitually way of coping” ([Doehring 2015a](#), p. 67). While [Doehring](#) is certainly right to warn against such unwanted consequences, our set of strategies enables pastoral caregivers to relate critically to such pieces of advice, focusing instead on what the care seeker needs. We have observed this behavior in the verbatims, which resulted in less internal value struggles for the pastoral caregiver because the caregiver realizes that they have helped care seekers find their own paths through their value struggles.

When conflicts of the next type arise—between pastoral caregivers and care seekers (type 2)—knowledge of a set of strategies for navigating conflicts becomes essential. Pastoral care theory underscores the importance of pastoral caregivers respecting the choices of others. Underscoring this point is warranted theologically in liberation theology ([Doehring 2015a](#)) and the Lutheran doctrine of the priesthood of all believers. According to [Jähnichen and Karle](#), the general priesthood obliges Protestant theology to exercise restraint in evaluating others’ decisions ([Jähnichen and Karle 2020](#), p. 279). If every baptized person bears individual responsibility as a priest before God, the role of the pastoral caregiver is relegated to a supportive function.

Disagreements arise, however, regarding the best practice of the pastoral caregiver's supportive role. While Herms suggests bracketing personal values, Jähnichen and Karle advocate providing "directional impulses" in the form of theological ethical argumentation and suggesting new possibilities. Körtner goes further, asserting that pastoral caregivers should engage in "intensified ethical discussions" when confronted with clearly inhumane attitudes (Körtner 2015, p. 287 our translation). On a meta-level, this disagreement shows how approaches to pastoral care have normative components themselves. In our view, rather than settling this disagreement as an either/or, it is more expedient to favor situation-specific decisions regarding the concrete actions of pastoral care.

Irrespective of one's stance on these matters, our set of strategies offers guidance in conflicts between care seekers and pastoral caregivers. If conflicts risk halting contact due to attempts to prioritize the pastoral caregiver's values (I), pastoral caregivers can explore alternative strategies such as acknowledging and living with ethical disagreement (II) or seeking a third value to resolve the conflict (III). The latter also encompasses a willingness on the part of pastoral caregivers to identify and relinquish aspects of their values as part of the process.

These discussions may, in turn, give rise to conflicts of the final type, which involve pastoral caregivers grappling with conflicting values within their professional realm (type 3). These conflicts revolve around the fundamental question of how pastoral caregivers should participate in the negotiation of values, such as prioritizing autonomy or well-being, acting as moderators, or expressing their own opinions and religious attitudes. This mirrors the familiar challenge of pastoral caregivers engaging in ethical debates, like those surrounding end-of-life questions and the need to engage in a professional debate with colleagues on values underlying the practice of pastoral care (Haußmann and Moos forthcoming).

When pastoral caregivers find themselves entangled in such conflicts, they may turn to our set of strategies for guidance. Should one value be prioritized (I), the ambiguity be accepted (II), or conflicting values be sublated (III)? This internal deliberation becomes a significant concern for pastoral caregivers, potentially even in supervision sessions.

6. Conclusions

Based in pluralistic societies, this article has sought to investigate what it means for pastoral care that participants are caring creatures, human beings who care about while they care for. We have focused on situations of conflict, in which negotiations of values must take place. The analysis showed negotiations of values taking place within the care seeker, between the care seeker and the pastoral caregiver, and within the pastor caregiver. This complexity of negotiations of values led us to conclude that the idea of the pastoral caregiver as a blank screen is impossible. Pastoral caregivers are not a chat machine and should not reduce themselves to such machines. Rather, pastoral caregivers should listen to what the care seeker cares about, be aware of what they care about themselves, and dare to show care seekers what they care about (with a great amount of timing). Such a presence is the precondition for establishing a human relationship between the caregiver and the care seeker, which is a crucial element in caring *for* the care seeker. We concur with Lynch, who puts forth that it is possible for caregivers to reflect on and make conscious decisions about the values that inform their practice in a way that does not move into moralism and is guided by their vision of the good life (Lynch 2002, p. 12).

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Notes

- ¹ As we will explain later, this reference stands for “German verbatim no. 8” in our material.
- ² The term “care seeker” is commonly applied in the English/American literature on pastoral care to denote the person who confides to a pastoral caregiver (e.g., Doehring 2015a). We use the term in this article, although we are aware that people do not always explicitly seek care but take part in conversations which may evolve into a pastoral care conversation. We are also aware that the dual terms “giver” and “seeker” may have connotations of paternalistic relations. Our approach is that, although there is a professional asymmetrical relation between the caregiver and the care seeker, giving care can move in both directions during a conversation.
- ³ Value conflicts within the pastoral caregiver may in principle derive from a clash between personal conviction and pastoral training that might emphasize theological and professional values. However, the material does not allow us to make any conclusions concerning the genesis of values in conflict.
- ⁴ Seeking supervision with an internal value conflict in pastoral caregivers turns value subject type 3 into value subject type 1, with the exception that the internal value conflict of the care seeker will be a conflict around professional values.
- ⁵ A further example could be derived from the conflicts between directive or non-directive approaches to pastoral care (N1). In addition to those two options, Danish theologian and psychotherapist Ben Falk propose a third, sublating option. If being directive involves attempting to persuade the care seeker and being non-directive entails self-elimination, Falk suggests stating one’s position and exploring how the other person responds to such a statement. Falk (2009, pp. 25–26) argues that articulating one’s own position in the conversation remains crucial for contact with the care seeker, upholds respect for the care seeker (non-directivity), and enables the pastoral caregiver to be authentic to themselves (directivity). In other words, Falk’s suggestion is sublative by *preserving* respect and authenticity from the two original options, *elevating* a third position, which we could term “stating contact”, and thereby also *eliminating* the two others. In this way, a supervisor might assist pastoral caregivers in sublating their dilemma of values.
- ⁶ In a similar vein, Bent Falk, a Danish pastoral theologian, has argued, “The work of a therapist is to help the individual to understand and accept the responsible consequences of the values for which he or she lives and, if necessary, will die” (Falk 2009, p. 12 our translation). Körtner rightly criticizes Herms, and implicitly also Falk, for focusing only on ethical decision making. In a homage to Bonhoeffer, Körtner argues that resistance is not the only proper response to life’s contingencies; sometimes submission is required when life shows itself to be unmanageable by ethical decision (Körtner 2009, p. 285).

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