



# Empathic Flow: Dutch Humanist Chaplains' Experiences with Professional Empathy and Its Challenges

Jolanda van Dijke<sup>1</sup> · Joachim Duyndam<sup>2</sup> · Inge van Nistelrooij<sup>3</sup> · Pien Bos<sup>4</sup>

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## Abstract

Empathy is considered a key component of chaplaincy care, but little is known about the daily practice of empathy and the empathy barriers that chaplains encounter. This study investigates the factors that encourage or discourage empathy and provides insight into what chaplains actually do to achieve empathy and to overcome empathy challenges. Semistructured interviews were used to collect data from twenty humanist chaplains in the Netherlands. A grounded theory approach was applied to analyze the data. The core concept of empathic flow emerged from the analysis. This refers to the stream of empathic experiences that arises within the relational, dynamic exchange between chaplain and client. Based on the analysis, three types of empathic flow were distinguished: (1) uncomplicated empathy, which flows smoothly and easily; (2) challenged empathy, which fluctuates between flow and temporal stagnation or disruption; and (3) failed empathy, in which the flow of empathy is blocked. Professional empathy emerged as a second core category from the interview data. This refers to those chaplains' activities that aim to establish or enhance empathic flow, particularly in the face of challenges. Professional empathy relies on several underlying key components: critical self-reflection, self-care, professional standards, and the chaplain's humanistic worldview and values. The qualitative analysis yielded 10 themes of professional empathy. Our findings suggest that empathy is a rich and complex practice to which both chaplain and client contribute. As professional caregivers, chaplains consider themselves ultimately responsible for establishing empathy and overcoming challenges.

**Keywords** Humanist chaplaincy · Pastoral care · Challenged empathy · Professional empathy · Qualitative research · Empathic flow

## Introduction

What does it mean when we cannot empathize with another? And could it be that we may gain greater insight from the examination of empathy's limits and failures than the hopes we have for its success? (Kukar, 2016, p. 11)

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Extended author information available on the last page of the article

Empathy is not easy. In *Simplicity and Strategy* (1991), the Dutch humanist chaplain Elly Hoogeveen discusses both the value of empathy and its challenges. She recalls a client mourning a dog that she had lost many years ago. Hoogeveen could not relate to her client's grief and felt unable to empathize. In another situation, she found herself emotionally paralyzed while standing at the bedside of a dying child, stuck in the same catatonic state as the child's father who stood rigidly beside her. Unable to respond to his sorrow, she forced herself to reconnect with her own inner life of emotions and thus to be moved again. Only then could she respond to the father's sadness. Hoogeveen explains that the struggle to empathize can be a daily reality in her profession.

Empathy is regarded as a vital concept in Dutch humanist chaplaincy (Alma, 2006; Bru, 2008; Duyndam, 2018; Hoogeveen, 1991; IJssel, 2007; Mooren, 1999; Van Praag, 1982) and in chaplaincy care in general (Baard, 2017; Bauck, 2017; Capretto, 2015; Handzo et al., 2008; Hogue, 2010; Montonye & Calderone, 2010; Parameshwaran, 2015; Pembroke, 2019; Savage, 2019; Underwood, 1985; Zondag, 2007). Despite its presumed importance, research into the meaning, functions and practice of empathy is virtually nonexistent in this field. The present study investigates the practice of empathy in the context of humanist chaplaincy. In the Netherlands, humanist chaplains form a small group of professionals who work alongside religious chaplains in a variety of settings, including prisons, the military, hospitals (including psychiatric), nursing homes, and rehabilitation centers. They provide nonreligious or secular pastoral counseling based on humanistic values and a humanistic worldview.

Humanist chaplains use several methods derived from humanist psychology, most notably Rogers's client-centered therapy. Empathy is a cornerstone of his theory (Rogers, 1957, 1959, 1975). In 1957, Rogers gave an empathy definition that has been influential in humanist chaplaincy care for decades (Houten & Mooren, 2002): "To sense the client's private world as if it were your own, but without ever losing the 'as if' quality, this is empathy" (Rogers, 1957, p. 99). According to Rogers (1975), the practice of empathy involves "being sensitive, moment to moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever, that he/she is experiencing" (p. 4).

Like Hoogeveen, Rogers (1975) emphasizes that empathy is not easy. He describes being empathetic as "a complex, demanding, strong yet subtle and gentle way of being" (p. 4). Little is known, however, about the way chaplains actually experience and practice empathy in day-to-day care. Despite an extensive literature search, we could not find any empirical study specifically addressing empathy practices in the field of chaplaincy. The present study aims to contribute to the theory and practice of chaplaincy care by examining the factors that encourage or discourage empathy and the ways in which humanist chaplains attempt to enhance empathy and meet its challenges. We hope that the research findings can help advance and inspire chaplaincy and related professions that draw on empathy.

## Empathy's relational dimensions

This paper is part of a larger philosophical and empirical study into the meaning, functions, and practice of empathy in the field of care from a care ethics and chaplaincy perspective (Van Dijke et al., 2018). The empirical study draws on a grounded theory approach (Birks & Mills, 2015). In grounded theory, sensitizing concepts can be used to draw attention to important data elements and to guide the analysis (Bowen, 2006). Inspired by the relational

approach of care ethics and chaplaincy care, we attempted to take the relational dimensions of empathy into account in our qualitative study. Therefore, a theoretical framework of empathy's relational dimensions was applied that was constructed in the period before and during the empirical research (Van Dijke et al., 2020). It functioned as a sensitizing framework that helped to make the primary researcher attentive to empathy's relational dimensions. Although the current study mainly focuses on the chaplains' experiences, actions, and insights, the primary researcher's continued aim is to be sensitive to what chaplains say about their clients' role and participation and about the chaplain–client relationship.

The theoretical framework distinguishes four aspects that capture the relational dimensions of empathy. The first aspect refers to *empathy as a co-operative practice*. It implies that the practice of empathy may involve the client's participation. In other words, "It takes two" to achieve empathy (Zaki et al., 2008). Rather than understanding empathy as an individual skill or action, this aspect acknowledges that clients can contribute to the practice of empathy, at least to some degree, for example by being open and vividly sharing experiences or by expressing emotions nonverbally. This first aspect of relational empathy sensitized the primary researcher to the chaplains' comments about the client's role and participation.

The second aspect refers to *empathy as a quality of relationships*, meaning that the connection between chaplain and client can influence the practice of empathy. Mutual trust, for example, can enhance empathy as it can encourage both a caregiver and a client to be more open, honest, and expressive (Reynolds & Scott, 2000). This aspect increased the primary researcher's sensitivity to what participants said about the impact of the connection or relationship on the practice of empathy.

The third aspect refers to *empathy as a dynamic interaction*. Empathy is understood as an interactive process that involves both the expression of empathy by the caregiver and the reception and recognition of emotional congruence or empathic accuracy by the client (Barrett-Lennard, 1993; Hojat et al., 2017). When a chaplain expresses empathy, for example by showing that they are emotionally touched or by expressing empathic understanding, the client can evaluate whether the chaplain's understanding is correct and whether the emotions that the chaplain expresses are in line with their own emotions. This aspect enhanced the primary researcher's sensitivity to the mutual exchange of experiences and the empathic expressiveness between chaplain and client. In addition, the researcher was attentive to what chaplains said about their clients' evaluation of chaplains' empathic responses.

The fourth aspect refers to *empathy as an other-orientated experience*. According to phenomenological literature, empathy's most defining characteristic is its other-directed intentionality, which means that empathy is fundamentally directed towards the other's inner experiences (Stein, 1964; Zahavi, 2014). This aspect sensitized the primary researcher to the topics of movement, orientation, and directionality, for example by asking the questions, What do chaplains say about their focus when practicing empathy. Is it primarily on the other, or on the self? Is the focus shifting, and if so, in what direction?

## Methods

### Participants

A combination of variation and theoretical sampling was used to select the participants (Boeije, 2010; Patton, 2002). Variation was sought by involving chaplains who could draw on a wide variety of experiences and who differed in terms of work settings (Patton, 2002). The participants worked in the military ( $n=5$ ), prisons ( $n=4$ ), or healthcare ( $n=11$ ), the three main work settings in Dutch chaplaincy care. The field of healthcare includes hospitals, nursing homes, psychiatric hospitals, rehabilitation centers, and addiction treatment centers. At the time of the interviews, the participants had had at least one year of work experience in humanist chaplaincy. Ten were male and 10 were female. Their ages ranged from the late 20s to mid-60s. All participants had been educated at the University of Humanistic Studies (since 1989) or its predecessor, the Humanist Training Institute (since 1964), as this is the only educational program for humanist chaplains in the Netherlands.

### Procedure

Participants were invited by telephone or email. The chaplains were asked for approval to record the interview and were guaranteed that their names and those of their clients would not be mentioned and that identifying characteristics of both the chaplains and their clients would be changed in the final research products to protect their confidentiality. The participants gave written informed consent to partake in the research and were made aware that the results would be published in international papers as part of a dissertation.

The interviews were conducted and described verbatim by the primary researcher, a female PhD student. She was educated at the University of Humanistic Studies and has since worked as a qualitative researcher. Her background was known to the participants. The interviews lasted between 90 and 120 min and were recorded using two high-quality audio devices. The interviews took place at a quiet spot at the workplace of the participants (16), at the university (2), or at the participant's home (2). The interviews were conducted in Dutch and translated to English by the primary researcher.

A semistructured approach was used to enable the participants to express themselves more freely and to help the interviewer be flexible and explore unexpected directions (DiCicco-Bloom & Crabtree, 2006; Grosseohme, 2014; Patton, 2002). The interviews provided data for three different studies. Therefore, the interview guides were structured into three sequences regarding the humanist chaplains' (1) conceptualizations of empathy, (2) their perspectives on empathy's functions and limitations, and (3) their daily empathy practices, including their experiences with challenged empathy. In this study, we focus on the third sequence. The data collection process ceased when a high level of saturation was reached—when no substantial new insights and no new categories or themes emerged and the core categories were well saturated (Saunders et al., 2018).

### Data Analysis

This study uses an inductive, qualitative approach that is inspired by the grounded theory methodology but does not follow its tenets to the letter (Birks & Mills, 2015). Grounded the-

ory provides a set of systematic procedures that help build a theory that is firmly grounded in empirical data. Coding and data analysis were conducted by the primary researcher and started early in the research process. The analysis moved from low-level to higher-level conceptual abstraction using initial, intermittent, and advanced coding procedures (Birks & Mills, 2015). Atlas.ti 7.5 was used to perform the qualitative analysis (Friese, 2014), which involved constant comparison and the development of memos (Birks & Mills, 2015; Boeije, 2010; Patton, 2002). Diagrams, tables, and concept maps were used to support the analysis and to visualize the relationships between code groups (Friese, 2014). In the more advanced stages of the analysis, the storyline technique was applied to help integrate the data into an emerging theory (Birks & Mills, 2019).

After the first eight interviews were coded and analyzed, the preliminary findings were discussed within the research team. Discussing perspectives on the coding process and data analysis helped clarify and enrich the emerging concepts and theory. Early findings of the empirical studies were discussed during a research seminar at the University of Humanistic Studies. Members of the seminar provided detailed feedback and advice to help improve the research. Member checking was applied by inviting one of the participants to carefully read the research findings and provide feedback, which resulted in several minor adjustments to the analysis.

## Results

Two core categories were generated based on the analysis: empathic flow and professional empathy. The concept of flow refers to the stream of empathic experiences that emerges within the dynamic exchange between chaplain and client within the context of an empathic connection. Professional empathy refers to those activities that aim to establish and enhance empathic flow, particularly in the face of challenges. According to the chaplains, they have to deliberately “turn to their professionalism” when the flow of empathy is reduced. This professionalism involves their humanistic education and training, their professional standards, their professional skills—particularly reflective and self-care capacities—and their humanistic worldview and values.

We first discuss three types of empathic flow that emerged from the data and that range across a continuum from uncomplicated empathy to challenged and failed empathy. Next, we present ten emerging themes of professional empathy that chaplains draw on to establish or maintain empathic flow and overcome empathy barriers. The last section discusses what happens when the flow of empathy is blocked over an extended period. In those instances, chaplains may need to move “beyond empathy.” When citing the respondents (R), we refer to their field to provide context: P for Prison, M for Military, and H for healthcare.

### Empathic flow

The data analysis yielded three types of empathy experiences in relation to flow: (1) uncomplicated empathy, which flows smoothly or easily without disruptions; (2) challenged empathy, which fluctuates between flow and temporal stagnation or disruption; and (3) failed empathy, in which the flow of empathy is seriously blocked. These different types of flow

**Table 1** Three Types of Empathic Flow

Uncomplicated empathy: smooth flow	Challenged empathy: stagnated flow	Failed empathy: blocked flow
Empathy that flows with relative ease, that feels natural or self-evident.	Empathy that is challenged, difficult, complicated. The flow is interrupted, distorted, or stagnated.	Empathy that is blocked over an extended period.
May be experienced as “given” but still requires effort as it is used in a professional context.	Is experienced as “serious hard work.”	Is experienced as “working too hard,” having to force oneself, overthinking, moving beyond one’s limits.
Can be energizing, uplifting.	Can be rewarding, enriching, insightful.	Can be draining, frustrating.
Requires self-care.	Requires deliberate self-care.	Self-care is vital.
Feeling comfortable, confident, and relaxed.	Being alert, “sitting at the edge of one’s seat.”	Feeling uncomfortable, exposed, awkward, and tense.
Being connected with the other.	Having to make serious effort to connect with the other.	Being disconnected from the other.
Finding the other relatable or ‘likable’, experiencing a ‘click.’	Actively searching for common ground, similarities, or relatedness.	Experiencing feelings of dislike that are difficult to overcome.
Requires self-reflection and self-awareness.	Requires continuous and deliberate (self-)reflection.	Carries a risk of “overthinking” and of becoming overly self-conscious.

are represented in Table 1, which provides a concise description of flow based on the data analysis. They are discussed in more detail in the following sections.

**Uncomplicated empathy.** Empathy often comes with apparent ease, as a chaplain explains: “I think I have a wide range of people with whom I can empathize very naturally” (R5H). When empathy flows easily, it is a comfortable and energizing experience:

When it happens, when it works. . then it is as if the electric wires are heating up a bit. There is a sense of ease. Breaks in the conversation tend to be more relaxed. You are less in your head. You do not have to search for what to say. There is a sense of confidence. . Yes, a certain flow emerges. (R16H)

Even when empathy comes easily, it requires effort as chaplains draw on empathy within a professional context. The participants explain they are constantly reflecting on their empathy practice. They need to avoid empathy pitfalls such as projection or jumping to con-

clusions. They have to provide self-care and try to stay in touch with their position and experiences while moving along with their clients' stories. A chaplain explains:

I am very focused. Focused on what is happening to me but also on what is happening to the other. [When empathizing,] I am doing a lot of things at the same time: feeling, reflecting on what to express, on how to continue the conversation. It is hard work, even if it comes naturally, because you use empathy as part of your profession. (R2H)

**Challenged empathy.** Sometimes the flow of empathy is interrupted, for example when chaplains cannot relate to their client's experiences. Empathy loses its apparent self-evident nature. A chaplain recounts his experiences with challenged empathy: "I think to myself: 'Hey, the connection is missing! Something is blocked. I want to empathize, but sometimes it cannot happen.' That is the funny thing: empathy is not always possible". (R18M) According to the participants, challenged empathy requires serious, hard work. Chaplains find themselves "sitting at the edge of their seats" (R5H), being very alert and reflective while trying to (re)connect with their client's experiences: "During this interview, I realize that empathy is easy when it comes naturally, but empathy becomes serious, hard work when it gets more challenging, and you have to keep reflecting on yourself" (R5H). Challenged empathy can, however, be a rewarding experience as well, as the participants noted. If they work hard to overcome empathy barriers, it may provide them with opportunities to grow as professionals, deepen the caring relationship, and help them better understand what their clients are going through and need.

**Stagnated or 'failed' empathy.** Sometimes the flow of empathy is stagnated or completely blocked for an extended period. This can be an overwhelming and confusing experience:

I do not feel like we understand each other. I also do not feel like I can imagine what the other person is feeling at that moment. I am not even getting there. I am too overwhelmed by what I see or hear. I am questioning myself: Should I say something about this? Do I have to think about this? How should I act? (R11M)

When empathy is stagnated, chaplains observe that they tend to get up in their heads and start to overthink. Hard work turns into "working too hard." Chaplains become self-conscious and may feel insecure. The connection and the flow are completely lost. The empathic movement towards the other becomes forced or cramped. This feeling of strain involves an embodied experience that differs from uncomplicated empathy: "I notice that I start to cramp. It has a physical effect as well. When empathy flows. . . my breathing is fluent, it is effortless" (R18M). The inability to empathize can be an exhausting experience that requires abundant self-care and critical self-reflection. Afterwards, participants confide, they need time to recover.

## Features of Professional Empathy

Challenged empathy does not emerge as a standalone problem. Instead, the data indicate that empathy can be challenged for many different reasons, such as a lack of mutual openness and trust, clients' inability to make contact or express themselves, chaplains' mental

fatigue or personal limitations, a lack of relatedness between chaplain and client, or the impact of an empathy-unfriendly organizational environment. In the following sections, we describe these factors in detail and explain how chaplains practice professional empathy to establish or enhance empathic flow and overcome empathy barriers.

**Drawing on advanced empathy-related attitudes, states, and skills.** According to the data analysis, the chaplain's empathic abilities are but one factor that contribute to empathic flow. Chaplains rely on a diverse set of empathy-related attitudes, states, and skills to help them connect with clients and their experiential world. Three core attitudes can be identified in the data. First, chaplains are professionally committed and trained to "go far along" and deeply engage with their clients' experiences, including distressing experiences of pain, hopelessness, anguish, and suffering. Empathy is diminished when chaplains shy away or disengage from their clients' experiential world instead of being co-present to their experiences. Second, chaplains strive to be open-minded and nonjudgmental. According to the participants, judging others, harboring prejudices, blaming clients, or having expectations form serious empathy barriers that they must overcome: "Not judging how people lead their life. Staying away from that is also an art, an empathic art. As soon as you judge someone, you are no longer empathetic" (R6H). Third, being authentic, honest, and genuine is crucial to letting empathy flow. Genuineness implies that chaplains are truly interested in clients and their well-being, deeply engage with their clients' experiences, and strive to be honest and sincere in their interactions.

With regard to empathy-related states, chaplains concede that they need focus, energy, and mental space to be attentive and receptive to their clients' experiences. If they are tired, distracted, absent-minded, or preoccupied, they notice that their ability to empathize can be seriously reduced. Sometimes, chaplains are affected by the mental state of their clients. A chaplain explains that interacting with a psychotic client can affect his own mental state: "I get so overwhelmed, it is as if I am in an alternate reality myself. As if you just heard a huge explosion and your ears are still ringing" (R10H). Chaplains concede that they need to recover from such intense encounters.

Finally, empathy requires a specific set of empathy-related abilities or skills. The analysis yielded five key professional skills that enhance empathy. First, chaplains use interpersonal skills to connect with clients and build trusting relationships. They should be able to connect with people from all walks of life. Second, communication skills are required. For example, chaplains help their clients find the right words or metaphors for their inner experiences. This can be a delicate process as chaplains deal with subtle or extraordinary experiences that can be difficult to verbalize. Third, empathy requires self-knowledge and self-reflection. Chaplains constantly examine themselves to uncover hidden biases and assumptions and maintain a distinction between themselves and the other. Fourth, chaplains need the ability to be in touch with their own needs and provide adequate self-care, for example by being aware of their personal boundaries or deliberately taking the time to meditate, go for a walk, or share difficult experiences and feelings of frustration or sadness with colleagues. Finally, chaplains need empathic skills such as sensitivity, emotional sharing, imagination, and the ability to shift between different perspectives.

Since chaplains draw on empathy in a professional context, they need to practice empathy and related skills on an advanced level. The participants draw on their education, peer support, and supervision to achieve empathy in challenging situations and to further advance their skills. This can be a confronting and demanding process. For example, the participants

indicated that they take a critical look at themselves instead of blaming their clients when empathy is diminished: “You asked for examples of challenged empathy and I thought: ‘When did I struggle with empathy?’ A few patients came up, but then I thought: If I cannot do it, it says so much about me” (R4H). The chaplains believe that while their clients can play a vital role in achieving empathy, they are ultimately responsible because they are the professionals.

**Acknowledging and supporting the clients’ participation in achieving empathy.** According to the chaplains, empathy is enhanced by reciprocity and mutuality. It flows more easily when some of the aforementioned empathy-related attitudes, abilities, and states are present in clients as well. For example, it is helpful when clients are open and committed to take the chaplain (far) along in their experiential world. Like chaplains, clients need a level of energy, focus and mental space. This helps them to connect with their inner experiences and engage with the chaplain. In addition, it is helpful when empathy is mutual, at least to some extent. While chaplains emphasize that they do not need their clients’ full empathy, a basic ability to empathize with others contributes significantly to the relationship and to empathic flow: “It enhances it a lot, but we cannot claim it. . [When it happens] there is flow. You get to a higher level of joy of life. You can see it in people’s eyes: they start to glow” (R16H). Sometimes, chaplains consciously appeal to their clients’ ability to empathize with them, for example by encouraging clients to consider the impact of their stories:

Then I say: “I do not know if I want to know this”. . because it is too distressing. I appeal to their empathy by saying that. . At that moment, people come to take my perspective. They empathize with what it means to me to hear their story. (R9P)

Clients can be very committed to meeting the chaplain and taking the lead in the practice of empathy. The participants share experiences of clients who actively appeal to their empathy or guide them through their inner world. They portray people who make them feel welcome and at ease, who help them overcome prejudices and be more open. For example, a chaplain recalls her anguish and nervousness when she started working as a chaplain. One day, she was preparing to visit a young man who had just suffered a spinal cord injury that had left him paralyzed:

All kinds of thoughts went through my mind. I thought, “How terrible! What will it be like? Does he want to see me at all?” Then I knocked on the door, undoubtedly a bit timid. . I introduced myself, and he said: “I am always up for a good conversation! Grab a chair!” He does not know it, but he helped me *so* much. (R5H)

Experiences like these can be very uplifting and can help chaplains overcome their initial nervousness, cross the threshold, and engage with their client’s hardship. Mutuality is not, however, self-evident. Since chaplains often work with (very) vulnerable people or people who find themselves in extraordinary situations, they cannot assume the same attitudes, states, or skills in their clients.

Professional empathy entails chaplains supporting their clients in being ‘empathizable.’ They help clients open up, connect with their inner experiences, or empathize and connect with others. For example, a chaplain explains he often goes for a walk with clients to help

them create mental space. A military chaplain describes how she supports clients in enhancing their interpersonal and empathic abilities:

I try to give people insight into their own actions and their relationships with others. . . and to encourage them to ask themselves: “What does this relationship mean to me? . . . How do I relate to the other, and what is it like from the other’s point of view? Was I empathetic?” I try to support people in gaining these kinds of insight, although it is not always feasible. Nine out of ten times, this is part of what I do as a chaplain. (R18M)

At the same time, the participants try to acknowledge and respect their clients’ limits. They mention clients who are fundamentally incapable of self-reflection or perspective-taking. Some clients are “always the same” and show little potential for growth. The chaplains feel they have to accept this: “I have to respect that her cognitive abilities are impaired, without being disappointed that I cannot help her in that respect” (R8H).

**Trying to open up and build a trusting relationship, even with challenging clients.**

According to the participants, empathy “happens between people.” A chaplain explains: “I have to think about Martin Buber, his description of ‘the between,’ the space between people where ‘it’ arises” (R18M). Being able to reach the other, having “real contact” and—if possible—a relationship of trust, is essential for empathic flow. Having a good connection or relationship is not, however, self-evident. The participants describe people who are withdrawn and difficult to reach. A prison chaplain explains: “We have eye contact right now, but that is far from common. People may sit like this [the interviewee bows over, with her head almost on her knees]. They may stay like this for a very long time” (R9P).

According to the participants, empathy is particularly challenged when they encounter clients who exhibit problematic behavior. Some clients resist care or help and reject the chaplain. Others may find it difficult to connect with their inner world. Instead of committing themselves to an inward journey, they tend to stay on the surface. Some of them blame others for their situation or constantly complain. Chaplains find these clients exceedingly difficult to empathize with: “All they ever do is complain. In their eyes, everyone is doing everything wrong. . . There is only negativity” (R4H). Other clients come across as rude, aggressive, narcissistic, manipulative, or demanding. Chaplains self-observe a tendency to avoid them: “It is common; people are annoying, express their inner anger, and caregivers start to avoid them a little. I noticed that I had the same tendency to avoid my client a bit” (R6H).

Most participants consider it a fundamental part of their profession and humanistic worldview to ‘be there’ for difficult clients as well. They turn to their professionalism to reflect on their inner resistance, to open up, and to evoke empathy for these clients: “Part of my job perception is that it is my mission to try to like the client and open up. That is my job” (R1P). To achieve this, they try to take responsibility, reflect on their own role, and fight the tendency to blame clients or to abandon them. They also search for ways to see their ‘difficult’ clients in a more positive light. A hospital chaplain recalls her determination: “Everyone thinks you are difficult. Everyone thinks you are annoying. Everyone wants you to leave. I want to look at you differently. I consider this my role” (R4H).

**Searching for relatedness while recognizing individual differences.** Relatedness emerged as a crucial theme in the interview data. When chaplains and clients experience relatedness or common ground, empathy usually comes more easily. The words ‘likable’ or

'likability' were used by many participants to describe this natural or spontaneous relatedness. In this context, these words refer to the experience of liking someone because one feels related, because one is like the other and you 'click,' such as when there are similarities in age, lifestyle, education, or background. When asked what it means to experience this kind of likability, a participant explains: "I guess it means that it is closer to my experiences, that I understand them more easily, . . . that I say things they can more easily recognize because I recognize their experiences better myself" (R8H).

According to the chaplains, clients need to determine whether they can relate to the chaplain and entrust their personal stories to them. A prison chaplain explains: "The question is, Will they trust you? Because here I am, an elderly man who went to university" (R3P). Due to differences in background, lifestyle, values, or experiences, clients may lack the confidence that the chaplain will understand them. For example, a military chaplain remembers a client who would not confide in her because she had not yet been on military deployment. The client believed that the chaplain could not relate to him and empathize with his experiences. When clients are unsure whether the chaplain can relate, they may be less willing to share their story or they may resist engaging in a conversation at all.

The example illustrates that empathy can be challenged when chaplain and client *relate too little*. They can be miles apart. From a chaplain's perspective, some clients can be difficult to identify with: "Sometimes people just are not really likable. There may be little identification. Maybe that is it: the client is so far away from me, it is hard to imagine what it is like to be that person" (R11M). Empathy can also be challenged when chaplains *relate too much*. The client's situation or story may hit too close to home, and consequently "there is no space to move, to take the other's perspective" (R1P). Relating too much carries the risk of projection, overidentification, or adopting the client's feelings. Moreover, relatability may bring the other's suffering closer: "I often realize that I could be living here next year" (R5H). Identification, the realization that something can happen to you, can become a source of distress, as a chaplain working in a psychiatric hospital explains:

She told her story and what struck me was that she looked me straight in the eyes and said: "I am also a caregiver, and this can happen to anyone." . . . When she told me that, I realized: "It could have been me." (R2H).

Professional empathy involves chaplains actively seeking relatedness by being attentive for similarities and common ground. They also try to be relatable themselves, for example by sharing personal stories that clients can identify with. At the same time, chaplains strive to be constantly aware of individual differences and the distinction between themselves and the other. Self-reflection and self-knowledge are crucial ways to achieve this: "You have to know your own emotional life through and through to make the distinction" (R7H). To practice professional empathy, chaplains oscillate between closeness and distance, between similarities and differences, between what belongs to the self and what belongs to the other. This helps them find the balance between relating too little and relating too much and prevent projection or overidentification.

**Encouraging clients to express themselves openly and authentically.** The clients' expressiveness emerged as a vital element of empathy in the interview data. It is through verbal and nonverbal expressiveness that chaplains engage more fully with the client's inner world of experiences and their meanings. The client's story is a key factor in accurately

understanding the deeper meaning of what people are going through as it is through narratives or stories that clients “provide a window into their world” (R1P) and express meaning. Without a degree of verbal and/or nonverbal self-expression or story-telling, chaplains can only assume or superficially empathize with their clients as their clients’ inner experiences remain hidden.

Three main problems emerge in the data concerning self-expression. First, the clients’ expressive abilities may be reduced. Many clients are unable to express themselves verbally and/or nonverbally for a variety of reasons, including speech impediments, aphasia, psychological trauma, or shock or because client and chaplain speak different languages. Second, empathy is challenged when clients do not express their inner experiences, for example because they hide their vulnerability. A prison chaplain explains: “The hardness or indifference that clients can radiate and you don’t know what lies underneath. . . It makes it very difficult to empathize” (R3P). Third, being insincere or manipulative can be a serious roadblock to empathy. Clients may exaggerate or simulate emotions to influence the chaplains’ behavior. In those cases, the appeal for empathy may become instrumental to the client’s desire for attention, recognition, or the satisfaction of some other need, and the chaplain may begin to doubt the sincerity of what is being expressed: “I’m not sure whether that emotion is real or sincere, or whether it is. . . only shown to me to get something done” (R2H).

Professional empathy involves the attempt to create a trusting environment in which clients can show and express themselves openly and authentically. Chaplains try to have patience with their clients and are sensitive to what they are trying to communicate:

Of course, the person you are speaking with may be unable to show any facial expressions. They may be aphasic, unable to speak. To me, this is just a fact. It only appeals more to my sensitivity. The fact that someone cannot say a word or can only say “pompompom POMpom POMpomPOM.” I try to understand something of what the other is trying to express. (R7H)

The participants believe that it is important to respect that clients may not want to share certain aspects of their internal or external life. When chaplains suspect their clients are being insincere or manipulative, they tend to give them the benefit of the doubt as this can be a way for clients to feel safe and in control. At other moments, however, they choose to confront clients or set boundaries, especially when they have strong indications that clients are trying to manipulate them in a harmful way.

**Disclosing personal experiences.** Self-disclosure, the sharing of personal experiences, can increase empathic flow: “If you genuinely want to be empathic, you should always consider: ‘Can I contribute by opening up and using my own experiences?’” (R10H). Telling personal stories can help build openness and trust. It can make the chaplain more likeable or relatable as a fellow human being, someone who is vulnerable as well. Chaplains may disclose personal experiences and insights if they believe this will benefit their client’s process or enhance the relationship. A chaplain explains: “That is why I think sharing personal experiences is so much appreciated. Because clients notice that A. you are vulnerable and B. You are very authentic in what you share. . . and that you share it to help them” (R10H).

There are risks and downsides to self-disclosure as well. The participants cite situations where sharing personal stories makes them feel uncomfortable or unsafe. Clients sometimes invite chaplains to share information they don’t want to discuss or constantly come back to

previously shared stories. In addition, chaplains have to be careful not to reverse roles when telling personal stories. A participant shares her concerns in working with a client who is very caring and empathetic:

She is very focused on me as a person. I think that is special. She always asks how I'm doing and how my week was. The roles are kind of reversed. I need to make sure that it does not become a kind of therapy session for me. That I do not put my problems on her. (R2H)

The participants emphasize the importance of using self-disclosure in a thoughtful and professional manner. In the interview data, three criteria could be identified for practicing self-disclosure professionally: (1) it must be helpful to the client and not a way for chaplains to vent their own experiences, (2) the experiences shared by the chaplains must be from the past and/or must be processed, and (3) the chaplain should feel confident and secure in sharing personal experiences with the client. When practiced in a careful manner, self-disclosure may contribute to empathic flow.

**Searching for accurate empathy through trial and error.** Accurate empathic expressiveness is another key factor of empathic flow. Chaplains communicate empathic emotions or insight in their conversations with clients, for example by showing that they are emotionally touched by the client, or by expressing empathic understanding. When articulating the client's experiences in an accurate or appropriate way, the flow of empathy is sustained: "Empathy means giving words to [their experiences]. . . If clients recognize these words, they feel acknowledged. You would feel the same; it is a fantastic feeling" (R3P).

Chaplains constantly seek implicit or explicit confirmation that their empathic insight is accurate or that their empathic emotions match the client's inner experiences and feelings. Empathy can be seriously challenged when the client cannot recognize what the chaplain empathically expresses:

We have had countless conversations, and it has always been, "No, it is not like that." And that makes you think, "Hey, am I so wrong?" It raises many questions. . . At one point, our conversations ended. It did not work. I was constantly having the feeling that "I am totally wrong." (R7H).

It can be a disruptive experience when clients do not recognize the chaplain's understandings or emotions, especially when it happens repeatedly. Inaccurate or rejected empathy may reveal that there is little relatedness between chaplain and client, that the chaplain's empathic skills fall short, or that the client resists the chaplain's empathy or rejects certain emotions, for example when clients do not want to acknowledge their inner anger or sadness or feel embarrassed.

Professional empathy entails that chaplains are not easily discouraged if clients do not, or do not immediately, recognize and validate their empathic understandings or emotions. The participants explained that they need to acknowledge that one cannot fully understand others and that one's empathic understanding or emotional attunement will often be a process of searching and of trial and error. They emphasize the importance of creating a safe and trusting environment in which clients feel free to correct chaplains' inaccurate empathy and in which chaplains themselves feel safe to be vulnerable, make mistakes, and be 'wrong.'

Understanding empathy as “a process of searching” and of trial and error can ultimately lead to a deeper understanding of clients and to better attuned emotional responses.

**Being carefully attuned to the client’s boundaries and pace.** Empathy can be described as “a movement towards and far along with the other” (R16H). Chaplains connect with their clients’ inner world and move along with their experiences. This movement is, however, not limitless, according to the participants. Empathy is challenged when chaplains literally or metaphorically open doors that the client is not (yet) willing to open. According to the chaplains, failing to attune to their clients’ boundaries can seriously harm the empathic connection. When this happens, clients may feel ‘invaded’ and may disengage from the relationship.

The topic of holding back or being reserved emerged as a major feature of professional empathy: “That too is empathy, being restrained, being sensitive to where people stand in their life. . . knowing whether you may touch upon it or not” (R6H). This also relates to the client’s living space. The chaplains explain they must be thoroughly aware that their own working environment is their client’s home and that they should be careful not to be invasive when visiting clients:

The space we work in is their living space. A woman I visited today told me: “People think they know what life is like for me without having listened. They are touching my stuff. I cannot stand it. Could you?” I could not! (R5H)

To practice professional empathy, chaplains follow the lead of their clients’ stories, move at their pace, and try to be sensitive to their clients’ boundaries: “I feel it when someone stops. . . I feel it when I can go one step further. And sometimes you must hold back, feel the distance” (R7H). Thus, the chaplains’ empathic movement towards and along with the other is a careful one in which they strive to be sensitively attuned to the client’s needs and personal boundaries.

**Moving far along with the client’s experiences without losing oneself.** Self-contact emerges as an essential element of empathic flow. When chaplains move far along with their clients’ experiences, they need to maintain a strong connection with themselves. A health-care chaplain explains: “In my opinion, good contact is a mutual exchange in which two people stand on their own feet and share experiences based on their individuality. Empathy obviously involves that one keeps relating to one’s own inner world and perspective” (R20H). The latter, however, is not easy according to the participants. Self-loss emerged as an important challenge in the interview data, and for some it represents a constant struggle: “To me, the biggest challenge is to keep connected with myself at all times” (R19P).

Professional empathy entails that chaplains actively and consciously try to maintain a connection with their own experiences, perspective, boundaries, and needs. According to them, this can be achieved by shifting the focus of attention back and forth between themselves and the other. Thus, they try to remain attuned to both their own experiences and those of their clients. While shifting back and forth, chaplains reflect on their inner reactions: What happens to me when I listen to the client’s story? or Does this feeling belong to me or to my client? Some compare this iterative process with a wave or with breathing: “For me, it is a bit like breathing. Your attention is with the other person. . . your attention is with yourself. Your attention is with the other person. . . your attention is with yourself. It is a continuous process” (R7H).

Several participants mention Carl Rogers's 'as if' condition of empathy as an important reminder: "Empathy has to do with entering the other's experiences. And I immediately hear 'without losing the as if quality.' That is and remains a fundamental addition" (R5H). Rogers's definition helps the chaplains to recognize that the thoughts, emotions, and physical sensations that they empathically experience actually belong to the other, that it is not their own anger, pain, sadness, or joy that they are experiencing. Some use other tactics to prevent self-loss, for example a mantra. A chaplain recalls speaking at a child's funeral. To be able to speak, she had to consciously remind herself that the grief was not her own: "I was standing there, repeating to myself: 'This is not my sorrow. This is not my sorrow. This is not my sorrow.' Like a mantra. It is a phrase that comes back to me whenever I have to speak at a funeral" (R5H).

**Contributing to an empathy-friendly organization and seeking 'empathy allies.'** Although the setting was rarely mentioned as the primary empathy challenge, chaplains note that the organizational context can affect their ability to empathize with clients. For example, staff may influence a chaplain's expectations and perceptions. Some clients have a bad reputation and are generally disliked or mistrusted: "The entire hospital was fed up with this woman" (R4H). The participants notice that to establish empathy, they need to liberate themselves from these collective prejudices and negative views. Sometimes, the organization takes up a lot of mental space, for example when the atmosphere is experienced as particularly tense, busy, or chaotic: "I literally and figuratively felt locked up in that big building. . . also mentally. . . and because of the space, because of everything, I thought to myself, 'I cannot be the chaplain I want to be'" (R4H).

The participants explain they need to be sensitive to the impact of the organizational context on their clients: "That is a form of empathy too, that I can empathize with what it is like when all kinds of different people observe you all the time" (R9P). The clients' ability to open up partly depends on the availability of a quiet and private space in which people feel free, safe, and unobserved. Being constantly interrupted by staff walking in and out may discourage empathic sharing or may disrupt the conversation. Sometimes, clients are so preoccupied with daily activities that chaplains struggle to find a moment for a quiet conversation. The participants argue that it is one of their professional duties to provide safe and quiet places that invite stillness, sensitivity, contemplation, and self-reflection. They strive to give their clients a feeling of privacy and control.

Chaplains actively seek support and 'empathy allies' to create room for empathy. A hospital chaplain explains: "As a humanist chaplain alone you won't accomplish much, but you can succeed in collaboration with others" (R4H). They try to increase visibility and maintain good relationships with management and staff by being part of multidisciplinary meetings, by organizing moral deliberation sessions or education, or by actively supporting staff: "What I did for years, was to offer meditation sessions for care staff to increase their sensitivity" (R6H). In this way, chaplains can be an active and valuable part of the organization and can help to create and strengthen an empathy-friendly and humane environment.

## Beyond Empathy

Critical self-reflection, abundant self-care, professional standards, and the chaplains' humanistic worldview and values emerged as vital, underlying key components of professional empathy in the data analysis. This is especially the case when empathy is seriously dimin-

ished or absent. Many participants say they turn to their humanistic values when empathy fails. For example, they try to be aware that the other “is still a human being, a fellow human being” (R9P). A participant explains: “Sometimes it is very difficult to imagine what it must be like. I am not always able to do that. But I realize that it is all about being a fellow human being, especially then” (R4H). In addition, participants consider it to be their professional duty to be faithfully present. They strive not to abandon their clients, even when empathy is completely blocked: “In my opinion, I should be one of the last persons to give up, especially in my profession” (R10H). This is, however, not always possible. Most participants recall clients they had to let go, which often leads to feelings of failure and distress:

It is seven years ago, and I have much more distance. As I look at it now, I am okay with it but back then I found it difficult [to let go]. Because it felt like a failure, like letting someone down. (R1P)

Challenged or failed empathy can be a painful and distressing experience as it confronts chaplains with the tension between their professional duty to be faithfully present and the reality of empathy’s drawbacks, challenges, and limitations. Experiences like these can, however, also provide chaplains with opportunities for professional growth and development, particularly when chaplains can reflect on these experiences with colleagues or a supervisor. Cultivating an attitude of being realistic, humble, and accepting emerged as an important theme in dealing with failed empathy. The participants believe that empathy is not limitless and that they are ‘only human’ themselves. In their experience, the awareness and acceptance of empathy’s limits and their personal boundaries help them cope with challenged and failed empathy.

## Discussion

### Challenged Empathy and Challenging Clients

This study aimed to examine the factors that encourage or discourage empathy and to provide insight into what humanist chaplains do to practice empathy and overcome empathy challenges. Empathy emerged as a rich and complex practice. A myriad of factors explain why empathy can be difficult. Sometimes, the main problem lies within the chaplains, for example when they are tired, preoccupied, or struggling with personal problems and limitations. At other times, the challenge lies in the connection between chaplain and client, especially when there is a lack of trust or relatedness. Chaplains also mentioned instances when they struggled with a client’s problematic behavior. They provided examples of clients who constantly complain, are withdrawn, behave aggressively, or engage in lengthy discussions.

The participants conceded that they sometimes must fight the tendency to avoid challenging clients. They tend to visit these clients less often and have shorter conversations. These findings correspond with research in other professions. When clients are difficult to empathize with, empirical studies indicate that caregivers spend less time with them (Baillie, 1996). According to Baillie, this can lead to a vicious circle as spending less time with these people makes it harder to empathize with them. Even when caregivers try to remain professional and hide their lack of empathy, challenging clients do not receive extra care or

are treated in a more brisk, unfriendly, and less tolerant manner (Baillie, 1996). At the same time, clients tend to withdraw from the helping process prematurely when they receive little or no empathy from professionals (Freedberg, 2007). Challenged or reduced empathy can have a negative effect on the caring relationship and the quality of care. This is one of the reasons why chaplains feel they have to work hard and draw on their professionalism to be there for these clients and break the negative cycle.

When empathy flows more easily, this can positively influence the quality of care. Based on empirical research, Wiseman (2007) explains that when empathy is achieved, caregivers become part of an upward spiral:

The nurse experienced the effects of being empathic and witnessed the positive effect it had on the patient, which, in turn, seemed to encourage nurses to use empathy more frequently. With particular nurses, empathy then became a matter of course; it became the way in which they nursed, a way of being: seemingly effortless. (p. 68)

These findings are in line with our study. Participants indicated that when empathy is achieved, a flow emerges that affects both chaplain and client. This makes it easier to provide chaplaincy care, to continue to visit clients, and to empathize with them on a deeper level.

## Empathic Flow

One of the core concepts that the analysis brought forward is ‘empathic flow,’ the stream of empathic experiences that emerges within the relational, dynamic exchange between chaplain and client. A similar notion of flow is found in the later work of humanistic psychologist Rogers (1975), albeit with a different focus. Whereas in our study the notion of flow primarily refers to the stream of empathic experiences *within the chaplain*, Rogers’s notion of flow refers to the ongoing stream of experiences and their felt meanings *within the client*. Rogers (1975) argues that it is the role of the counselor to help encourage this experiential flow within the client. The practice of empathy involves communicating one’s empathic understanding by giving words to the client’s felt meanings and by exploring whether one accurately senses the client’s experiences. Clients check the suggested words against their inner flow of felt meanings and sense whether these words correspond to their experiences: “This flow is a very real thing, and people are able to use it as a referent” (p. 4). By helping clients focus on their inner experiences and pointing out their possible meanings and relevance, clients can experience felt meanings more fully. Thus, the clients’ flow of experiencing and meaning-giving is further encouraged.

In Rogers’s description of empathy and flow, we recognize several key elements highlighted by the current study. Like the participants in our research, Rogers (1975) underlines the carefulness with which humanistic counselors practice empathy. They engage with their clients’ experiential world in a nonjudgmental and careful way, “not trying to uncover feelings of which the person is totally unaware since this would be too threatening” (p. 4). Rogers also emphasizes the risk of losing oneself in the client’s experiential world. He writes that empathy requires a counselor “who is secure enough in himself that he knows he will not get lost in what may turn out to be the strange or bizarre world of the other and can comfortably return to his own world when he wishes” (p. 4). These insights are in line

with our research. The originality of our qualitative inquiry lies in providing a grounded and systematic analysis of the factors influencing the flow of empathy combined with an analysis of professional empathy. The 10 features of professional empathy give insight into what chaplains actually do to practice empathy in day-to-day care.

## Professional Empathy

The notion of professional empathy refers to those activities that aim to establish, maintain, and enhance empathic flow, particularly in the face of challenges. It relies on several underlying key components: critical self-reflection, abundant self-care, professional standards, and the chaplains' humanistic worldview and values. In our study, we distinguished 10 themes of professional empathy. When empathy is challenged, it is the chaplain's professionalism that provides guidance and support.

Being faithfully present, even when empathy is seriously reduced, emerged as an important subtheme. This accords with humanist chaplaincy literature and the chaplains' professional standards and philosophy. It is part of the chaplain's humanistic worldview to emphasize human connectedness (Van Praag, 1982) and to not exclude or abandon people, especially since clients are often marginalized or alone. Being there for vulnerable or isolated people is also a key feature of the presence theory (Baart, 2006), a Dutch care ethics theory that chaplains draw on and that has been embraced by many of them as a methodical justification of their work (Smit, 2015, p. 21). Being present, inclusive, and offering clients a sanctuary are all key elements of the professional standard of Dutch humanist chaplains (Bolsenbroek et al., 2019).

## Empathy as a Relational Practice

Our study validates, enriches, and nuances the idea that empathy is a relational practice. This is not commonly accepted. In academic literature, empathy has traditionally been defined as an individual ability or capacity to empathize with others (Van Dijke et al., 2020). Our analysis indicates that empathic skills alone are insufficient to establish empathy. Whether empathy will flow depends to a large extent on the relationship between chaplain and client, on the client's contribution, and on factors such as relatedness, mutuality, and trust. In his later works, Rogers acknowledges the relational dimensions of empathy. He and Raskin (1989) compare empathy to a dancing couple, thereby underscoring its relationality: "When empathy is at its best, the two individuals are participating in a process which may be compared to that of a couple dancing, the client leading, the therapist following: the smooth, spontaneous back-and-forth flow of energy in the interaction has its own aesthetic rhythm" (p. 157).

At the same time, our research does not imply that both parties always play an equal part. Humanist chaplains engage with (very) vulnerable people or people in extraordinary situations. Van Houten & Mooren (2002) explain that "the relationship in humanist counseling is not entirely mutual. The relationship is about the client, and the task of the counselor is to sustain him [sic.] in his search for meaning and human dignity" (p. 113). Therefore, chaplains cannot assume the same capacities in their clients. The dancing couple may be miles apart, unattuned to each other or disconnected. The client may be unable to lead, and the chaplain may feel awkward or distressed and lose direction. Thus, the dance between chap-

lain and client can be disrupted instead of flowing smoothly and confidently. The chaplains in our study indicate that while their clients' participation is vital, they ultimately consider themselves responsible for establishing and enhancing empathy.

## Implications

The present research and its notions of empathic flow and professional empathy have implications for the professionalization, education, and practice of chaplaincy and potentially for other professions as well. Our study indicates that empathic skill is but one of the elements that contribute to the flow of empathy. Empathy emerges as a rich, complex, and demanding practice, one that encompasses a myriad of skills, attitudes, and states. The professional practice of empathy relies on self-reflection, self-care, and moral guidance based on the chaplain's personal and professional values and worldview. These elements should be addressed in empathy education and in activities aimed at improving the professionalization of chaplains and other professionals who draw on empathy.

## Limitations and Future Research

This study focused on the empathy practices of humanist chaplains as it aimed to contribute to the professionalization of this young and emerging field. There is, however, a growing consensus that practice-based chaplaincy research should also include clients' perceptions and experiences of chaplaincy care (McCormick & Hildebrand, 2015). Although the participants made many remarks about their clients' roles, chaplains' reports do not necessarily reflect their clients' actual views or needs (Montonye & Calderone, 2010). Future qualitative research could triangulate the current data with the clients' perspectives on empathy.

## Concluding Remark

Like Hoogveen (1991) found, the participants in our study indicate that the practice of empathy can be difficult and demanding. Challenged or failed empathy may be a painful and distressing experience as it confronts chaplains with the tension between their professional duty to be faithfully present and provide good existential care and the daily reality of empathy's challenges and limitations. Challenged empathy can, however, also provide valuable opportunities for reflection, new insights, and professional growth.

**Author's contribution** All authors contributed to the study conception and design. Data collection, coding and analysis were performed by Jolanda van Dijke. The first draft of the manuscript was written by Jolanda van Dijke and all authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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## Declarations

**Conflict of interest** No potential conflict of interest was reported by the authors.

**Ethical approval** This study was assessed by The Medical Ethical Review Committee Utrecht, who confirmed that the Dutch Medical Research Involving Human Subject Act (WMO) does not apply, as our investigation does not concern medical scientific research and as the humanist chaplains participated in their capacity of professionals and were not required to follow behavioral rules or procedures as referred to in the WMO.

**Consent for participation** The participants provided written informed consent to partake in the investigation.

**Consent for Publication** The interview data is anonymous and did not require special permission for publication.

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## Authors and Affiliations

Jolanda van Dijke<sup>1</sup> · Joachim Duyndam<sup>2</sup> · Inge van Nistelrooij<sup>3</sup> · Pien Bos<sup>4</sup>

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✉ Jolanda van Dijke  
jvd@uvh.nl

Joachim Duyndam  
J.Duyndam@uvh.nl

Inge van Nistelrooij  
i.vannistelrooij@uvh.nl

Pien Bos  
P.Bos@uvh.nl

- <sup>1</sup> University of Humanistic Studies, Kromme Nieuwegracht 29, 3512 HD Utrecht, The Netherlands
- <sup>2</sup> Philosophy, University of Humanistic Studies, Utrecht, The Netherlands
- <sup>3</sup> Care Ethics, University of Humanistic Studies, Utrecht, The Netherlands
- <sup>4</sup> Research Methodology, University of Humanistic Studies, Utrecht, The Netherlands