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## **Outcome Studies in the Field of Pastoral Counselling: A Focused Review of Research Published between 1990 and 2020**

### ***Abstract.***

This literature review examines the empirical evidence of the impact of pastoral care, focusing on the areas that have been studied in terms of measurable and verifiable outcomes. By analysing 34 international studies published between 1990 and 2020, we assessed the methodological diversity and empirical depth of

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research in this field. The review encompasses qualitative, quantitative, and mixed-method studies alike, including small- and large-sample investigations. Our findings suggest that while the impact of pastoral counselling is empirically measurable and verifiable, significant methodological limitations persist, particularly regarding measurement precision and the identification of influencing factors. Compared to psychotherapies integrating religiosity and spirituality, pastoral care research is less extensive and often based on smaller, less differentiated samples, with limited attention to the professional competence levels of care providers. Most outcome studies have been conducted in hospital contexts involving patients with physical or mental health conditions and their relatives. Results highlight the need for further empirical work using more rigorous and diversified methodological approaches, broader research settings, and assessment tools adapted to the qualification level of pastoral care providers, in order to establish a more comprehensive and evidence-based understanding of pastoral care effectiveness.

**Keywords:** pastoral counselling, pastoral care, outcome, impact, effectiveness, efficacy, religion, spirituality, evidence-based

## 1. Introduction

In order to contextualize the main topic of our study, which is impact assessment research on pastoral counselling, it is important to note that a heated scientific debate regarding the usefulness and efficacy of psychotherapies has been ongoing since the second half of the twentieth century. More than 40 years ago, Mary Lee Smith, Gene V. Glass, and Thomas I. Miller published their meta-analysis<sup>5</sup> that demonstrated the effectiveness of psychotherapies. The study also aimed to challenge Hans Jürgen Eysenck's earlier claim (1952) that the results of some therapies do not exceed the rate of spontaneous remission. By exploring the work of these authors, we can uncover the professional debate that launched the broader scientific discourse on the meta-analysis published in 1980, as Eysenck published a critical counter-review shortly afterwards. In it, he very firmly asserts that there is no place for any public professional debate of

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<sup>5</sup> LEE SMITH, Mary – GLASS, Gene V. – MILLER, Thomas I. (1981): *The Benefits of Psychotherapy*. Baltimore – London, Johns Hopkins University Press.

psychotherapies until their efficacy has been clearly demonstrated empirically, through evidence-based research.<sup>6</sup>

We share the priority of credible science articulated above – especially since the professionalization of pastoral counselling also began in the decades of discourse and has continued to this day, with internationally accepted professional standards based on scientific consensus yet to actually emerge. In fact, scientific research into the activities of pastors and professionally trained pastoral counsellors, along with the examination of the effectiveness of care based on the religious beliefs and spirituality of caregivers and clients, is a relatively new and at the same time extremely important field. One of the difficulties is precisely the measurability of one of the driving factors: spirituality. This is why, even today, many are primarily researching the effectiveness of psychotherapeutic methods that integrate religion and spirituality. This topic was also found to be more common in our literature review. Of the studies that have been carried out on pastoral counselling most had small sample sizes and did not distinguish between the qualifications of the providers. This means that trained pastoral care providers, those in training, and volunteers are often treated as if they were equally competent, without considering their different levels of training and experience. In the last thirty years, most of the outcome studies have been conducted among patients suffering from physical and mental conditions and their relatives in hospital settings. There is a need to conduct more comprehensive impact assessment research in pastoral care. This research should consider all aspects of the practice and adjust the factors being measured based on the level of qualification of the providers.

There was a publication from the early stages that was crucial in establishing our focus. The study spanned 10 years (1984–1994) and summarized 148 empirical studies that also explored the relationship between religion and counselling.<sup>7</sup> It found that religious and non-religious counsellors generally share the same core values relevant to their work. The difference between them is that they ascribe different values to religion. The authors also argued that these differences influence their clinical judgment and

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<sup>6</sup> EYSENCK, Hans Jürgen (1983): *The benefits of Psychotherapy*: M.L. Smith, G.V. Glass and T.I. Miller: Johns Hopkins University Press, Baltimore, Maryland (1980). In: *Behaviour Research and Therapy*. 21, 3. 315–320.

<sup>7</sup> WORTHINGTON, Everett L. – KURUSU, Taro A. – MCCOLLOUGH, Michael E. – SANDAGE, Steven J. (1996): *Empirical Research on Religion and Psychotherapeutic Processes and Outcomes: A 10-Year Review and Research Prospectus*. In: *Psychological Bulletin*. 119. 448–487.

behaviour towards religious clients. They referred to religion-based interventions as techniques drawn from formal religious traditions that have become adjuncts to counselling or counselling theories developed for religious patients.

At the beginning of our study, it is important to mention two meta-analyses which both show that researchers have not abandoned the scientific rigour expected by Eysenck and that the subject area remains relevant. They analysed clinical randomized controlled trials of psychotherapy integrating religion and spirituality in hospital settings with one<sup>8</sup> including 46 studies and the other 97.<sup>9</sup>

There are also two prominent works reviewing pastoral counselling impact studies that were a guiding factor for our present study and also provided us with a point of reference. One is from the Netherlands<sup>10</sup> and the other from Canada,<sup>11</sup> and both research groups had similar aims to ours, which were to identify as much available empirical research as possible on the impact of pastoral counselling on client health. The Dutch–American research team concluded that future research will need to focus much more on characteristic pastoral counselling outcomes, as the studies so far have mainly analysed only general effects. However, it is important to define the reference points for new directions so that the profession knows what to regard as the specific influencing factors of pastoral care and their impact. They see this as feasible only if there is thorough and continuous dialogue between pastoral counselling practitioners and pastoral counselling researchers.<sup>12</sup>

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<sup>8</sup> WORTHINGTON, Everett L. – HOOK, Joshua N. – DAVIS, Don E. – MCDANIEL, Michael A. (2011): Religion and Spirituality. In: *Journal of Clinical Psychology*. 67, 2. 204–214.

<sup>9</sup> CAPTARI, Laura E. – HOOK, Joshua N. – HOYT, William – DAVIS, Don E. – MCELROY-HELTZEL, Stacey E. – WORTHINGTON, Everett L. (2018): Integrating Clients' Religion and Spirituality within Psychotherapy: A Comprehensive Meta-analysis. In: *Journal of Clinical Psychology*. 74, 11. 1938–1951.

<sup>10</sup> DAMEN, Annelieke – SCHUHMANN, Carmen – LEGET, Carlo – FITCHETT, George (2020): Can Outcome Research Respect the Integrity of Chaplaincy? A Review of Outcome Studies. In: *Journal of Health Care Chaplaincy*. 26, 4. 131–158.

<sup>11</sup> PESUT, Barbara – SINCLAIR, Shane – FITCHETT, George – GREIG, Madeleine – KOSS, Sarah E. (2016): Health Care Chaplaincy: A Scoping Review of the Evidence 2009–2014. In: *Journal of Health Care Chaplaincy*. 22, 2. 67–84.

<sup>12</sup> DAMEN – SCHUHMANN – LEGET – FITCHETT 2020.

A Canadian–American review<sup>13</sup> concluded that there is little empirical evidence in the field of pastoral counselling in hospitals. To produce a significantly greater number of well-designed studies that could scientifically demonstrate the effectiveness of pastoral counselling, the professional training of pastoral counselling professionals would need to be complemented with an evidence-based research focus. In the light of this, our aim is to obtain answers to the following questions:

1. At what levels of care and in what target areas has pastoral counselling been evaluated in impact studies?
2. Have there been any impact studies on clients receiving pastoral counselling outside of hospital or patient care settings?
3. Has pastoral counselling had an empirically measurable and scientifically verifiable effect?

By reviewing the literature and previous impact studies, we also aim to contextualize our longitudinal outcome study, which was conducted in a non-clinical setting. In it, we compare the well-being and functioning of clients before the start of an intervention to their condition at the end of the process. The research design also includes a survey of the counsellors at the end of the treatment.

Our research allows for a comparison of the situation before and after the care provided both overall and also broken down into specific domains. These include general well-being, relational functioning, and functioning at work. For the subgroup receiving pastoral counselling, spiritual well-being is also included. Statistical analyses allow the importance and significance of differences to be determined. However, causality cannot be inferred from our research, as we are not working with a control group design.

### **Ethics Statement**

Our research group operates in accordance with academic research standards, in strict compliance with ethical obligations, and under the authorization of the Scientific and Research Ethics Committee of the Hungarian Health Science Council (ETH TUKEB) No IV/751-1/2021/EKU.

### **Declaration of Conflicting Interests**

The authors declare that there is no conflict of interests.

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<sup>13</sup> PESUT – SINCLAIR – FITCHETT – GREIG – KOSS 2016.

## **2. Methods**

For our literature review, we searched for publications available in Internet databases. The literature search was conducted between October 2021 and December 2023. During that period, the articles found were sorted and organized according to their publication focus; their abstracts were translated, interpreted, and then subjected to the interpretive reading necessary to narrow down the subject matter.

The following major Internet sources were searched: Web of Science, Scopus, PubMed, Ovid\_Medline, Ovid\_PsycInfo, CINAHL, and ProQuest. The seven databases were searched with the same search terms and operators: pastoral counselling OR pastoral care OR counselling OR counselling NOT psychotherapy AND outcome OR benefit OR effect OR impact OR effectiveness OR efficacy AND evidence-based. Difficulties were caused by the fact that not all databases had the same search interface.

Nevertheless, we set up the primary search interfaces in the same way for all of them:

1. Firstly, we searched for the following words in the title of the publications: pastoral counselling “OR” pastoral care.
2. Secondly, we narrowed down the results by including the term: “AND” outcome.
3. Thirdly, we further narrowed the search by limiting it to papers published in the last five years and including the following criteria: open access, journal article, review, full text, sociology, and psychology (soci & psyc). The automated search methods proved to be fast but unfortunately did not lead to the meaningful results initially expected. This process is illustrated in *Table 1*.

*Table 1* illustrates that 6,081 studies in the seven major databases deal with the topic of pastoral counselling and spiritual care. 807 include the term “outcome” or “impact” in some part of the text, i.e. title, abstract, or text. Finally, we found only 16 studies from the last five years that were published as open access, journal articles or reviews, with full text, on the subjects of sociology and psychology (soci & psyc).

**Table 1.** *Literature search*

Databases	WoS	Scopus	PubMed	Ovid_Medline	Ovid_PsycInfo	CINAHL	ProQuest	Total
First search: pastoral counselling OR pastoral care (in title)	1,025	1,588	509	464	758	163	1,574	6,081
First narrowing: pastoral counselling OR pastoral care (in title) AND outcome (everywhere)	237	45	19	14	19	28	445	807
Second narrowing: OA, last 5 Years, j. article, review, abstract, full text, "soci", "psyc"	7	2	1	3	0	1	2	16

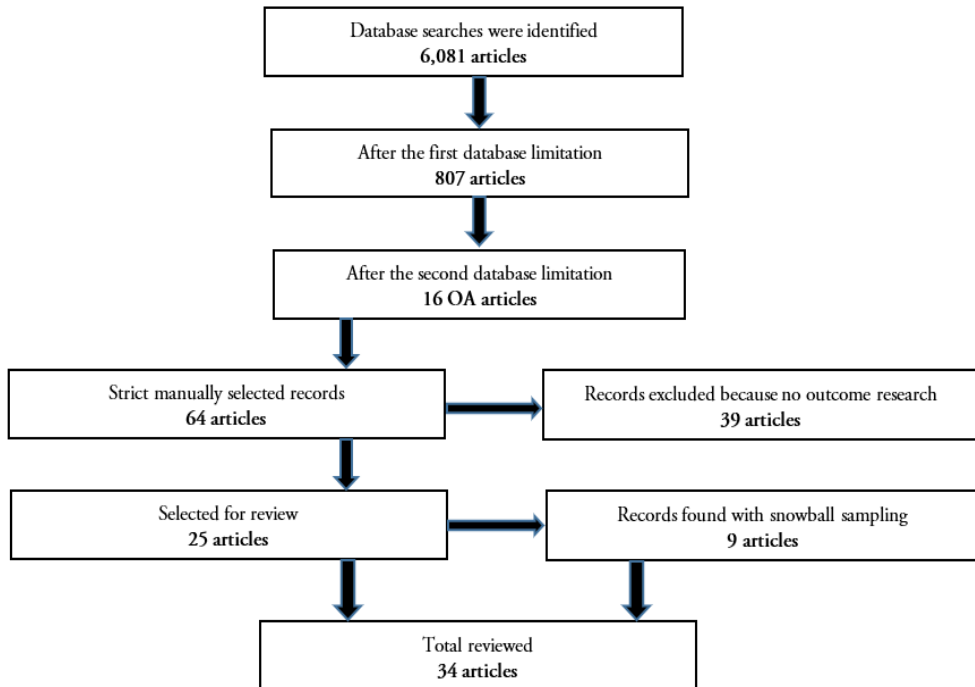
Due to the small number of results, which would have been difficult to assess from an analytical point of view, the decision was independently made to extend the search to publications from the last 30 years and include closed-source studies. The search was changed from automated to fully manual. Starting from the bibliography of the 16 most recent publications that best fit the topic, we switched to individual, targeted search methods and built on this. That is why the exploration process took much longer than planned. It made our work more difficult, although it also provided valuable insights, e.g. that several terms are used in the English-language literature to describe impact and effectiveness: effect, effectiveness, benefit, efficacy, impact, outcome, etc.

There was further conceptual complexity regarding the term used to describe the profession of pastoral counselling. We found that the work and services of pastors and pastoral care workers employed by churches are referred to in similar terms in English literature: pastoral care, chaplaincy, spiritual care, and spiritual counselling. We will use the term pastoral counselling here to refer to a separate profession: a professional, qualified person who helps someone.

It is our strong view that beyond the current study, it is absolutely necessary to make definitions and clarifications at an international level. In our case, we started the search process, which eventually led us to 64 publications, using the professional

terminology stated above and incorporating the term spirituality. Based on the titles, abstracts, and texts, we excluded an additional 39 journal articles that were not closely in line with the theme of our study.

However, the 25 remaining scientific publications proved to be so few that snowball sampling was then used to search the bibliography of each one individually. It is thanks to that process that we have been able to find and use 34 professional works. Some of these obtained by manual searching were not open access. We have also tried to illustrate the outcomes of the search phases in the figure below (*Figure 1*).



**Figure 1.** *Literature search*



### 3. Results

The present review study includes 34 scientific publications, which have undergone formal comparison and then been tabulated for ease of access and interpretation based on the following classifications: geographical location of publication, nationality of authors, publishing journal, and genre of study. Initially, we conducted the content comparison based on the central theme of our research, and subsequently, with knowledge of the results and methodological elements. *Table 2* clearly shows that the majority of the sources identified (31) were published in the United States. Only 9% (3) related to Europe.

**Table 2.** *Continents*

Continent (place of publication)	Number of studies	n (%)
US	31	91%
Europe	3	9%

*Table 3* gives a slightly more nuanced picture, focusing on authors' nationality. In this manner, we have found that 85% (29) of the sources can be considered purely American, 12% European, and 3% Asian. Specifically, two of the 31 American studies have a mixed author group, one being Dutch–American<sup>14</sup> and the other Japanese–American.<sup>15</sup> With respect to authors' nationality and the study location, the Dutch is considered European and the Japanese Asian. With this breakdown, more European works can be mentioned and the involvement of another continent, Asia, can be noted.

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<sup>14</sup> DAMEN – SCHUHMANN – LEGET – FITCHETT 2020.

<sup>15</sup> KURITA, Akira – TAKASE, Bonpei – SHINAGAWA, Naosuke – KODANI, Eitaro – OKADA, Kaoru – IWAHARA, Shinichiro – KUSAMA, Yoshiki – ATARASHI, Hirotsugu (2011): Spiritual Activation in Very Elderly Individuals Assessed as Heart Rate Variability and Plasma IL/10/IL-6 Ratios. In: *International Heart Journal*. 52, 5. 299–303.

American predominance (62.5%) has also been confirmed by others.<sup>16</sup> Of the three European studies, two were published in the UK<sup>1718</sup> and one in Russia.<sup>19</sup>

**Table 3. Authors' nationality**

Authors' nationality	Number of studies	n (%)
US	29	85%
UK	2	6%
Russian	1	3%
Dutch–American	1	3%
Japanese–American	1	3%

*Table 4* shows a list of the journals and how many of the studies were published in each one of them. Among them, the professional journals focusing on activities and research in the field of pastoral counselling and pastoral care – which is also the main topic of our own research – predominate (62%): *Journal of Health Care Chaplaincy* (26%), *JPCC – Journal of Pastoral Care & Counselling* (21%), *Journal of Religion and Health* (6%), *Pastoral Psychology* (6%), and *American Journal of Pastoral Counselling* (3%). However, it is encouraging to see that this under-researched area, which has become important in recent decades, is also being covered by other mental health journals (38%).

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<sup>16</sup> PESUT – SINCLAIR – FITCHETT – GREIG – KOSS 2016.

<sup>17</sup> KEVERN, Peter – HILL, Lisa (2015): 'Chaplains for Well-Being' in Primary Care: Analysis of the Results of a Retrospective Study. In: *Primary Health Care Research & Development*. 16, 1. 87–99.

<sup>18</sup> RAFFAY, Julian – WOOD, Emily – TODD, Andrew (2016): Service User Views of Spiritual and Pastoral Care (Chaplaincy) in NHS Mental Health Services: A Co-produced Constructivist Grounded Theory Investigation. In: *BMC Psychiatry*. 16. 200.

<sup>19</sup> CONROY, Natalia (2019): Between Theology and Care: What Does It Mean To Be a Hospital Chaplain? In: *Zhurnal Issledovaniy Sotsial'noi Politiki*. 17, 3. 375–390.

**Table 4. Journals**

Journal	Number of studies	n (%)
<i>Journal of Health Care Chaplaincy</i>	9	26%
<i>JPCC – Journal of Pastoral Care &amp; Counselling</i>	7	21%
<i>Journal of Clinical Psychology</i>	3	9%
<i>Journal of Religion and Health</i>	2	6%
<i>Pastoral Psychology</i>	2	6%
<i>American Journal of Pastoral Counselling</i>	1	3%
<i>Behaviour Research and Therapy</i>	1	3%
<i>BMC Palliative Care</i>	1	3%
<i>BMC Psychiatry</i>	1	3%
<i>Cambridge University Press</i>	1	3%
<i>International Heart Journal</i>	1	3%
<i>ISRN Psychiatry – International Scholarly Research Notices</i>	1	3%
<i>Psychological Bulletin</i>	1	3%
<i>Rambam Maimonides Medical Journal</i>	1	3%
<i>The Journal of Nervous and Mental Disease</i>	1	3%
<i>Zhurnal Issledovaniy Sotsial'noi Politiki</i>	1	3%

For our research, we classified the studies into the following categories: meta-analyses (2), review studies (10), theoretical studies (7), and, finally, the most relevant, impact and effectiveness studies (15).

### **3.1. Meta-analyses**

Presumably due to the still very low number of substantial empirical research, we could not find a meta-analysis study on the impact and effectiveness of pastoral counselling activities in the source databases. This is why we considered it relevant to our study to include (*Table 5*) two meta-analysis studies that analysed the effectiveness of psychotherapies that have integrated religion and spirituality over the past decade.<sup>20,21</sup>

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<sup>20</sup> WORTHINGTON – HOOK – DAVIS – McDANIEL 2011.

<sup>21</sup> CAPTARI – HOOK – HOYT – DAVIS – MCELROY-HELTZEL – WORTHINGTON 2018.

**Table 5. Meta-analysis**

First author	Title	Year	Research topic
CAPTARI	<i>Integrating Clients' Religion and Spirituality within Psychotherapy: A Comprehensive Meta-analysis</i>	2018	integration of religion and spirituality in psychotherapy empirical effectiveness
WORTHINGTON	<i>Religion and Spirituality</i>	2011	study of psychotherapies with religious and spiritual dimensions

Both were published in the same journal (*Journal of Clinical Psychology*) and drew conclusions from a very large number of studies with a very high sample size (46 studies, N = 3,290<sup>22</sup>; 97 studies, N = 7,181<sup>23</sup>).

Both studies can be said to have analysed randomized controlled effectiveness studies conducted in hospital settings according to the highest scientific standards. Furthermore, they measured a group of interventions (psychotherapies) that are also very relevant for our research, highlighting religious and spiritual influences.

### **3.2. Review Studies**

Since we have also undertaken a targeted, review study, we deemed it essential to provide an overview of the research conducted so far, published in international forums that follow a similar approach to our own. Thus, we collected ten studies for the review group (*Table 6*).

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<sup>22</sup> WORTHINGTON – HOOK – DAVIS – McDANIEL 2011.

<sup>23</sup> CAPTARI – HOOK – HOYT – DAVIS – McELROY-HELTZEL – WORTHINGTON 2018.

**Table 6. Reviews**

First author	Title	Year	Research topic
CONROY	<i>Between Theology And Care: What Does It Mean to Be a Hospital Chaplain?</i>	2019	the development of pastoral care outside the organized church, mainly in hospitals and institutions, in the English-speaking world
DAMEN	<i>Can Outcome Research Respect the Integrity of Chaplaincy? A Review of Outcome Studies</i>	2020	impact study of pastoral care with a focus on maintaining pastoral care integrity
ELIASON	<i>Ethics in Pastoral Care and Counselling: A Contemporary Review of Updated Standards in the Field</i>	2013	ethical and legal framework for the practice of pastoral care
FLANNELLY	<i>A Preliminary Proposal for a Scale to Measure the Effectiveness of Pastoral Care with Family Members of Hospitalized Patients</i>	2007	impact study of pastoral care on family members, measuring family member satisfaction
GALEK	<i>A Methodological Analysis of Chaplaincy Research: 2000–2009</i>	2011	10-year methodological review of pastoral care (chaplaincy) research
HOOK	<i>Empirically Supported Religious and Spiritual Therapies</i>	2010	empirical impact study of psychotherapies with religious and spiritual dimensions
JANKOWSKI	<i>Testing the Efficacy of Chaplaincy Care</i>	2011	impact study of pastoral care in several care areas
KOENIG	<i>Religion, Spirituality, and Health: The Research and Clinical Implications</i>	2012	the relationship of religion and spirituality to health
PESUT	<i>Health Care Chaplaincy: A Scoping Review of the Evidence 2009–2014</i>	2016	the role of chaplains in healthcare
WORTHINGTON	<i>Empirical Research on Religion and Psychotherapeutic Processes and Outcomes: A 10-Year Review and Research Prospectus</i>	1996	the presence of religiousness in psychotherapeutic processes

It was important for us to continue the discourse on the effectiveness of treatment initiated by Eysenck<sup>24</sup> with his methodological critique of empirical studies of psychotherapies. In line with this, we have included a group of review studies on the integration of religiousness and spirituality (3 reviews). Closely related to the initial period, theme, and scientific justification process is the research analysis of 148 studies covering 10 years, published by Worthington et al.<sup>25</sup> Their main focus was to examine the effectiveness of psychotherapies integrating religiousness.

An even larger-scale study closely related to this was later published,<sup>26</sup> based on a systematic review of 3,300 original, data-driven quantitative studies published in peer-reviewed journals between 1872 and 2010. This includes some fundamental articles published since 2010. The focus of this review was also the effect of religion and spirituality on health, with a particular emphasis on clinical settings.

Finally, in this group, we should also mention a review<sup>27</sup> that sought to explore the effectiveness of empirically supported therapies with a religious and spiritual dimension by analysing 24 studies. It examined the impact of Christian, Islamic, Taoist, and Buddhist religions on a variety of mental health problems such as depression, anxiety, schizophrenia, eating disorders, unforgiveness, alcoholism, anger, and marital problems.

In a further grouping, there are two studies<sup>28,29</sup> that focused on several areas of pastoral care and also investigated the impact of pastoral counselling interventions in clinical settings through *patient and family satisfaction surveys*. In the review by Flannelly

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<sup>24</sup> EYSENCK 1983.

<sup>25</sup> WORTHINGTON – KURUSU – MCCOLLOUGH – SANDAGE 1996.

<sup>26</sup> KOENIG 2012.

<sup>27</sup> HOOK, Joshua N. – WORTHINGTON Everett L. – DAVIS, Don E. – JENNINGS, David J. – GARTNER, Aubrey L. – HOOK, Jan P. (2010): Empirically Supported Religious and Spiritual Therapies. In: *Journal of Clinical Psychology*. 66, 1. 46–72.

<sup>28</sup> FLANNELLY, Kevin J. – GALEK, Kathleen – TANNENBAUM, Helen P. – HANDZO, George F. (2007): A Preliminary Proposal for a Scale to Measure the Effectiveness of Pastoral Care with Family Members of Hospitalized Patients. In: *The Journal of Pastoral Care & Counselling*. 61, 1–2. 19–29.

<sup>29</sup> JANKOWSKI, Katherine R. – HANDZO, George F. – FLANNELLY, Kevin J. (2011): Testing the Efficacy of Chaplaincy Care. In: *Journal of Health Care Chaplaincy*. 17, 3–4. 100–125.

et al.,<sup>30</sup> the researchers focused on the creation and presentation of a specifically designed measure of the satisfaction of the family members of hospitalized patients. In the other comprehensive analysis,<sup>31</sup> the focus of the research team was very broad. They drew conclusions about the effectiveness of pastoral counselling across multiple levels and through a number of studies.

Of the studies that cannot be grouped because of their specificity, there are five that are of interest to us and have been included in our collection. One of the European (Russian) authors<sup>32</sup> examined the literature published in English with a focus on pastoral counselling outside organized churches, mostly in hospital settings.

We found an important review that analysed general methodological issues in pastoral counselling research over a 10-year period, including 49 studies.<sup>33</sup> A group of researchers conducted a review of the ethical and legal framework for the practice of pastoral counselling and concluded it is important to update the standards of the field.<sup>34</sup>

Finally, we would like to highlight the two reviews already mentioned in the introduction, which are the most relevant to our own topic and which have been of great methodological help to our work. The first is a scientific publication by a Dutch–American research group on the impact of pastoral counselling, which, through the interpretation of 22 studies, raised the question of how and to what extent the focus on outcome and effectiveness influences pastoral counselling.<sup>35</sup>

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<sup>30</sup> FLANNELLY – GALEK – TANNENBAUM – HANDZO 2007.

<sup>31</sup> JANKOWSKI – HANDZO – FLANNELLY 2011.

<sup>32</sup> CONROY 2019.

<sup>33</sup> GALEK, Kathleen – FLANNELLY, Kevin J. – JANKOWSKI, Katherine R. – HANDZO, George F. (2011): A Methodological Analysis of Chaplaincy Research: 2000–2009. In: *Journal of Health Care Chaplaincy*. 17, 3–4. 126–145.

<sup>34</sup> ELIASON, Grafton Todd – LEPORE, Mark – HOLMES, Douglas (2013): Ethics in Pastoral Care and Counselling: A Contemporary Review of Updated Standards in the Field. In: *Journal of Pastoral Care & Counselling*. 67, 2. 1–11.

<sup>35</sup> DAMEN–SCHUHMANN–LEGET – FITCHETT 2020.

The other review sought to empirically demonstrate the health impacts of pastoral counselling through a focused analysis of 48 studies, spanning 15 years.<sup>36</sup> These two papers also provided some of the defining elements of our snowball collection, which was limited to impact and effectiveness studies.

### **3.3. Theoretical Studies**

The theoretical frameworks from the specified research period are also always important, so we consider it essential to mention seven theoretical studies that helped to shape our own (*Table 7*). These research approaches provide a foundation for contextualizing our topic while also highlighting its relevance.

**Table 7. Theoretical studies**

First author	Title	Year	Research topic
BINGAMAN	<i>When Acceptance Is the Road to Growth and Healing: Incorporating the Third Wave of Cognitive Therapies into Pastoral Care and Counselling</i>	2015	the integration of cognitive therapies in pastoral care
CARR	<i>The Evolution of Research Paradigms in Pastoral/Spiritual Care, Counselling, and Education</i>	2015	the impact of the evolution of social science research on pastoral care research
DERRICKSON	<i>Curriculum for a Spiritual Pathway Project: Integrating Research Methodology into Pastoral Care Training</i>	2009	the Spiritual Pathway Programme of pastoral care training
EYSENCK	<i>The Benefits of Psychotherapy: M.L. Smith, G. V. Glass and T.I. Miller: Johns Hopkins University Press, Baltimore, Maryland (1980)</i>	1983	criticism of methods for evaluating the effectiveness study of psychotherapies

<sup>36</sup> PESUT – SINCLAIR – FITCHETT – GREIG – KOSS 2016.



First author	Title	Year	Research topic
FREDERICK	<i>Models of Psychotherapy: Implications for Pastoral Care Practice</i>	2009	the integration of psychotherapeutic models into pastoral care
LUCAS	<i>Introduction to the Discipline for Pastoral Care Giving</i>	2001	development and introduction of The Discipline hospital methodology into pastoral care training
WILSON	<i>Attention to the Scientific Benefits of Pastoral Care Is a Blessing and a Curse</i>	2002	the importance of professional pastoral care training

A methodological criticism of the study of the effectiveness of psychotherapies has already been included in our research.<sup>37</sup> In the discussion of grouping the reviews, we have already mentioned the efforts that have become general practice to focus research attention on the integration of different psychotherapeutic methods and the roles of religiousness and spirituality. The theoretical background of this can be better understood and clarified in the interpretation of the two studies that were included in our collection.<sup>38,39</sup>

In terms of the empirical justification that is essential in scientific research, we have emphasized the theoretical discussion that outlines the evolution of research paradigms related to pastoral care.<sup>40</sup> This evolution in social science research impacts this field of study, and we must keep pace with it.

Lastly, for the purpose of measuring the effectiveness of this activity, it is very important for us to provide an overview, without claiming to be exhaustive, of how

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<sup>37</sup> EYSENCK 1983.

<sup>38</sup> BINGAMAN, Kirk A. (2015): When Acceptance Is the Road to Growth and Healing: Incorporating the Third Wave of Cognitive Therapies into Pastoral Care and Counselling. In: *Pastoral Psychology*. 64, 5. 567–579.

<sup>39</sup> FREDERICK, Thomas V. (2009): Models of Psychotherapy: Implications for Pastoral Care Practice. In: *Pastoral Psychology*. 58, 4. 351–363.

<sup>40</sup> CARR, John C. (2015): The Evolution of Research Paradigms in Pastoral/Spiritual Care, Counselling, and Education. In: *Journal of Pastoral Care & Counselling*. 69, 4. 232–239.

research teams are working to develop a common methodology and standards through the training of pastoral counsellors. Thus was born the hospital pastoral care methodologies: the Spiritual Pathway Project<sup>41</sup> and The Discipline.<sup>42</sup> We have also included a theoretical study on the importance of professional pastoral care training.<sup>43</sup>

### **3.4. Impact and Effectiveness Studies**

After the limited results from our initial screening of the databases, we moved to a fully manual, individual, and custom collection method, including the snowball rolling method. As a result of this process, we selected and interpreted 15 impact and effectiveness studies generated between 1999 and 2020 in this paper (*Table 8*).

These studies included five conducted with the qualitative method,<sup>44, 45, 46, 47, 48</sup> one that utilized a mixed methodology,<sup>49</sup> and eight that were

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<sup>41</sup> DERRICKSON, Paul – VAN HISE, Angelina (2009): Curriculum for a Spiritual Pathway Project: Integrating Research Methodology into Pastoral Care Training. In: *Journal of Health Care Chaplaincy*. 16, 1–2. 3–12.

<sup>42</sup> LUCAS, Arthur M. (2001): Introduction to the Discipline for Pastoral Care Giving. In: *Journal of Health Care Chaplaincy*. 10, 2. 1–33.

<sup>43</sup> WILSON, Jo Clare (2002): Attention to the Scientific Benefits of Pastoral Care Is a Blessing and a Curse. In: *Journal of Health Care Chaplaincy*. 13, 1. 237–244.

<sup>44</sup> CHENG, Joy – PURCELL, Hillary N. – DIMITRIOU, Sophia M. – GROSSOEHME, Daniel H. (2015): Testing the Feasibility and Acceptability of a Chaplaincy Intervention to Improving Treatment Attitudes and Self-efficacy of Adolescents with Cystic Fibrosis: A Pilot Study. In: *Journal of Health Care Chaplaincy*. 21, 2. 76–90.

<sup>45</sup> CHENEY, Gregory J. (2018): Integrating Pastoral and Clinical Identities: A Narrative Inquiry of Pastoral Counsellors. In: *Journal of Pastoral Care & Counselling*. 72, 3. 172–179.

<sup>46</sup> KURITA – TAKASE – SHINAGAWA – KODANI – OKADA – IWAHARA – KUSAMA – ATARASHI 2011.

<sup>47</sup> TOWNSEND, Loren L. (2011): Research Report: A Grounded Theory Description of Pastoral Counselling. In: *The Journal of Pastoral Care & Counselling*. 65, 3–4. 1–15.

<sup>48</sup> ZIMMERMAN, George L. – MEIER, Augustine (1999): Outcomes in Pastoral Counselling. In: *American Journal of Pastoral Counselling*. 2, 2. 67–88.

<sup>49</sup> PIDERMAN, Katherine M. – RADECKI BREITKOPF, Carmen – JENKINS, Sarah M. – EUERLE, Terin T. – LOVEJOY, Laura A. – KWETE, Gracia M. – JATOI, Aminah (2015): A Chaplain-Led Spiritual Life Review Pilot Study for Patients with Brain Cancers and Other Degenerative Neurologic Diseases. In: *Rambam Maimonides Medical Journal*. 6, 2. e0015.

quantitative.<sup>50,51,52,53,54,55,56,57,58</sup> The thematic distribution of the studies is very diverse and difficult to group. We have grouped and detailed them as follows.

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- <sup>50</sup> BAY, Paul S. – BECKMAN, Daniel – TRIPPI, James – GUNDERMAN, Richard – TERRY, Colin (2008): The Effect of Pastoral Care Services on Anxiety, Depression, Hope, Religious Coping, and Religious Problem Solving Styles: A Randomized Controlled Study. In: *Journal of Religion and Health*. 47, 1. 57–69.
- <sup>51</sup> CURRIER, Joseph M. – STEVENS, Laura T. – ISAAK, Steven L. – SMITH, Tracey – ZLOMKE, Kimberly (2020): Understanding Preferences for Addressing Spirituality Among Adults Seeking Outpatient Mental Health Care. In: *The Journal of Nervous and Mental Disease*. 208, 6. 514–516.
- <sup>52</sup> FLANNELLY, Kevin J. – EMANUEL, Linda L. – HANDZO, George F. – GALEK, Kathleen, SILTON, Nava R. – CARLSON, Melissa (2012): A National Study of Chaplaincy Services and End-of-life Outcomes. In: *BMC Palliative Care*. 11, 1. 10.
- <sup>53</sup> FLANNELLY, Kevin J. – OETTINGER, Margaret – GALEK, Kathleen – BRAUN-STORCK, Arnd – KREGER, Ralph (2009): The Correlates of Chaplains' Effectiveness in Meeting the Spiritual/Religious and Emotional Needs of Patients. In: *Journal of Pastoral Care & Counselling*. 63, 1–2. 1–16.
- <sup>54</sup> HAUSMANN, Eugene – SPOONER, Mary (2009): Does Pastoral Counselling Work? A Pilot Study of Delinquent Boys. In: *The Journal of Pastoral Care & Counselling*. 63, 3–4. 4–1.
- <sup>55</sup> KEVERN – HILL 2015.
- <sup>56</sup> MARIN, Deborah B. – SHARMA, Vanshdeep – SOSUNOV, Eugene – EGOROVA, Natalia – GOLDSTEIN, Rafael – HANDZO, George F. (2015): Relationship between Chaplain Visits and Patient Satisfaction. In: *Journal of Health Care Chaplaincy*. 21, 1. 14–24.
- <sup>57</sup> RAFFAY – WOOD – TODD 2016.
- <sup>58</sup> TADWALKAR, Rigwed – UDEOJI, Dioma U. – WEINER, Rabbi Jason – AVESTRUZ, Father Lester – LACHANCE, Denise – PHAN, Anita – NGUYEN, David – BHARADWAJ, Parag – SCHWARZ, Ernst R. (2014): The Beneficial Role of Spiritual Counselling in Heart Failure Patients. In: *Journal of Religion and Health*. 53, 5. 1575–1585.

**Table 8.** *Outcome studies I*

First author	Title	Year	Research topic – Outcome
BAY	<i>The Effect of Pastoral Care Services On Anxiety, Depression, Hope, Religious Coping, and Religious Problem Solving Styles: A Randomized Controlled Study</i>	2008	an evaluation of the effectiveness study of pastoral care along the lines of anxiety, depression, hope, religious coping
CHENG	<i>Testing the Feasibility and Acceptability of a Chaplaincy Intervention to Improving Treatment Attitudes and Self-efficacy of Adolescents with Cystic Fibrosis: A Pilot Study</i>	2015	testing the feasibility and acceptability of pastors, pastoral care intervention
CHENEY	<i>Integrating Pastoral and Clinical Identities: A Narrative Inquiry of Pastoral Counsellors</i>	2018	a narrative study of two pastors, integration of pastor and pastoral care worker identity
CURRIER	<i>Understanding Preferences for Addressing Spirituality among Adults Seeking Outpatient Mental Health Care</i>	2020	integration of religion and spirituality in psychotherapy
FLANNELLY	<i>A National Study of Chaplaincy Services and End-of-Life Outcomes</i>	2012	the effectiveness of pastoral care services at the end of life
FLANNELLY	<i>The Correlates of Chaplains' Effectiveness in Meeting the Spiritual/Religious and Emotional Needs of Patients</i>	2009	evaluation of the effectiveness study of the work of pastoral care workers in an orthopaedic surgical hospital
HAUSMANN	<i>Does Pastoral Counselling Work? A Pilot Study of Delinquent Boys</i>	2009	impact study of pastoral care among young offenders
KEVERN	<i>'Chaplains for Well-Being' in Primary Care: Analysis of the Results of a Retrospective Study</i>	2015	an effectiveness study of mental well-being among patients in primary care centres in the UK

First author	Title	Year	Research topic – Outcome
KURITA	<i>Spiritual Activation in Very Elderly Individuals Assessed as Heart Rate Variability and Plasma</i>	2011	an effectiveness study measuring the impact of liturgies on very elderly people with heart disease
MARIN	<i>Relationship between Chaplain Visits and Patient Satisfaction</i>	2015	an effectiveness study of the satisfaction of patients who also receive pastoral care
PIDERMAN	<i>A Chaplain-Led Spiritual Life Review Pilot Study for Patients with Brain Cancers and Other Degenerative Neurologic Diseases</i>	2015	impact study of pastoral care for people with brain tumours and other neurodegenerative diseases
RAFFAY	<i>Service User Views of Spiritual and Pastoral Care (Chaplaincy) in NHS Mental Health Services: A Co-produced Constructivist Grounded Theory Investigation</i>	2016	satisfaction of mental health service users with pastoral care
TADWALKAR	<i>The Beneficial Role of Spiritual Counselling in Heart Failure Patients</i>	2014	impact study of spiritual counselling for patients with chronic heart failure
TOWNSEND	<i>Research Report: A Grounded Theory Description of Pastoral Counselling</i>	2011	pastoral care of pastors, paradigms of ordained ministry
ZIMMERMAN	<i>Outcomes in Pastoral Counselling</i>	1999	techniques of focusing and Christian contemplative meditation in pastoral care

One of *the qualitative research* (Table 9) experiments tested the feasibility and acceptability of pastoral care interventions using semi-structured interviews with a very small sample size (N = 24) of adolescents with cystic fibrosis.<sup>59</sup> Another one presented a narrative study of pastors and pastoral care workers that aimed to integrate caregiver

<sup>59</sup> CHENG – PURCELL – DIMITRIOU – GROSSOEHME 2015.

and clinical identities, but again with a very low number of participants (N = 2).<sup>60</sup> The third is an Asian study that investigated the mental and somatic impact of church liturgies in nursing homes on very elderly Japanese people (N = 59) with heart disease using medical tools and methods.<sup>61</sup> The fourth qualitative study established and outlined a theory of pastoral care by analysing interviews and personal experiences of chaplains and pastoral caregivers (N = 85) working in hospitals.<sup>62</sup> Finally, another survey, conducted among a small number of participants (N = 24) with PSI, MMPI K-Scale, and FIRO-B Scale questionnaires, described the effects of pastoral counselling using the techniques of focusing and Christian meditation.<sup>63</sup>

**Table 9. Outcome studies II**

First author	Title	Year	Research topic – Outcome	Outcome measure	Sample	Research method
CHENG	<i>Testing the Feasibility and Acceptability of a Chaplaincy Intervention to Improving Treatment Attitudes and Self-efficacy of Adolescents with Cystic Fibrosis: A Pilot Study</i>	2015	testing the feasibility and acceptability of chaplaincy, pastoral care, pastoral care intervention	semi-structured cognitive interview	N = 24	qualitative
CHENEY	<i>Integrating Pastoral and Clinical Identities: A Narrative Inquiry of Pastoral Counsellors</i>	2018	integration of chaplaincy, pastoral care worker identity into pastoral care	clinical, narrative study	N = 2	qualitative
KURITA	<i>Spiritual Activation in Very Elderly Individuals Assessed as Heart Rate Variability and Plasma</i>	2011	the impact of liturgies on very elderly people with heart disease	clinical impact study using medical diagnostic tools	N = 59	qualitative
TOWNSEND	<i>Research Report: A Grounded Theory Description of Pastoral Counselling</i>	2011	pastoral care of pastors, paradigms of ordained ministry	interview and personal statements	N = 85	qualitative
ZIMMERMAN	<i>Outcomes in Pastoral Counselling</i>	1999	techniques of focusing and Christian contemplative meditation in pastoral care	research conducted with PSI, MMPI K-Scale, FIRO-B Scale questionnaires	N = 24	qualitative

<sup>60</sup> CHENEY 2018.

<sup>61</sup> KURITA – TAKASE – SHINAGAWA – KODANI – OKADA – IWAHARA – KUSAMA – ATARASHI 2011.

<sup>62</sup> TOWNSEND 2011.

<sup>63</sup> ZIMMERMAN – MEIER 1999.

The mixed-methods (qualitative/quantitative) research among patients with brain cancer and neurodegenerative diseases described the impact of pastoral care activities through pre-post test results using FACIT-Sp-12, Brief RCOPE, LASA questionnaires, and individual interviews. It was also a pilot study.<sup>64</sup>

Nine impact study publications were found for the quantitative research (*Table 10*).

**Table 10. Outcome studies III**

First author	Title	Year	Research topic – Outcome	Outcome measure	Sample	Research method
BAY	<i>The Effect of Pastoral Care Services on Anxiety, Depression, Hope, Religious Coping, and Religious Problem-Solving Styles: A Randomized Controlled Study</i>	2008	pastoral care along the lines of anxiety, depression, hope, religious coping	HADS, Herth Hope Index, Brief RCOPE questionnaire, clinical randomized controlled research	N = 170	quantitative
CURRIER	<i>Understanding Preferences for Addressing Spirituality among Adults Seeking Outpatient Mental Health Care</i>	2020	integration of religion and spirituality in psychotherapy	Outcome Questionnaire-45 (OQ-45; Lambert et al. 2004), a non-controlled, cross-sectional research in a clinical outpatient setting	N = 472	quantitative
FLANNELLY	<i>A National Study of Chaplaincy Services and End-of-Life Outcomes</i>	2012	the effectiveness of pastoral care services at the end of life	cross-sectional survey of 3,585 hospitals	N = 3,585	quantitative
FLANNELLY	<i>The Correlates of Chaplains' Effectiveness in Meeting the Spiritual/Religious and Emotional Needs of Patients Does Pastoral Counselling Work? A Pilot Study of Delinquent Boys</i>	2009	study of the work of pastoral care workers in an orthopaedic surgical hospital	a one-page questionnaire research of institutional design	N = 250	quantitative
HAUSMANN	<i>Does Pastoral Counselling Work? A Pilot Study of Delinquent Boys</i>	2009	impact study of pastoral care among young offenders	controlled pilot research with complex pastoral care methodology	N = 16	quantitative
KEVERN	<i>'Chaplains for Well-Being' in Primary Care: Analysis of the Results of a Retrospective Study</i>	2015	an effectiveness study of mental well-being among patients in primary care centres in the UK	WEMWBS scale pre-post-test of psychological well-being with two follow-ups	N = 246 (representative N = 107) N = 8,978 (patients receiving pastoral care N = 498)	quantitative
MARIN	<i>Relationship between Chaplain Visits and Patient Satisfaction</i>	2015	satisfaction of patients who also receive pastoral care	HCAHPS and Press Ganey questionnaires, control group cross-sectional research	N = 22	quantitative
RAFFAY	<i>Service User Views of Spiritual and Pastoral Care (Chaplaincy) in NHS Mental Health Services: A Co-produced Constructivist Grounded Theory Investigation</i>	2016	satisfaction of mental health service users	grounded theory investigation, longitudinal panel research	N = 22	quantitative
TADWALKAR	<i>The Beneficial Role of Spiritual Counselling in Heart Failure Patients</i>	2014	spiritual counselling for patients with chronic heart failure	study using QIDS-SR16, FACIT-Sp-Ex, MSASQ-LES-Q-SF questionnaires	N = 27	quantitative

<sup>64</sup> PIDERMAN – RADECKI BREITKOPF – JENKINS – EUERLE – LOVEJOY – KWETE – JATOI 2015.

These are also difficult to categorize, but we have grouped them together based on a few common criteria: studies on various types of psychological distress, mental and somatic illnesses, hospitalization (4 studies). One of those (Bay et al. 2008) was a clinical, randomized controlled trial using the HADS, Herth Hope Index, Brief RCOPE questionnaire.<sup>65</sup> It had a larger sample size (N = 170) and measured the effectiveness of pastoral care in terms of depression, anxiety, hope, and religious coping.

We have also included two quantitative studies from a major, highly cited research group. One examined the impact of pastoral care at the end of life using an online cross-sectional survey of a very large number of hospitals (N = 3,585).<sup>66</sup> The other, with a fairly large sample (N = 250), examined the impact in orthopaedic surgical care, using an institutionally designed one-page questionnaire.<sup>67</sup> Finally, there is a study that reported on the impact assessment of spiritual counselling for a small sample of patients (N = 27) with chronic heart failure using the QIDS-SR16, FACIT-Sp-Ex, and MSASQ-LES-Q-SF measurement tools.<sup>68</sup>

An additional breakdown is the topic of the satisfaction of beneficiaries (2 surveys), and it includes two studies. One conducted a cross-sectional satisfaction survey with a control group using HCAHPS and Press Ganey questionnaires for patients who received spiritual care (N = 498).<sup>69</sup> It is important to note here that the total sample size is very large (N = 8978) and those who did not receive pastoral care (N = 8480) were treated as a control group. The other was a longitudinal panel study that surveyed the satisfaction of those receiving pastoral care outside of hospital settings.<sup>70</sup> It was conducted with a small sample size (N = 22) and used combined measurement tools.

We also found an effectiveness study with a small sample size (N = 16), focusing on a very specific field, which presented pastoral counselling with the complex pastoral

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<sup>65</sup> BAY – BECKMAN – TRIPPI – GUNDERMAN –TERRY 2008.

<sup>66</sup> FLANNELLY – EMANUEL – HANDZO – GALEK – SILTON – CARLSON 2012.

<sup>67</sup> FLANNELLY – OETTINGER – GALEK – BRAUN-STORCK – KREGER 2009.

<sup>68</sup> TADWALKAR – UDEOJI – WEINER – AVESTRUZ – LACHANCE – PHAN – NGUYEN – BHARADWAJ – SCHWARZ 2014.

<sup>69</sup> MARIN – SHARMA – SOSUNOV – EGOROVA – GOLDSTEIN – HANDZO 2015.

<sup>70</sup> RAFFAY – WOOD – TODD 2016.



counselling methodology of young offenders before re-offending, through a controlled trial.<sup>71</sup>

Among the quantitative studies that are most relevant to us, we would like to highlight two works. One is relatively recent and did not specifically investigate the impact of pastoral counselling but rather psychotherapies that integrate religious and spiritual factors.<sup>72</sup> It used the Outcome Questionnaire-45<sup>73</sup> with a large sample size (N = 472) in a non-controlled cross-sectional study among outpatients.

The other study conducted a pre-post-test measuring mental well-being using the WEMWBS scale among patients in British primary care centres, with a relatively large sample size (N = 246) and two follow-ups.<sup>74</sup> A significant proportion of this sample (N = 107 – patients who also received pastoral care) was representative.

## **4. Discussion**

### ***4.1. Meta-analyses***

The two meta-analyses showed that psychotherapies integrating religion and spirituality have a strong justification based on the needs expressed by patients.<sup>75,76</sup>

Captari noted that there has been limited research on the diversity of therapies that incorporate religion and spirituality, specifically those that involve religious commitment and daily spiritual practices.<sup>77</sup> The authors believed it is vital that psychotherapists better

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<sup>71</sup> HAUSMANN – SPOONER 2009.

<sup>72</sup> CURRIER – STEVENS – ISAAK – SMITH – ZLOMKE 2020.

<sup>73</sup> LAMBERT, Michael – GREGERSEN, Ann T. – BURLINGAME, Gary M. (2004): The Outcome Questionnaire-45. In: MARUISH, Mark E. (ed.): *The Use of Psychological Testing for Treatment Planning and Outcomes Assessment: Instruments for Adults*. Lawrence Erlbaum Associates Publishers. 191–234.

<sup>74</sup> KEVERN – HILL 2015.

<sup>75</sup> WORTHINGTON – HOOK – DAVIS – MCDANIEL 2011.

<sup>76</sup> CAPTARI – HOOK – HOYT – DAVIS – MCELROY-HELTZEL – WORTHINGTON 2018.

<sup>77</sup> CAPTARI, Laura E. – HOOK, Joshua N. – HOYT, William – DAVIS, Don E. – MCELROY-HELTZEL, Stacey E. – WORTHINGTON, Everett L. (2018): Integrating Clients' Religion and Spirituality within Psychotherapy: A Comprehensive Meta-analysis. In: *Journal of Clinical Psychology*. 74, 11. 1938–1951.

understand which individuals are most likely to benefit from this type of therapy. They, therefore, cited examples of groups they considered to be likely candidates: the elderly, women, people of lower socio-economic status, and certain racial or ethnic clients among whom further research may be merited. In addition to client variables, it is also essential to measure therapist variables in order to assess the effectiveness of therapists.

The other group of researchers drew clear conclusions from the effectiveness of psychotherapies that integrate religion and spirituality.<sup>78</sup> They claimed that there is already evidence that the effectiveness of psychotherapies that focus on religion and spirituality has surpassed that of alternative, secular psychotherapies in both psychological and spiritual aspects.

However, they also claimed that the variance in the quality of the treatments compared make it difficult to interpret their findings scientifically. The researchers stated that religious and spiritually oriented psychotherapies work well and have been proven effective. They believed that the research reviewed in the meta-analysis suggested that this type of therapy may produce improved psychological and spiritual efficacy, and some evidence suggested that the outcome achieved was maintained at follow-up.

The outcome of integrated psychotherapies in this regard is important to us because we see religiosity and spirituality as important specific determinants of pastoral counselling, which need to be explored empirically in order to provide scientific evidence-based validation of their effectiveness.

#### ***4.2. Review Studies***

The conclusions of three reviews that examined the role of religiosity and spirituality in psychotherapies are closely related to the findings of the meta-analyses and are also relevant to our research. The work of a well-respected and highly cited author and his research team has been selected because of their very detailed reviews that have been conducted in the field for decades.<sup>79</sup>

In this study, which spanned 10 years, it was concluded that the quality of scientific research in this field has improved considerably, the number of publications

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<sup>78</sup> WORTHINGTON – HOOK – DAVIS – MCDANIEL 2011.

<sup>79</sup> WORTHINGTON – KURUSU – MCCOLLOUGH – SANDAGE 1996.

has increased, and there are new perspectives and social issues that need to be explored. The authors already considered the observable secularization changes in the world at that time to be dramatic, which is why they saw the future of research on religion and counselling in a different context. They proposed a change for researchers investigating the relationship between religiousness and psychotherapeutic processes and outcomes. It was advised that research should be much more precise than before, as Eysenck had previously articulated<sup>80</sup> as a scientific criterion.<sup>81</sup>

The need for a more frequent use of agreed definitions, clearer delineation of study populations, the more frequent use of standardized measurements, and a more precise formulation of study hypotheses were also described as expectations. In particular, researchers were called upon to specify how they were researching the facilitative interventions: whether they were looking at unidirectional impacts or measuring bidirectional, or possibly tri-directional interactions. Unidirectional impact can simply be understood as yes or no. Bidirectional impact refers to the fact that therapy often works differently for people with certain religious beliefs or values than for people with other religious beliefs or values. Tri-directional impact is the interaction of the client's primary reference group's religious beliefs or values with therapy and the interaction with the individual clients' religious beliefs or values.<sup>82</sup> From our point of view, these statements are not outdated even today and can be incorporated into pastoral care impact studies.

The second review in this thematic group was indispensable for us because it provided a comprehensive analysis over such a wide period (1872–2010) and with such a large number of studies (3,300) that we could not find anything comparable.<sup>83</sup> After reviewing thousands of studies, the author concluded that religious and spiritual beliefs and practices are used by patients with both physical and mental disorders to cope with illness and other stressful situations.

He pointed out that a number of studies have shown that people who are religious and spiritual have better mental health and adapt more quickly to health problems than those who are neither religious nor spiritual. He clearly described how these potential factors have beneficial physiological effects on mental health and well-being and also on

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<sup>80</sup> EYSENCK 1983.

<sup>81</sup> WORTHINGTON – KURUSU – MCCOLLOUGH – SANDAGE 1996.

<sup>82</sup> Op. cit.

<sup>83</sup> KOENIG 2012.

physical health. Furthermore, they can influence the risk of disease development and individual responses to treatment.

The author emphasized the importance of integrating spiritual support into general patient care, citing research findings and the need for high-quality care. He stated that all healthcare professionals should be familiar with the research presented in the study and should be aware of the rationale for integrating spirituality into patient care. He considered it essential for service providers to provide care in the future that targets the whole person, i.e. the unity of body, mind, and spirit.

The third review evaluated the effectiveness of therapies<sup>84</sup> that integrate religiousness and spirituality according to the very strict criteria of Chambless and Hollon.<sup>85</sup>

The authors' most significant findings were that the overall outcome was positive, different types of these therapies are useful for clients with different psychological problems, and the effects achieved were generally maintained during follow-up. The uncertainty can only be attributed to the relatively few repeated, high-quality, controlled efficacy studies that address specific psychological problems. Because of this, they called for caution in overestimating the positive effects.<sup>86</sup>

The next group of reviews to be discussed measured the satisfaction of clients and their families with pastoral care. We have reviewed three studies by the prominent researcher and his colleagues, which reviewed family satisfaction scales used in different healthcare settings.<sup>87</sup> They have proposed the creation of a family-focused measure that could be effective in measuring the satisfaction of hospitalized patients' family members with pastoral care. Despite the fact that the authors did not consider this literature review comprehensive, it was significant in that it helped to identify thirteen key areas of care staff that are likely to impact families' satisfaction with healthcare.

The findings of another review are also important for us when reviewing the studies measuring patient satisfaction with pastoral care in the United States.<sup>88</sup> It stated

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<sup>84</sup> HOOK – WORTHINGTON – DAVIS – JENNINGS – GARTNER – HOOK 2010.

<sup>85</sup> CHAMBLESS, Dianne, L. – HOLLON, Steven D. (1998): Defining Empirically Supported Therapies. In: *Journal of Consulting and Clinical Psychology*. 66, 1. 7–18.

<sup>86</sup> HOOK – WORTHINGTON – DAVIS – JENNINGS – GARTNER – HOOK 2010.

<sup>87</sup> FLANNELLY – GALEK – TANNENBAUM – HANDZO 2007.

<sup>88</sup> JANKOWSKI – HANDZO – FLANNELLY 2011.

that, based on the majority of research, it could be concluded as a fairly consistent outcome that patients were satisfied with the pastoral counselling they received. Because of the limitations of the research, no clear answers have been found about what patients like about pastoral counsellors, but there is some evidence that people receiving pastoral care found them to be spiritually sensitive and supportive.

This research also found that there were no targeted studies of patient satisfaction that would document the effectiveness of specific factors of pastoral counselling. The research methods adopted thus far have not compared the pastoral counselling practices used, and therefore do not empirically confirm any pastoral counselling method that could be considered an evidence-based best practice. The effectiveness studies that have already been conducted have failed to provide sufficient quantitative and qualitative scientific evidence about the effectiveness of pastoral care in any one area. The authors also saw it as a problem that most studies do not distinguish between the competence and professionalism of service providers, i.e. they treat professionally trained pastoral counsellors, those in training, and volunteers the same way.

The following five comprehensive studies, which cannot be grouped together, will be discussed individually. The review by the Russian author focused on how pastoral care has been professionalized and reorganized in peripheral areas outside church institutions.<sup>89</sup> It mainly looked at hospital care, where pastors and pastoral counsellors worked to provide pastoral care for patients, their relatives, and healthcare workers. In this marginalized activity, he saw an important resource of Christian churches, providing access to the non-religious social majority. On the other hand, he saw this resource in the emergence of a new reflective pastoral counsellor researcher who specializes in working with a particular group of patients, combining pastoral care work with counselling, and solving individual problems.

The Dutch–American research team came to the realization that most of the research they reviewed was a “black box”, i.e.<sup>90</sup> studies looked at the impact of pastoral counselling but did not clarify the factors in the pastoral counsellor’s activities that were responsible for the impact. Although they found studies that focused on standardized

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<sup>89</sup> CONROY 2019.

<sup>90</sup> DAMEN – SCHUHMANN – LEGET – FITCHETT 2020.

interventions and followed a specific protocol, these were largely focused on individualized responses. To preserve the integrity of pastoral counselling, they made a recommendation.

They recommended that future effectiveness studies should use more mixed methods in order to allow for a broader presentation of the differences in pastoral counselling methods and thus reach different target groups. They would also like to see researchers move from general effectiveness studies on pastoral counselling to research on the specific impact of the activity. Regarding efficacy studies, this is the most recent literature recommendation available in our collection.

From the perspective of grounding research, it is important to seek answers to ethical questions about pastoral care. In this respect, the US review, which was conducted in response to current legal dilemmas and increased litigation regarding counselling, proved informative.<sup>91</sup> The authors emphasized that the legal proceedings have highlighted the need for individuals to be aware of the limits and constraints of pastoral counselling and the conditions required in each state for the practice of pastoral counselling. They set professional trainers the task of emphasizing ethical content in the training and continuing education of pastoral counsellors and in the awarding of professional qualifications and certifications. This is an area that probably also needs to be considered and regulated outside the United States of America.

The review that conducted a methodological overview revealed that most of the studies in the field of pastoral counselling are cross-sectional.<sup>92</sup> Because cross-sectional studies do not allow for causal conclusions, the research team determined that experimental and quasi-experimental studies are necessary to effectively measure and evaluate the impact of pastoral care interventions. They believed that adequate generalizations can only be achieved through proper sampling and recommended that three aspects should be considered in the process: (1) sample type (random vs non-random), (2) sample size, and (3) response rate. They complained that the vast majority of pastoral care research still uses convenience samples, so the outcome cannot be generalized at all or only to a limited extent. They also noted that an increase in sample size observed in the area is essential for generalizing the results. The findings of their

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<sup>91</sup> ELIASON – LEPORE – HOLMES 2013.

<sup>92</sup> GALEK – FLANNELLY – JANKOWSKI – HANDZO 2011.

studies suggested that research on pastoral care is comparatively less developed than that in other fields.

Very important conclusions can be drawn from a comprehensive study in which a team of researchers analysed eight studies to gather scientific evidence on the effectiveness of pastoral care. In general, they mentioned that a growing body of evidence is being generated from the research that is relevant to the practice of pastoral care.<sup>93</sup> They highlighted the evidence on patient satisfaction that has been collected in the healthcare systems.

They pointed out that they have also gained crucial knowledge about the role of pastoral counsellors and the perceptions and challenges associated with this role. The empirical evidence found is considered suitable to help develop and describe a standardized pastoral counselling practice. Nevertheless, they agreed with the authors cited earlier that the scientific evidence on the practice and effectiveness of pastoral counselling in a causal context is still insufficient. They pointed to research-related training as a deficit in formal pastoral counselling training programmes and also identified it as a barrier to the profession moving towards evidence-based practice.

#### ***4.3. Theoretical Studies***

This part of the collection has been reviewed solely to explore the current research contexts, directions, and paradigms. As the studies have been briefly mentioned in the results and discussion, we will not elaborate further, except to say that they provide valuable insights into the theoretical context of pastoral care and highlight the urgent need for methodological standards in this field.

#### ***4.4. Impact and Effectiveness Studies***

Qualitative studies (*Table 9*)

Overall, the themes of the six qualitative studies are very different, and the sample sizes are very small. Consequently, it is difficult to make scientifically sound statements based on them.

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<sup>93</sup> PESUT – SINCLAIR – FITCHETT – GREIG – KOSS 2016.

The results of Cheng et al. suggested that pastoral counselling interventions might be feasible and acceptable among adolescents aged 11–19 years with cystic fibrosis.<sup>94</sup>

The trial also led to a revision of intervention recommendations. The researchers were surprised to find that, despite the communication characteristics of the age group concerned, the participants in the programme preferred written responses to video-based ones. Due to the personal nature of the questions and answers, online or social media responses were not considered sufficiently anonymous.

Another limitation of this research was that it was conducted via convenience sampling and had a limited number of participants, both of which hinder the generalizability of the results. The researchers considered it important to note that the sample consisted mainly of adolescents with mild cases, so it is unclear how acceptable and feasible pastoral counselling intervention would be for young people with moderate to severe forms of the illness. It was also suggested in the study that it might be worthwhile to conduct pilot testing with adolescents who have other chronic conditions that may require daily treatments.

The narrative interview study was based on the individual stories and experiences of two ordained pastoral counsellors.<sup>95</sup> It was intended to help understand the lived experiences in identity development and the integration of ordained pastoral counsellors with professional clinical mental health training. Through participants' reflections, the survey tracked how the two facilitators integrated their pastoral and clinical facilitator attitudes into their identities. The author believed that his research outcome could be useful for the professional development of both trainee and practising counsellors.

The Japanese–American effectiveness study was conducted among a small sample using medical devices. Its results led the researchers to conclude that the attending of liturgies and singing of religious hymns by the very elderly Japanese population living in geriatric homes led to a spiritual activation that modified their pro-inflammatory cytokines and, through vagal nerve modification, curbed heart failure and/or respiratory

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<sup>94</sup> CHENG – PURCELL – DIMITRIOU – GROSSOEHME 2015.

<sup>95</sup> CHENEY 2018.



infection.<sup>96</sup> They suggested that this type of spiritual activation could be useful in improving the quality of life of very old people.

Results of the qualitative study of professional pastoral counsellors (N = 85), assessed through interviews and personal statements, showed that they shared a common vision of pastoral counsellor identity and clinical practice.<sup>97</sup> However, the authors noted that the way in which pastoral counsellors interpret the concept of pastoral care in their work varies widely and is mostly context-dependent.

Researchers studying the two alternative treatment methods, Christian meditation and focusing, expected more significant results despite the small sample size (N = 24).<sup>98</sup> They stated that their study had led to the realization that the effectiveness of the procedures developed and used by pastoral counsellors could indeed be tested. They believe that in this case it can be argued that the meditation and focusing used by the pastoral counsellors had a positive impact on the mood and perceptions of people with trust issues. They also found that Christian meditation had a greater impact on mood and faith maturity than focusing did. The researchers considered their outcome strong enough to recommend repeating the study with a larger sample size.

In the mixed-methods (qualitative–quantitative) research, researchers provided patients suffering from brain tumours and other neurodegenerative diseases with the opportunity to express their spirituality within the framework of a relationship with a pastoral counsellor.<sup>99</sup> They were also given the opportunity to create a unique, personal, written spiritual legacy for their loved ones. Based on the data collected, the authors concluded at the end of the study that, despite the difficulties experienced during the course of the illness, most patients reported relatively high levels of spiritual well-being and quality of life, along with relatively low levels of spiritual distress. Follow-up data also showed positive outcomes, most of the patients' condition being maintained or improved.

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<sup>96</sup> KURITA – TAKASE – SHINAGAWA – KODANI – OKADA – IWAHARA – KUSAMA – ATARASHI 2011.

<sup>97</sup> TOWNSEND 2011.

<sup>98</sup> ZIMMERMAN – MEIER 1999.

<sup>99</sup> PIDERMAN – RADECKI BREITKOPF – JENKINS – EUERLE – LOVEJOY – KWETE – JATOI 2015.

### Quantitative studies (*Table 10*)

The first group includes those that involve research, impact, and efficacy studies conducted alongside the hospital treatment of people with various psychological, mental, and somatic disorders.

The results from the randomized controlled trial in the UK with a moderate sample size (N = 170) showed that pastoral care produced changes in the religious coping of patients undergoing heart bypass surgery.<sup>100</sup> However, researchers were very cautious about claiming effectiveness. They suggested that further studies should be conducted to confirm the outcome.

Two studies by Flannelly et al. have also yielded useful findings. One of them (N = 250) made two statements regarding the understanding of the practice of pastoral care in hospitals.<sup>101</sup> The first related to the fact that the effectiveness of pastoral counsellors, i.e. the extent to which they can respond to the needs of patients, can and must be measured. They also reported a limited amount of research published in this field. Their second conclusion was that there needed to be a method of measuring pastoral counselling effectiveness alongside patient variables. The rationale for this was that pastoral counselling interventions needed to be tailored to specific patient needs in order to produce changes that can be measured.

Their other study, which focused on services used at the end of life, used results from a very large hospital sample (N = 3,585) to confirm two of their study's hypotheses.<sup>102</sup> On the one hand, they found that pastoral care services were significantly associated with lower rates of hospital deaths. On the other hand, they were correlated with higher rates of enrolment to hospice care. It was argued that however small the associations found, it could have a significant influence on the decisions patients and their relatives make about the services they need at the end of life.

The next quantitative study was conducted with a questionnaire and a control group among a small number of participants (N = 27).<sup>103</sup> It concluded that the integration

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<sup>100</sup> BAY – BECKMAN – TRIPPI – GUNDERMAN – TERRY 2008.

<sup>101</sup> FLANNELLY – OETTINGER – GALEK – BRAUN-STORCK – KREGER 2009.

<sup>102</sup> FLANNELLY – EMANUEL – HANDZO – GALEK – SILTON – CARLSON 2012.

<sup>103</sup> TADWALKAR – UDEOJI – WEINER – AVESTRUZ – LACHANCE – PHAN – NGUYEN – BHARADWAJ – SCHWARZ 2014.

of pastoral care into the treatment protocol of patients with heart failure was effective in improving the quality of life of the clients but recommended that the results should be validated in a larger group of patients.

Next, we would like to summarize the findings of the research on patient satisfaction. According to the authors (Marin et al.), their pioneering study, which had a very high sample size (N = 8,978; N = 498 who received pastoral care), showed – based on the HCAHPS and Press Ganey online surveys – that patients who had received pastoral care were more satisfied with their hospital stay than those in the control group who had not requested the service.<sup>104</sup> The results were obtained while controlling for several independent variables that could significantly influence patients' opinions about pastoral care. The researchers stated that their outcomes were consistent with findings previously published that the practice of pastoral care was associated with patient satisfaction.

The grounded theory study found that mental healthcare service users were pleased to receive spiritual and religious elements in their care, with many indicating that pastoral care was essential to their the healing process.<sup>105</sup> Based on the results, the researchers recommended that the NHS provider in the UK should consider introducing a bio-psycho-social-spiritual model that would provide holistic, patient-centred care.

An experimental study on a separate topic was conducted among a very small sample size of 16 young people, so its outcomes and conclusions cannot be generalized.<sup>106</sup> Their regression analysis was not conclusive either, so they could not say that pastoral counselling contributed to the lower recidivism rate of young offenders, only that there was a correlation between the two. They claimed that young people in the sample who had received intensive pastoral counselling had lower recidivism rates and could not identify any other variable that was significantly associated with recidivism. They considered pastoral care a priority among the components of their programme and thus articulated the necessity of conducting research with a larger sample size.

Among the quantitative research relevant to our own, we mention the study by Currier et al., which demonstrated through a relatively large sample size (N = 472) that most individuals seeking outpatient mental healthcare in the British geographical region

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<sup>104</sup> MARIN – SHARMA – SOSUNOV – EGOROVA – GOLDSTEIN – HANDZO 2015.

<sup>105</sup> RAFFAY – WOOD – TODD 2016.

<sup>106</sup> HAUSMANN – SPOONER 2009.

surveyed, to some extent, requested a spiritually supportive approach.<sup>107</sup> It was also established that the severity of psychological distress, as measured by the OQ-45 questionnaire, was not related to the integration of clients' religious and spiritual needs with psychotherapy. This result is important to us because we used the same instrument in our own research that was in pastoral counselling rather than in psychotherapies in a hospital setting.

In another European study from the UK, researchers assessed the *Pastors for Well-Being* service in primary care using the EMWBS scale.<sup>108</sup> It had a small (N = 246) but partially (n = 107) representative sample and found that pastoral care improved clients' mental health and well-being. This effectiveness study is particularly important for us because its research design was very similar to our own study.

## **5. Conclusions**

At the beginning of our comprehensive study, we sought answers to three questions. We believe that, based on the results of the scientific writings presented above, we have found all three, even if they cannot be answered entirely.

1. At what levels of care and in what target areas has pastoral care been evaluated in impact studies?

From the research we collected, it was found that the main studies measuring the impact and effectiveness of pastoral care in the last thirty years have been conducted among patients suffering from various physical and mental conditions and their relatives in institutional hospital settings.

2. Have there been any outcome studies on clients receiving pastoral counselling outside of hospital or patient care settings?

From our perspective, it is significant that we have not found any such research and thus see it as very highly relevant and justified to the research process and topic that we have already started, which is an impact study of pastoral counselling in non-hospital care, at the subclinical level.

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<sup>107</sup> CURRIER – STEVENS – ISAAC – SMITH – ZLOMKE 2020.

<sup>108</sup> KEVERN – HILL 2015.

3. Has pastoral counselling had an empirically measurable and verifiable impact using scientific tools?

It can be concluded clearly and comprehensively that spiritual care activities have a demonstrable and measurable beneficial impact, and therefore effectiveness. On the basis of the studies assessed and reviewed, it can be said that there is already more empirical evidence for psychotherapies integrating religiousness and spirituality than for the practice of pastoral care and counselling itself. However, researchers in both fields are making significant efforts to establish scientifically provable and verifiable outcomes, aiming for greater clarity. At present, we need to exercise caution regarding the limited number of and yet diverse and difficult-to-compare substantive studies, particularly in pastoral care. Many of these studies have been conducted with small sample sizes, which may affect the reliability of their measurement data.

In the professional evaluation of the effectiveness of pastoral care, there are still significant shortcomings. These are primarily related to the lack of uniform international methodologies and standards for the practice of the activity, and the need to clearly identify and define impact factors that ensure reliable measurability. Another limitation is that the personal and intimate nature of this activity makes it difficult to set up control groups, and that the two variables essential to our work, religiousness and spirituality, are intangible and thus difficult to measure empirically. In addition to the challenges in research, the recent rise in the number of service providers and mental health professionals, along with increased personal demand for support and the differentiation among psychotherapies and therapeutic interventions, heightens societal and research expectations for empirical evidence demonstrating the positive impact and effectiveness of these helping professions.

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