ABSTRACT

CHENEY, GREGORY JOHN. The Integration of Pastoral and Clinical Identities: The Professional Identity Development of Pastoral Counselors. (Under the direction of Dr. Sylvia Nassar).

The purpose of this project was to offer a foundation and a framework to explore the professional identity development of pastoral counselors who obtain licensure as mental health professionals. The components of this project included a collection of conceptual and narrative inquiry articles focused on understanding how these professionals integrated their pastoral and clinical identities. These components were synthesized with Self-Determination Theory (SDT) into the culminating component of a training manual to assist pastoral counselors-in-training, pastoral counselors in the field, and the counselor educators who train them. The conceptual component offered a practical example of how military chaplains and pastors serving near military bases may integrate pastoral counseling with evidence-based theory. The first narrative inquiry component provided an empirical study focused on understanding the narratives of ordained pastoral counselors in their identity integration experience. The research findings included five themes: the journey, God’s call, self and identity, the role of mentors, and relationships. The second narrative inquiry component provided an empirical study exploring the professional identity development narratives of retired Army Family Life Chaplains with a theoretical framework guided by SDT. The findings included five themes: concurrent development, transformational relationships, efficacy, no man’s land, and authenticity. These themes were synthesized with the constructs of SDT in order to inform how these themes either contributed to or detracted from optimal functioning in the integration of pastoral and clinical identities. The next component offered a description and critique of SDT to explore the appropriateness for using SDT as a theoretical framework through which to synthesize the
recommendations in the conceptual component and the findings in the two narrative inquiry components. The critique concluded that SDT provides a strong theoretical framework for insight into what contributes to, or detracts from, optimal functioning in pastoral counselor professional identity development. The culminating component of this project offered a training manual for pastoral counselor professional identity development. The training manual included key elements of the preceding components synthesized with SDT and provided an approach to the professional identity development process of pastoral counselors that creates an environment for optimal functioning in this process.

The views presented are those of the author and do not necessarily represent the views of the United States Army, the Department of Defense, or its components.
The Integration of Pastoral and Clinical Identities: The Professional Identity Development of Pastoral Counselors

by
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DEDICATION

This dissertation is dedicated to the soldiers and their families who invited me into the sacred moments of their greatest joys and deepest tragedies. I am beyond humbled and grateful they shared these moments with me. We celebrated the joys of new babies, weddings, promotions, and retirements. We also experienced the tragedies of war. We locked eyes in prayer with our faces inches apart as their wounds were triaged. We grieved and mourned their friends and family members who were wounded or killed in action. We cried together as families learned their loved ones were never coming home. We prayed over our fallen heroes as they began the journey from the battlefield to their final resting place stateside. We honored their ultimate sacrifice. We met to work through their combat experiences in order to understand the impact on their most important relationships. These sacred moments are eternally etched on my soul. Their courage and deep sacrifice are forever remembered.
BIOGRAPHY

Gregory Cheney was born in Reno, Nevada. He was raised in the Sierra Nevada Mountains of Northern California. He received a bachelor’s degree in Biblical Studies from Tennessee Temple University in Chattanooga, Tennessee and a Master’s of Divinity degree from Gateway Seminary in Ontario, California. He was ordained as a pastor and served in a local church in Northern California until he was commissioned in the United States Army as a chaplain. He entered active-duty at Fort Bragg, North Carolina in May 2004. He served 26 months deployed in Iraq and Afghanistan while assigned as a paratrooper in the 519th Military Intelligence Battalion; 1st Battalion, 7th Special Forces Group; and 1st Brigade Combat Team, 82nd Airborne Division. In 2013, Greg was selected for the Family Life Chaplain Training Program where he completed a master’s degree in Counseling from Webster University, St. Louis, Missouri. He is licensed in North Carolina as a Marriage and Family Therapist and Professional Counselor. He is also an American Association for Marriage and Family Therapy (AAMFT) Approved Supervisor. He specializes in Emotionally Focused Therapy and is an International Centre of Excellence in Emotionally Focused Therapy (ICEEFT) certified therapist, supervisor, and trainer-in-training. Greg continues to serve as an active-duty Army chaplain providing pastoral care and counseling to service members and their families. He also trains chaplains in pastoral counseling and ministry enabling skills needed in combat. He was recently selected to be promoted to Lieutenant Colonel in 2020 with an assignment as the Deputy Director of the Family Life Chaplain Training Program at the Watters Family Life Center for Counseling and Resiliency on Fort Bragg. Greg enjoys spending his free time with his wife and three teenagers. He also enjoys the outdoors, fitness, and the endless pursuit of competence in Brazilian jiu-jitsu.
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# TABLE OF CONTENTS

LIST OF TABLES .................................................................................................................. viii
LIST OF FIGURES ................................................................................................................. ix

Chapter 1: Introduction ........................................................................................................... 1
  Historical Background and Context ................................................................. 4
  Statement of the Problem ........................................................................ 6
  Organization and Overview of the Project .................................................. 8
  Purpose of Each Component (Chapter) ...................................................... 9
  Research Questions ................................................................................. 11
  Definition of Key Terms ........................................................................... 12

Chapter 2: Integrating Pastoral Counseling with Evidence Based Theory .................. 14
  Abstract ........................................................................................................... 15
  Introduction ................................................................................................... 16
  Emotionally Focused Couples Therapy (EFT) ......................................... 20
  Attachment Theory and Faith-based Terminology ..................................... 23
  Integrating Pastoral Counseling and EFT ................................................ 25
  Contraindications ......................................................................................... 27
  Conclusion .................................................................................................... 27

Chapter 3: A Narrative Inquiry of Pastoral Counselors .............................................. 29
  Abstract ........................................................................................................... 30
  Introduction ................................................................................................... 31
  Method ........................................................................................................... 34
  Findings ........................................................................................................ 38
  Discussion ....................................................................................................... 44
  Conclusion .................................................................................................... 48

Chapter 4: A Narrative Inquiry of Retired Army Family Life Chaplains ...................... 49
  Abstract ........................................................................................................... 50
  Introduction ................................................................................................... 51
  Method ........................................................................................................... 56
  Findings ........................................................................................................... 61
  Discussion ....................................................................................................... 86
  Conclusion .................................................................................................... 92

Chapter 5: Self-Determination Theory ....................................................................... 94
  Assumptions and Premises ........................................................................ 94
  Key Constructs and Definitions ................................................................. 95
  Precision, Usefulness, and Testability ....................................................... 97
  Comprehensiveness and Generalizability ................................................ 99
  Previous Theory and Research ................................................................. 100
  Integration of Multiculturalism and Diversity Concepts ...................... 101
  Integration of Relevant Contextual and Social Justice Concepts ........ 103
  Implications for Organizing Existing Knowledge ................................... 105
  Self-Determination Theory and Professional Identity Development .... 106
# LIST OF TABLES

Table 1  
Participant Demographic Information .......................................................... 60

Table 2  
SDT Integrated with Pastoral and Clinical Identity Development Themes........... 118
LIST OF FIGURES

Figure 1  Overview and Organization of the Study................................................................. 9
CHAPTER 1: Introduction

A strong professional identity seems essential in any profession, but is absolutely critical to counselors who are ethically bound to ensure and protect the well-being of their clients (American Association for Marriage and Family Therapy, 2015; American Counseling Association, 2014). This may be especially true for counselors who work with soldiers and their families as they navigate the challenges of serving in a highly deployed military. Mental health concerns are the most common challenges facing the military population after a combat deployment (Hoge, Auchterlonie, & Milliken, 2006). Counselors who serve soldiers and their families may face complex and comorbid issues like traumatic brain injury, PTSD, depression, substance abuse, high-risk lifestyle, and suicidal behaviors (Bray et al., 2010; Helmer et al., 2007; Hoge et al., 2006; Milliken, Auchterlonie, & Hoge, 2007; Ramchand, Karney, Osilla, Burns, & Calderone, 2008). The effects of combat deployments have the potential to last a lifetime and contribute to difficulty transitioning back to civilian life (Brooks, Laditka, & Laditka, 2008; Carlson et al., 2010; Ikin et al., 2007; Milliken et al., 2007).

Military chaplains are on the front lines of serving this population and are often sought out first, before, or in lieu of seeking out other mental health professionals (Nieuwsma, Fortune-Greeley, et al., 2014). Combat veterans struggling with suicidal ideation choose chaplains more frequently than other mental health professionals (Kopacz, McCarten, & Pollitt, 2014; Kopacz et al., 2016). Chaplains are also frequently sought out due to existential struggles that are often connected to combat and killing where spiritual and moral injuries may surface that are linked to guilt, shame, and forgiveness (Bryan, Morrow, Etienne, & Ray-Sannerud, 2013; Litz et al., 2009).

Military chaplains seem to be an essential avenue through which soldiers and families
seek help. In order to better serve soldiers and their families the U.S. Army created a community of practice for selected chaplains that expands their formal pastoral ministry training into clinical counseling. These professionals are Army Family Life Chaplains, pastoral counselors who have the opportunity to obtain licensure as clinical mental health professionals. Just as a strong professional identity is important to professional counselors in serving the well-being of their clients it seems essential that pastoral counselors also develop a strong professional identity that integrates both their pastoral and clinical identities.

Therefore, this project explored how a strong professional identity for pastoral counselors and Army Family Life Chaplains provides a strong foundation from which to best approach their work with the clients they serve. Consideration was given to how pastoral counselors professionally develop throughout the lifespan of their professional career in relation to professional identity and practical approaches to working with clients in the counseling room. This developmental approach guided the five components of this project. Three of these components are informed by the historical background and context of the study. One component presents a theoretical framework for synthesizing the findings of the first three components. The culminating component builds off of this empirical foundation in order to produce a training manual for pastoral counselors in their professional identity development.

The project begins with a conceptual component (i.e., Chapter 2) focused on how pastoral counselors may integrate their pastoral counseling with evidence-based theory. This furnishes a practical application for pastoral counselors and military chaplains working with military couples and offers a model for pastoral counselors who may be new to integrating their pastoral counseling with evidence-based theory. This is helpful for pastoral counselors who are at the
beginning of their professional identity development process and are considering this type of integration for the first time.

The project then provides an empirical component (i.e., Chapter 3) where a qualitative, narrative inquiry method was used to understand the pastoral and clinical identity integration stories of practicing pastoral counselors. This component presents key themes that emerged from the featured pastoral counselors’ rich experiences in their integration process that benefits pastoral counselors in the field and the counselor educators who train them. This component is also helpful for addressing important themes for established pastoral counselors who seek intentionality in their professional identity development.

The next component (i.e., Chapter 4) in the project provides an empirical study where a qualitative, narrative inquiry method was used to understand the pastoral and clinical identity integration stories of retired Army Family Life Chaplains. This component presents key themes that emerged from these professionals’ rich experiences reflecting on the lifespan of their professional identity development with a focus on the pastoral and clinical identity integration experiences while serving on active-duty. This component is helpful in addressing important themes that cover the whole professional identity development lifespan of pastoral counselors and Army Family Life Chaplains.

The next component (i.e., Chapter 5) provides a description and critique of Self-Determination Theory (SDT) to explore the appropriateness for using SDT as a theoretical framework through which to synthesize the recommendations in the conceptual component and the findings in the two empirical components. The description and critique of SDT laid the foundation for the culminating component of the project.
The culminating component (i.e., Chapter 6) of this project contributes a professional identity development training manual for pastoral counselors informed by key elements found throughout this project. The key elements include the practical recommendations found in the conceptual component and the findings and implications for practice found in the two empirical components. The training manual was informed by a synthesis of the constructs within SDT with the practical recommendations and empirical findings of the other components of this project. The synthesis of the key elements of this project with SDT informed how these key elements either contributed to or detracted from optimal functioning in the integration of pastoral and clinical identities. The professional identity development training manual for pastoral counselors seeks to offer an opportunity to create an environment for optimal functioning in the professional identity developmental process for pastoral counselors across the developmental lifespan.

The purpose of the components within this project is to establish a foundation and a framework to explore the professional identity development of pastoral counselors who obtain licensure as mental health professionals in order to benefit their training, the counselor educators who train them, and the well-being of the clients, soldiers, and family members who seek them out for care.

**Historical Background and Context**

A strong professional identity for counselors seems essential for the counseling profession for “increasing the likelihood of ethical performances, an advanced awareness of counseling roles, and ultimately, a better chance for the profession to survive” (Woo, Henfield, & Choi, 2014, p. 1). In order for the profession to continue to evolve and develop in these areas success likely hinges on how it continues to develop a strong professional identity throughout its membership (Calley & Hawley, 2008). In order to meet this goal, 29 counseling organizations
have agreed upon the desire to represent a unified profession through seven consensus issues with strengthening identity listed as the first issue (Kaplan & Gladding, 2011).

A programmatic body of research was conducted, focused on the professional identity development of counselors (Calley & Hawley, 2008; Council for Accreditation of Counseling & Related Educational Programs, 2016; Gibson, Dollarhide, & Moss, 2010; Jorgensen & Duncan, 2015; Mellin, Hunt, & Nichols, 2011; Moss, Gibson, & Dollarhide, 2014; Woo, & Henfield, 2015; Woo et al., 2014; Woo, Lu, Harris, & Cauley, 2017). The outcome of this body of research was a strong foundation for the continued research and development of counselor professional identity to include instruments for its measurement. This foundation seems to powerfully contribute to the goal of unifying the profession through strengthening counselor professional identity.

The benefits of a strong professional identity are also important to other fields within the counseling profession. One such field is pastoral counseling. These counseling professionals tend to have graduate degrees, credentials, and licenses in both pastoral ministry and a mental health field (McMinn, Staley, Webb, & Seegobin, 2010). One organization that contains many of these professionals is the United States Army.

The United States Army Chaplain Corps established a community of practice of professionals with dual graduate degrees, credentials, and licenses in both pastoral ministry and a mental health field. These professionals were called Family Life Chaplains. Family Life Centers were informally established in the 1970s in a response to the changing demographic within the Army that included a marked increase in married soldiers. The Office of the Chief of Chaplains formally established these centers in 1980 (Sandburg, Schumm, & Kennedy, 1988). In order to effectively staff these centers, the first Chaplain Family Life Chaplain Training Center was
established at Fort Knox, Kentucky, to train Family Life Chaplains. Clinical training took place at the Fort Knox Family Life Center, and academic training took place at the University of Louisville. In 1986 this training center was moved to Fort Riley, Kansas, with academic training at Kansas State University (Mallard, 1990). In 2019, there are two Family Life Chaplain Training Centers. One is located at Fort Hood, Texas, and the other is at Fort Bragg, North Carolina, with academic training at Texas A&M and Webster University, respectively.

Graduates from these programs are Family Life Chaplains. They have masters-level degrees in both pastoral ministry and counseling. Family Life Chaplains staff Chaplain Family Life Centers serving as “family systems therapists and trainers,” who “support commanders by providing additional training to chaplains in pastoral counseling and relationship education skills and programs” (Department of the Army, 2015, p. 46). Family Life Chaplains are engaged across the Army to strengthen the skills of other chaplains with the ultimate goal of enhancing effective pastoral care and counseling to soldiers and their families.

The professional identity development of Family Life Chaplains seems critical to establishing a foundation upon which these trainers serve their trainees, and ultimately, the soldiers and families of the United States Army. This professional identity development seems similar to that of professional counselors. However, the professional identity development of Family Life Chaplains includes experiences in navigating the fields of both pastoral and clinical counseling. Therefore, the professional identity development of Family Life Chaplains serves as the focus for the components within this dissertation.

**Statement of the Problem**

Because a strong professional identity seems critical to counselors who are ethically bound to ensure and protect the well-being of their clients the professional counseling field made
significant strides to assist counselors-in-training, practicing counselors, and counselor educators in the professional identity development process. These strides have included programmatic research on counselor professional identity development. These researchers may have benefitted from a call for research by the Council of Accreditation of Counseling and Related Educational Programs (CACREP) related to professional identity development in the field. CACREP’s core standards in 2009 demanded “that counselor educators develop and implement systematic procedures to gauge students’ professional development” (Woo et al., 2014, p. 4).

Where programmatic research appeared to be a strength in the professional counseling field related to professional identity development, it was a weakness in the pastoral counseling field. Townsend (2011) described an overall weakness in the field of pastoral counseling related to research. He identified areas that contributed to this weakness that included few empirical studies, methodological flaws in the studies, and a lack of programmatic research. When the professional identity development of pastoral counselors is considered there is not only an apparent gap in the literature, but identity was also suggested to be an area of concern. Rogers-Vaughn (2013) discussed how identity is a troubling question for pastoral counselors and how their professional practice is “limited in ways that suppress our identity and betray our theological sophistication because of our individualistic assumptions” (p. 7). A focus on the professional identity development of pastoral counselors may help to fill gaps in the literature, strengthen the pastoral counseling field, and provide a foundation to better serve clients.

More specifically, understanding the professional identity development experience of pastoral counselors with dual graduate degrees, credentials, and licenses in both pastoral ministry and a mental health field is important. This pursuit is critical when the professional identity development of Army Family Life Chaplains is considered in their service to a highly deployed
An understanding of the professional identity development experience of Army Family Life Chaplains stands to benefit Family Life Chaplains who are in training, or are practicing, as well as the counselor educators who train them in a way that enhances care for soldiers and families across the Army.

**Organization and Overview of the Project**

Chapter 1 provides the historical background and context, statement of the problem, purpose of the components, research questions, and definitions of key terms. Chapter 2 is a conceptual component. This component presents a practical example of how military chaplains, and pastors serving near military bases, may integrate pastoral counseling with evidence-based theory. Chapter 3 is an empirical component. This narrative inquiry reviews the literature and explores the narratives of two ordained pastoral counselors in their pastoral and clinical identity integration experience. This component also gives additional context for further study on the integration of pastoral and clinical identities. Chapter 4 is also an empirical component. This narrative inquiry reviews the literature and explores the narratives of the pastoral and clinical identity integration experience of retired Army Family Life Chaplains. The themes that emerged from these stories informed the professional identity development of Army Family Life Chaplains. Chapter 5 is a theoretical framework component. The description and critique of SDT provide a theoretical framework through which to synthesize the findings of all preceding components. Chapter 6 is a training manual for pastoral counselor professional identity development and is the culminating component of the project. The recommendations and findings from all the components within this project are discussed, synthesized with SDT, and developed into a training manual for the professional identity development of pastoral counselors.
There is a gap in the literature on the professional identity development of ordained pastors who obtain licensure as clinical mental health professionals. Information focused on understanding how these professionals integrate their pastoral and clinical identities is also limited. Therefore, the components of this project seek to address these concerns through an emphasis on how pastoral counselors professionally develop throughout the span of their careers. The purpose of the conceptual component (i.e., Chapter 2) is to provide a practical example of how military chaplains and pastors serving near military bases may integrate pastoral counseling with evidence-based theory. The emotional connection of military couples in a highly deployed environment is considered. This integration of pastoral counseling with evidence-based theory is presented as an option for serving military couples in their emotional disconnection. This conceptual component is especially appropriate for pastoral counselors at the beginning of their professional developmental lifespan.
The purpose of the next component (i.e., Chapter 3) is to present an empirical study using a narrative inquiry methodology to explore the narratives of ordained pastoral counselors in their identity integration experience. Understanding emerges from their reflections on how they navigated the integration of their pastoral and clinical identities. The themes associated with these rich reflections are useful in the training and professional development of pastoral counselors. This empirical component is especially appropriate for pastoral counselors in the middle of their professional developmental lifespan.

The purpose of the third component (i.e., Chapter 4) is to offer another empirical study using a narrative inquiry methodology to examine the professional identity development stories of retired Army Family Life Chaplains. The study explores their experiences in integrating pastoral and clinical identities while reflecting on the span of their careers as active-duty Army Family Life Chaplains. The rich descriptions of these experiences allow a better understanding of the professional identity development of Family Life Chaplains in order to inform about how they are trained and resourced throughout their careers. This empirical component is especially appropriate for pastoral counselors across the entirety of their professional careers as their professional identity development is addressed.

The purpose of the fourth component (i.e., Chapter 5) is to provide a description and critique of SDT, in order to explore the appropriateness for using SDT as a theoretical framework through which to synthesize the recommendations found in the conceptual component and the findings presented in the two empirical components. The description and critique of SDT lays the foundation for the final component of the project.

The purpose of the final component (i.e., Chapter 6) is to create a professional identity development training manual for pastoral counselors that addresses the integration of pastoral
and clinical identities. This culminating component includes key elements of the preceding components synthesized with SDT in order to provide an option to approach the professional identity development process of pastoral counselors in a way that creates an environment for optimal functioning in the professional identity developmental process.

Overall, these components seek to address the gaps in the literature on the professional identity development of ordained pastors who obtain licensure as clinical mental health professionals by providing a training manual for these professionals supported by practical recommendations and empirical studies.

**Research Questions**

In order to accomplish the purposes associated with the various components of this project, research questions associated with each component directly connect it to the purpose of each respective component. The empirical research questions are based in the qualitative, narrative inquiry methodology (Clandinin & Connelly, 2000; Creswell & Poth, 2018; Riessman, 2008). The research questions for the components of this project are listed below.

**Conceptual Component (Chapter 2) – Integrating Pastoral Counseling with Evidence-based Theory:**

1. How can pastoral counselors serving military couples integrate pastoral counseling with evidence-based theory?

**Empirical Component (Chapter 3) – A Narrative Inquiry of Pastoral Counselors:**

1. What are the stories of ordained pastoral counselors who obtained licensure as clinical mental health professionals?
2. What experiences contributed to the integration of their pastoral and clinical identities?
Empirical Component (Chapter 4) – A Narrative Inquiry of Retired Army Family Life Chaplains:

1. What are the narratives of retired Army Family Life Chaplains who have graduate degrees, credentials, and licenses in both pastoral ministry and a mental health field?
2. What are their experiences related to pastoral and clinical identities?
3. How do these experiences inform their pastoral counseling?

Theoretical Framework Component (Chapter 5) – Self-Determination Theory:

1. How does the description and critique of SDT inform its use as a theoretical framework through which to explore the professional identity development of pastoral counselors?

Culminating Component (Chapter 6) – A Training Manual for Pastoral Counselors:

1. What are the practical recommendations from the conceptual component?
2. What are the empirical findings from the qualitative, narrative inquiry studies?
3. What is the outcome of synthesizing these recommendations and empirical findings with the constructs of SDT?
4. How do these recommendations, empirical findings, and synthesis with SDT inform a training manual for the professional identity development of pastoral counselors?

**Definition of Key Terms**

The following are terms important for providing a context for the components within this project.

1. *Family Life Chaplains* are chaplains who have masters-level degrees in both pastoral ministry and counseling. In addition to these degrees their training includes a practicum in counseling, theological integration, and specialized training in military
applications. They then serve as “family systems therapists and trainers,” and “support commanders by providing additional training to chaplains in pastoral counseling and relationship education skills and programs” (Department of the Army, 2015, p. 46).

2. Integration is the process of forming, coordinating, or blending into a function or unified whole (Merriam-Webster dictionary, 2018).

3. Mental health professionals are mental health providers who hold a license as a Licensed Marriage and Family Therapist (LMFT), Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), or Psychologist (LP).

4. Pastoral counselors have graduate degrees, credentials, and licenses in both pastoral ministry and a mental health field (McMinn, et al., 2010).

5. U.S. Army Chaplain Corps comprises chaplains who provide religious support in all three components of the Army – active, reserve, and national guard. They advise commanders to ensure the free exercise of religion of all soldiers (Department of the Army, n.d.).
Chapter 2: Integrating Pastoral Counseling with Evidence-Based Theory

This conceptual component offers a practical example of how pastoral counselors working with the military may integrate pastoral counseling with evidence-based theory. The emotional connection of military couples in a highly deployed environment is considered. This integration of pastoral counseling with evidence-based theory is presented as an option for serving military couples in their emotional disconnection. This conceptual component is appropriate for pastoral counselors at the beginning of their professional identity development or those who are considering this type of integration for the first time.

Abstract

Sixteen years of war created significant challenges for military couples and seems to contribute to their relational distress. Military couples seek out pastoral counselors for assistance with their relational distress. Many of these pastoral counselors are military chaplains or pastors serving close to military bases. The integration of pastoral counseling with evidence-based theory is presented as an option to serve military couples in their relational distress. Emotionally Focused Couple Therapy is presented as an example.

Keywords: pastoral counseling, military couples, military chaplain, relational distress, emotionally focused therapy
Serving in the military over the past 16 years of war seems to have brought many challenges and hardships. For those couples who serve when one or both partners are service members, those challenges and hardships may directly impact their relationship in a negative way. Relationships can prove challenging in the best of circumstances, and military relationships may have several additional stressors that contribute to relational distress. Pastoral counselors serving military communities may have a heightened awareness of how 16 years of war impacts military couples and their emotional connection. Military couples may often turn to the pastor in their faith community for help during difficulties in their relationships. As pastoral counselors seek to become engaged and help military couples with their relational distress, it may prove advantageous for pastoral counselors to integrate pastoral counseling with evidence-based theory.

The Department of Defense (2014) reports married service members make up 55% of those serving on active duty. Combat deployments as of 2012 indicate that 2.2 million service members deployed to a combat zone in either Iraq or Afghanistan since September 11, 2001 (Institute of Medicine, 2013). A majority of the active duty forces seem to experience combat deployments while married, resulting in physical separation from their spouses. Both serving in a combat zone and regular military duty without war separate military couples. Training, attending military schools, sea duty, and unaccompanied tours are frequent. Seventy-five percent of military couples were reported to have experienced long periods of separation even when the nation was not at war (Segal, 1986). Throughout the past 16 years, the need to attend military schools and engage in unaccompanied tours without family members continued in addition to deploying into combat zones on regular rotations. The combination of regular military duty with combat deployments seems to have increased the amount of time military couples spend apart.
Separation due to combat deployments is not the only challenge military couples experience. Combat deployment produced other challenges as well. As of January 2017, 6,893 military deaths were connected to operations in Iraq and Afghanistan along with 52,515 wounded military personnel (Department of Defense, 2017). Data from a study conducted for the Office of the Secretary of Defense indicated that, of all the service members deployed as of 2007, 300,000 may have returned with either post-traumatic stress disorder (PTSD) or major depression, and 320,000 may have suffered a traumatic brain injury (TBI). These data estimate that approximately 19% of deployed service members had a mental health condition (Hosek, 2011).

Military couples are impacted by these mental health conditions. Riviere, Merrill, Thomas, Wilk, and Bliese (2012) found the quality of relationships decreased over time and infidelity and separation increased following combat deployments. In addition, Milliken, Auchterlonie, and Hoge (2007) found a fourfold increase in relationship issues when service members returned from serving in Iraq. The cumulative duration of combat deployments seems to have a larger impact on relationships than the frequency of deployments (Chandra et al., 2011). Between 2003 and 2009, service members reported a downward trend in the quality of military marriages, an increase in those seeking divorce, an increase in infidelity, and marriage problems reportedly more than doubled (Institute of Medicine, 2013). Perhaps a contributing factor to this downward trend is the lack of connection military couples experience before and after deployments where couples may be physically present but psychologically absent (Wiens & Boss, 2006).

Another challenge that seems to impact military couples is how service members are
trained for success on the battlefield. The training service members experience in preparation for combat may prepare them for success on the battlefield, but may also contribute to disconnection in their relationships. Young (2016), a former Army Ranger indoctrination program instructor, pointed out that Army Rangers were taught to silence their emotions in order to execute zero defect operations on the battlefield, acknowledging that they did not teach them how to feel again. He admitted being terrified of losing his partner and children because of this emotional disconnection. It seems as if he is not in the minority with his struggles with emotional disconnection in his military relationship.

Some military couples seek assistance with the emotional disconnection they experience, and military chaplains and civilian pastors are trusted counselors many military couples turn to for support. Military chaplains are well positioned to provide pastoral counseling to military families. There are approximately 3,000 active duty military chaplains and almost 2,000 chaplains serving in the reserves that “provide professional guidance and advice to commanders, staff, and all other military personnel on issues of spirituality, religious dynamics, ethics, morality, and personal wellbeing” (Otis, 2009, p. 3). They provide a ministry of presence in the military units to which they are assigned. This presence includes experiencing hardships similar to those they serve, including training under austere conditions, deploying to combat zones, walking the flight line, or serving in a fleet (Bulling et al., 2013).

Service members often seek out military chaplains because of frequent contact with them and the chaplains’ ability to understand the military culture. These relationships seem to create trust and facilitate pastoral counseling opportunities. This trust may deepen even more due to the absolute confidentiality military chaplains provide as members of the clergy (Carey, Willis, Krikheli, & O’Brien, 2015; Department of the Air Force, 2005; Department of the Army, 2007;
Department of the Navy, 2008; Joint Staff, 2009; Nieuwsma, Jackson, et al., 2014; U.S. Coast Guard & U.S. Department of Homeland Security, 2012; U.S. Marine Corps, 1997). These factors seem to create an incentive for military couples to seek out military chaplains in order to receive pastoral counseling for struggles in their relationships.

Service members also seek out civilian pastoral counselors. Brown (2012) performed a study focused on clergy in the military town of Fayetteville, North Carolina. Fayetteville is located next to the largest military installation in the United States. Fort Bragg is home to 55,000 service members. This population soars to 260,000 when military families, contractors, and retirees are considered (Fayetteville Observer, 2016). Brown discovered 93% of civilian clergy surveyed in this military town provided pastoral counseling to military families. The number one challenge discussed during pastoral counseling was relational distress.

Military couples seem to be experiencing challenges in their relationships that may leave them disconnected and struggling. These couples regularly seek out pastoral counseling through access to military chaplains and civilian pastors for help with their relationship challenges. In order to serve this population well, pastoral counselors may enhance their ability to minister effectively by integrating an evidence-based counseling theory into their pastoral counseling. One such theory is Emotionally Focused Couple Therapy (EFT). The purpose of this article is to explore the potential for EFT in pastoral counseling with military couples. The article will open with a review of EFT literature and its foundation in attachment theory. Attachment theory and faith-based terminology will then be compared. The article will conclude with recommendations for integrating pastoral counseling and EFT as a possibility for healing attachment injuries and emotional disconnection military couples may experience due to their military service.
Emotionally Focused Couples Therapy (EFT)

EFT emerged from the field of couples therapy in the early 1980s when some saw a need for a practice driven model with non-behavioral interventions. This decision included a desire for an evidence-based, theoretical orientation for couples therapy involving a focus on how emotion could be a powerful change agent in relational dissatisfaction (Johnson, Hunsley, Greenberg, & Schindler, 1999). Johnson (2004) describes how EFT is different from other approaches in that the role of the therapist is seen as a process consultant, choreographer, and collaborator who helps to reprocess and restructure experience. The therapist’s primary focus is on the present and experiencing change during counseling sessions. The goal is to help clients experience emotional interactions and reorganize these interactions towards a strong attachment bond where security, trust, and healthy interaction is present. EFT focuses on emotions where “unfolding key emotions and using them to prime new responses to one’s partner in therapeutic enactments is the heart of change” (p. 13). The other main difference EFT possesses from other approaches is how negative interactions are viewed. Negative interaction is seen as an adaptive response to unmet attachment needs that make sense in their context.

EFT encourages the experiential process of discovering and sharing emotions in order to develop new awareness and understanding around each partner’s attachment needs. New meaning emerges. EFT takes into account how attachment theory orients the needs of a couple in relational distress. Without a secure attachment bond, behaviors emerge that may create distance in the relationship (Johnson et al., 1999). Leaning into emotion, and how it reveals attachment needs in a relationship, is a key process in EFT. Johnson (2004) stated: “It is emotion that organizes attachment bonds, and, after all, long-term, committed relationships are about attachment” (p. x). The therapist helps each partner understand how these emotions are
connected to their personal attachment needs and the attachment needs of their partner (Dandeneau & Johnson, 1994).

EFT is “recognized as one of the most researched and most effective approaches to changing distressed marital relationships” (Johnson et al., 1999, p. 67). It is known as an evidence-based therapy for marital distress that seems to create stability over time (Halchuck, Makinen, & Johnson, 2010; Snyder, Castellani, & Whisman, 2006). In fact, Baucom, Shoham, Mueser, Daiuto, and Stickle (1998) pointed out in their evaluation of empirically supported couples and family therapy interventions that “EFT should be viewed as an efficacious treatment for assisting maritally distressed couples” and “it also is possibility specific and superior to other forms of efficacious treatment” (p. 61). Sexton et al. (2011) outlined guidelines for classifying evidence-based treatments in couple and family therapy. Using these guidelines researchers established that EFT “meets or often exceeds the guidelines for being classified as an evidence-based couple therapy at the highest level” and “also appears to be the only couple intervention to meet these criteria” (Wiebe & Johnson, 2016, p. 404). EFT was also shown to be effective in helping couples regulate their neurophysiological stress response, and the positive changes couples experience in therapy can continue even years after therapy is complete (Wiebe and Johnson, 2017; Wiebe et al., 2017).

EFT has been applied to older, culturally diverse, remarried, and same-sex couples as well as couples struggling with chronic illness, trauma, and depression (Bradley & Johnson, 2005; Furrow, Johnson, & Bradley, 2011; Kowal, Johnson, & Lee, 2003; Sandberg, 2011). EFT has been applied to a variety of relationships. However, it seems research has yet to be conducted across different cultures (Wiebe & Johnson, 2016). Research also seems to be lacking with same-sex couples. Hardtke, Armstrong, and Johnson (2010) recognized this gap and called for research
with this population. Further research in these areas is needed.

EFT has also been used with military couples. Rheem, Woolley, and Weissman (2012) identified the strengths of using EFT with a military population. These strengths include how EFT normalizes the service member’s negative view of emotion within the military culture and how difficult it may be to access emotion in order to connect with their partner. Another identified strength is how secure attachment serves as a protective factor against the impact of combat while also making sense of the “competing attachments between military command, obligations, and battle buddies and partner and family needs” (p. 98). Blow, Curtis, Wittenborn, and Gorman (2015) made a case for using EFT with military couples and argued it is well-suited for service members diagnosed with PTSD. They called for research in order to confirm their conclusion. Weissman et al., (2017) conducted a pilot study on the effectiveness of EFT with military veterans with PTSD and their partners. This study demonstrated that veterans “reported reduction in self-reported PTSD symptoms and that their partners reported improvements in relationship satisfaction and reductions in symptoms of depression” (p. 13).

Overall, EFT seems to be well suited as an evidence-based theory for use with military couples experiencing relational distress, emotional disconnection, and military related trauma. EFT seems to not only be a superior form of efficacious treatment for couples in distress, but understanding EFT’s connection to attachment theory is foundational. EFT approaches emotional disconnection in relationships from an attachment lens. Attachment theory guides the EFT therapist in several ways (Johnson, 2004). First of all, attachment theory provides the therapist with a way to conceptualize relational health with the goal of creating a safe environment where secure attachment can take place. Secondly, attachment theory de-pathologizes behavior, allowing couples an opportunity to understand how insecure attachment
fuels disconnection. Attachment theory also gives couples the ability to communicate their attachment needs to each other and how they communicate these needs creates either a pattern of disconnection or secure attachment in their relationship. Lastly, attachment theory provides a way to address deep relational injuries and hurts that may need forgiveness and reconciliation for the relationship to heal. Overall, attachment theory provides an understanding of what is happening in a distressed relationship and what relational health looks like.

**Attachment Theory and Faith-based Terminology**

Attachment theory and faith-based terminology seem to integrate very well. When the Christian Scriptures are compared to attachment theory, there seem to be similarities that nicely facilitate this integration. Similarities begin with the creation account in the Christian tradition where the first couple relationship is highlighted. The Scriptures state that “God created mankind in his own image, in the image of God he created them; male and female he created them” (Genesis 1:27, New International Version). The Scriptures seem to continue highlighting the importance, closeness, and sacredness of this relationship as Adam states in the creation of Eve, “This is now bone of my bones and flesh of my flesh” (Genesis 2:23, New International Version). Scripture goes on to reason, “This is why a man leaves his father and mother and is united to his wife, and they become one flesh. Adam and his wife were both naked, and they felt no shame” (Genesis 2:24–25, New International Version). Key faith-based terms and phrases stand out when an attachment lens is applied to these Scriptures. These terms and phrases include “male and female he created them,” “bone of my bones and flesh of my flesh,” “they become one flesh,” and “were both naked, and they felt no shame.” Perhaps the strongest attachment, faith-based phrase emerges from Adam and Eve’s relationship where they “felt no shame.” This short statement seems to suggest their relationship was comprised of the vulnerability and trust...
found with some of the key tenets of attachment theory. Some of the key tenets of attachment theory include the concepts of secure dependence, an essential safe haven, a secure base, and an emotional accessibility and responsiveness (Johnson, 2004). Attachment theory and faith-based terminology seem to integrate well in these specific examples taken from the Christian Scriptures.

Not only do specific Scriptures seem to emphasize the importance of attachment in relationships, but this theme also seems to continue throughout this account in Genesis. God’s creation of man and woman, and their subsequent relationship in the Garden of Eden, may provide a great example for relational health when viewed through an attachment lens. Adam and Eve seemed to experience secure attachment in their relationship in the Garden of Eden before they ate the forbidden fruit. Their behavior after this incident seems to show how their relational health declined from what God intended. This behavior, described in the Genesis 3 account, describes how shame and a lack of vulnerability emerged. They made clothes for themselves and hid from God in the trees of the garden. Before this experience, Adam and Eve seemed to be in a perfect relationship with each other characterized by the vulnerability, acceptance, and connectedness described in Genesis 2:25: “Adam and his wife were both naked, and they felt no shame” (New International Version). This theme in the creation account in Genesis seems to provide an example of how Adam and Eve experienced secure attachment as they lived their lives together and how insecurity emerged, bringing disconnection.

These examples seem to provide an opportunity to integrate attachment theory with faith-based terminology. Johnson (2013) stated “the first and foremost instinct of humans . . . is to seek contact and comforting connection” (p. 19). This contact and comforting connection is answering “the core attachment question of ‘are you there for me?’” (p. 219). Adam and Eve’s
relationship described in the Genesis creation account seems to answer this core attachment question in the affirmative. They were there for each other in a vulnerable and trusting way, void of shame. The Scriptures seem to suggest that Adam and Eve engaged in this way by God’s design. Johnson’s (2013) goal for couples to learn to experience this type of secure attachment seems very similar to God’s design when describing key moments in this type of relationship, “These kinds of primal emotional moments are so significant that, as with all such ‘hot’ moments, our brain seems to faithfully store them, filing them in our neural networks as the protocol for how to be close to others” (p. 222). When the creation account in the Christian Scriptures is taken into consideration with what Johnson identifies as primal emotional moments perhaps faith-based terminology can be applied here by describing these moments as Garden of Eden emotional moments. Garden of Eden moments seem to describe the relationship experienced by Adam and Eve that began with perfect emotional engagement, vulnerability, and secure attachment. Attachment theory and faith-based terminology seem to integrate nicely. Johnson and Sanderfer (2016) agreed: “I placed the science of EFT alongside the ancient wisdom of the Christian Scriptures, clear and consistent parallels between EFT and biblical teachings about divine love and God’s teachings about human love leapt out at us” (p. 4).

**Integrating Pastoral Counseling and EFT**

The parallels between the Scriptures and EFT seem to provide a foundation for the pastoral counselor to consider integrating the two for use with the military couples they serve. This process may include theological reflection, an exploration of theology and attachment theory, how EFT may be practically integrated into pastoral counseling, and how this integration may be evaluated. The foundational parallels between the Scriptures and EFT may provide a launching point for pastoral counselors to consider what this integration may practically look like.
in their own pastoral counseling. Perhaps an initial step pastoral counselors may include is a theological reflection of their own theology and beliefs about how God created and intended a healthy relationship to function. A clear understanding of this theology may provide the next step to explore how attachment theory may connect and resonate with pastoral counselors and their theology. As pastoral counselors connect and resonate with the similarities between attachment theory, their theology, and faith-based terminology, integrating EFT into their pastoral counseling may be considered as the appropriate next step.

A helpful tool for integrating pastoral counseling and EFT may be found in Johnson and Sanderfer’s (2016) work entitled Created for Connection. The authors provided an example of what this integration may look like. Another helpful tool may be Furrow, Johnson, and Bradley’s (2011) casebook where they focused on couples with a strong faith-based worldview “who understand their most significant relationship in context of faith and spirituality” (p. 369). As pastoral counselors continue to connect with the practical application of EFT in their work, perhaps participation in EFT workshops and formal training may be a logical next step, leading to gaining competence and effectiveness with this evidence-based theory.

Muse (2011) proposed a helpful idea that could be used for evaluating the integration of pastoral counseling and EFT known as the “litmus test or plumb line” (p 55). Muse proposed that the effectiveness of pastoral counseling can be measured by the pastoral counselor’s ability to remove barriers for the client in experiencing life the way God intended life to be experienced. As pastoral counselors evaluate the effectiveness of integrating pastoral counseling and EFT, perhaps Muse’s (2011) evaluation tool can be applied. How well does this integration remove barriers from couples experiencing the fullness of connection the way God intended relationships to be experienced in those Garden of Eden moments? More specifically, how well does this
integration remove barriers for military couples as they struggle through military-specific challenges? Based on the EFT literature, attachment theory, and similarities with faith-based terminology, the possibility of integrating pastoral counseling and EFT as an effective approach with military couples looks very promising for the pastoral counselor.

**Contraindications**

Although this approach looks very promising it is also important to be aware of circumstances where EFT may be contraindicated (Johnson et al., 2005). The first circumstance includes couples who have different agendas for their relationship. For example, one partner desires to get married and the other partner desires to stay single. The second circumstance includes separating couples. EFT may be contraindicated once one partner has emotionally left the relationship with the goal of separation. This may also include couples where one party is in an active affair. The third circumstance includes abusive relationships. EFT encourages vulnerability, and using EFT with an abusive relationship places the abused partner in increased level of risk. The fourth circumstance includes active substance abuse. However, if the addicted partner is sober, and in treatment for their addiction, EFT may be helpful. In this circumstance substance abuse is framed within the couple’s negative interaction cycle within the EFT model. The fifth circumstance includes significant impairment due to depression or other psychiatric illness. Couples may experience depression due to the struggles in their relationship, and EFT may be helpful in alleviating this depression. However, significant impairment due to depression, or other psychiatric illnesses, may require a referral for individual treatment.

**Conclusion**

There seems to be great potential for integrating pastoral counseling and the evidence-based model of EFT for use with military couples. The relational distress military couples
experience after 16 years of war is evident. Many of these couples seek out military chaplains or pastors in local churches for pastoral counseling. The research findings are clear that EFT is evidence-based, and the discussion presented above indicated that EFT is possibly superior to other forms of evidence-based theory for relational distress. EFT’s foundation in attachment theory has clear similarities with faith-based terminology. As pastoral counselors continue to serve military couples, integrating pastoral counseling with EFT seems to be a very strong option for serving this population well.
Chapter 3: A Narrative Inquiry of Pastoral Counselors

This empirical study used a qualitative, narrative inquiry methodology to explore the narratives of ordained pastoral counselors in their identity integration experience. This understanding emerged from their experiences navigating the integration of their pastoral and clinical identities. The themes associated with these rich reflections are useful in the training and professional development of pastoral counselors. This study is appropriate for pastoral counselors navigating their professional identity development.


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Abstract

Narrative inquiry methodology was used to understand the lived experiences of two ordained pastoral counselors who obtained licensure as clinical mental health professionals, particularly in terms of their identity development and integration of pastoral and clinical identities. Data analysis from semi-structured interviews revealed rich experiences with five themes: the journey; God’s call; self and identity; the role of mentors; and relationships. Implications for research and practice associated with pastoral counseling and counselor education are discussed.

Keywords: narrative inquiry, pastoral counseling, pastoral identity, clinical identity, identity development
The importance of addressing spirituality and religion seems to be essential with 89% of Americans believing in God (Newport, 2016). There is a need for clinical mental health professionals to integrate clients’ spirituality and religion into their treatment plans. Clients state “that such integration helps the healing process” (Oxhandler & Pargament, 2014, p. 271). Ordained pastoral counselors who obtain licensure as clinical mental health professionals seem well-positioned to meet this vital need. These professionals play a major role in the lives, marriages, and relationships of deeply distressed individuals, couples, and families who struggle with pressing issues.

In order for pastoral counselors to be able to provide this unique type of care, the integration of pastoral and clinical identities seems to be a key component in their professional identity development. Although it is not uncommon for pastoral counselors to pursue licensure as clinical mental health professionals (Norton & Soloski, 2015; O’Connor & Meakes, 2008; Townsend, 2011), little is known about how the integration of these two identities plays out for the individuals who make that choice. Gaining insights about how identity formation occurs in this context may be useful in informing training and professional development for counselors-in-training, practicing pastoral counselors, and counselor educators. This training and professional development in identity formation seems to have great potential to not only benefit pastoral counselors, but ultimately the distressed clients in their care.

**Purpose of the Study**

The purpose of this narrative inquiry was to understand the lived experiences of ordained pastoral counselors who pursue licensure as clinical mental health professionals, particularly in terms of their identity development and the integration of their pastoral and clinical identities. A review of the literature revealed that little is known about this integration for pastoral counselors,
yet much is known about the identity development for professional counselors that provides a foundation for gaining a better understanding of this phenomenon. There is an emerging emphasis on teaching theological integration in counseling courses for counselors-in-training (Garzon, Hall, & Ripley, 2014). However, these teaching strategies do not seem to address identity development and are not specifically targeting ordained pastoral counselors.

Research aimed at understanding the integration of pastoral and clinical identities seems critical for counselors-in-training, practicing pastoral counselors, and counselor educators. This understanding may provide assistance for pastoral counselors as they navigate professional identity throughout their careers. This understanding may also serve to provide counselor educators with information on how to better serve pastoral counselors-in-training.

**Research Questions**

This study was guided by two research questions, based on the experiences of ordained pastoral counselors who are clinical mental health professionals, in order to meet the critical need for understanding this phenomenon:

1) What are the stories of ordained pastoral counselors who obtained licensure as clinical mental health professionals?

2) What experiences contributed to the integration of pastoral and clinical identities?

**Literature Review**

Professional identity formation of new and seasoned counselors seems well-researched and established (Gibson, Dollarhide, & Moss, 2010; Jorgensen & Duncan, 2015; Moss, Gibson, & Dollarhide, 2014; Rønnestad & Skovholt, 2003). Researchers have developed instruments to measure the identity development process of professional counselors (Calley & Hawley, 2008; Council for Accreditation of Counseling & Related Educational Programs, 2016; Mellin, Hunt,
& Nichols, 2011; Woo, Henfield, & Choi, 2014). The research on professional identity formation of new and seasoned counselors provided an understanding for the facilitation of the identity formation process. However, complementary research focused on understanding the professional identity development of pastoral counselors who integrate both pastoral and clinical identities seem scant. Townsend identified a research vacuum in the field of pastoral counseling “that ensures that the field will remain permanently stalled in both ecclesiastical and public contexts” (Townsend, 2011, p. 2). Townsend continued to describe how pastoral counseling literature includes few empirical articles. Over half of those articles contained methodological flaws. He also identified a complete lack of programmatic research. This research vacuum seems to extend into the identity development of ordained pastoral counselors who obtain licensure as clinical mental health professionals.

Research described how counselor identity evolves. This understanding showed how counselor identity development takes place in transformational tasks. These tasks are defined as those which “describe the work counselors must accomplish at each stage of their professional life span” (Moss et al., 2014, p. 4). Professional counselor identity evolves from the definition of counseling, the responsibility for professional growth, and the transformation into a systemic identity within the counseling profession (Gibson et al., 2010). Counselors already practicing in the field continue their professional identity evolution beyond their initial training through the transformational tasks of idealism toward realism, burnout toward rejuvenation, and compartmentalization toward congruency (Moss et al., 2014). These transformational tasks provide a roadmap to guide the professional identity development of counselors from their initial training throughout their professional careers. This understanding also serves to provide counselor educators with information about how to better serve counselors-in-training in their
Research directed toward the development of the professional identity of pastoral counselors through the theological integration of their pastoral and clinical identities is limited. Muse provided examples of supervision and “several learning points that are critical to theological integration” with U.S. Army Family Life Chaplains (Muse, 2004, p. 309). However, these learning points did not address an understanding of professional identity development related to the integration of pastoral and clinical identities. Townsend (2011) used a grounded theory study to address how pastoral counselors perceive their work and in doing so, found identity as a central category with four clear properties that related identity to calling, pastoral attitude, bridging psychology and spirituality, and anchored in personal faith traditions. Although addressing identity, Townsend’s theoretical model seemed to focus on the complexity of the pastoral counselors’ perception of their identity and less on understanding the lived experiences of those who integrated their pastoral and clinical identities. An understanding of this integration of pastoral and clinical identities seems non-existent.

This understanding can be generated by directing research towards the lived experiences of ordained pastoral counselors who obtained licensure as clinical mental health professionals. Understanding these lived experiences may provide assistance for pastoral counselors as they navigate professional identity throughout their careers. Counselor educators may also benefit from this information in order to better serve pastoral counselors-in-training.

**Method**

Because existing research on understanding the integration of pastoral and clinical identities seems inadequate, a narrative inquiry design is appropriate as it may yield new insight in understanding this phenomenon. The focus of narrative research is to capture the detailed
stories of one or two individuals in order to understand their experience in the context of how these stories are lived and told (Clandinin & Connelly, 2000; Creswell & Poth, 2018). Placing stories at the center of the study further supports the use of a narrative inquiry methodology where the collection of stories is central. Narrative inquiry “is collaboration between research and participants, over time, in a place or series of places, and in social interactions with milieus” (Clandinin & Connelly, 2000, p. 17). Narrative inquiry is strongly influenced by John Dewey and his view that experience and learning are linked (Dewey, 1938). Specifically, learning through experience is linked to the continuity of experiences where one experience leads to another and so on. These lived experiences of individuals are best understood through personal and social contexts. Individuals who integrate two identities have lived experiences and stories directly related to this integration. This study places these stories as central versus a side note or unintended finding. An Institutional Review Board (IRB) application was submitted and approved.

Sample Selection

This study used intensity sampling as described by Patton to identify “intensity-rich cases that manifest the phenomenon intensely, but not extremely” (Patton, 2002, p. 243). The researcher contacted a director of a pastoral counseling center and provided the criteria for participation. The director was asked to nominate possible participants for the study from the professional organizations the director was involved in. The center director’s professional position afforded the opportunity to interact with the community of individuals who are both ordained pastoral counselors and licensed clinical mental health professionals. Participants were recruited from these nominations. Participants agreed to participate through signing an informed consent that highlighted the study’s purpose, procedures, risks and benefits, confidentiality, the
use of pseudonyms, and contact information for the researcher and IRB. The study focused on two participants’ lived experiences as ordained pastoral counselors who obtained licensure as clinical mental health professionals. Both participants were White males in their 50s living in a southeastern state in the U.S. They were both ordained through Protestant denominations. Both participants were actively seeing clients through a combination of a pastoral counseling center, private practice, or parish community.

**Data Collection**

Semi-structured interviews were conducted with each participant with questions aimed at understanding their professional identity development as ordained pastoral counselors and licensed clinical mental health professionals. An interview protocol was used in order to provide consistency for data collection, and questions were read verbatim. Interviews were digitally audiotaped and transcribed by the researcher. Identifying information was not kept in the transcript, and pseudonyms were assigned to each participant. Field notes were kept in order to record conceptualization and thoughts during data collection. These notes included observational notes that described the actual events taking place.

**Data Analysis**

The researcher conducted data analysis using Riesmann’s (2008) thematic approach where analysis is focused on the content of the data collected, how the content unfolds, and how the content brings understanding to lived experiences. Clandinin and Connelly’s (2000) three-dimensional inquiry space made up of spatial, temporal, and social-personal dimensions also guided data analysis. Participants’ stories were set in the spatial dimension of pastoral ministry and clinical practice, the temporal dimension of the timeframe of pastoral and clinical identity integration, and the social-personal dimension of interactions with colleagues, friends, mentors,
and instructors during identity integration.

Data analysis included initial coding followed by code revisions and final coding revealing themes. Initial coding revealed 43 codes. Code revisions and final coding produced 35 codes. These codes were developed and organized into five themes: the journey; God’s call; self and identity; the role of mentors; and relationships.

Validity and Reliability

The trustworthiness and credibility of this study were established through multiple methods consistent with Creswell and Poth (2018) and included member checking, peer review, and reflexivity. Member checking was used when participants reviewed and responded to the transcripts of their interviews. Peer review was used throughout the coding process in order to provide an external check as concepts emerged. The researcher also clarified bias and engaged in reflexivity as described in the positionality statement.

Positionality Statement

My journey to the topic of how pastoral counselors theologically integrate their pastoral identity with their clinical mental health training provided me with an opportunity to reflect. This reflection allowed me to explore how my background informs my motivations and my investments in this project. My motivations and investments in this project include: (1) my identities as a pastoral counselor and licensed marriage and family therapist; (2) my lived experience integrating these identities; and (3) my desire for a deeper understanding of this integration experience. This reflection also allowed me to identify how my role as a researcher impacts my research. My insider status as an ordained pastoral counselor and licensed therapist impacts this study. My insider status provided me with my access to participants, information, and a familiarity with this community. I also realized how my motivation and desired outcome
impacts the theoretical lens through which I approach this project. Overall, awareness of my positionality provided an ethical foundation upon which to engage in the research process.

**Findings**

The reflections of the participants revealed rich experiences in how they navigated the integration of their pastoral and clinical identities. Findings were based on the themes that emerged during data analysis. These themes were: the journey; God’s call; self and identity; the role of mentors; and relationships.

**The Journey**

Each participant pinpointed an overarching experience, or journey, in their identity integration process. The journey seemed to be a theme present, and connected to, the other four themes of God’s call self and identity, the role of mentors, relationships. James described himself as a “Christian, husband, father, pastor, priest, and prophet.” The description of his journey began in reference to formal processes he participated in:

"It’s been a part of my education from seminary. Although clinical, certainly some of the pastoral counseling classes that I was taught were under the supervision of someone who was a licensed clinical practitioner, and then, really clinical pastoral education, which isn’t mental health you know, but it’s a credentialing process for pastoral counseling."

George described himself as someone who was on a completely different career path unrelated to pastoral or clinical counseling. However, once he changed career paths George’s experience was similar to James’ in that formal education seemed to launch his integration of pastoral and clinical identities:

"There was a book that we read in seminary. It was required reading. Christ and Culture by H. Richard Niebuhr . . . and that book helped me do a couple things; really get an
appreciation of the paradigm from which I function as far as the relationship between the divine and humanity. But, it also affords me the ability to not be judgmental when someone is functioning from a paradigm that is not mine. So, the paradigm that I function from is a Christ and culture model – meaning that the divine is all-powerful, is all-knowing, but yet created the environment. So, in its purest form culture, or the environment, is holy. Now, with misuse, abuse, culture and the creation has been marred. But, it’s not, at its core, antithetical to what is divine. So, it is redeemable in total from the paradigm. So, the integration of the science or art of therapy and the theology of pastoral care to me is one in the same.

As George traveled along on his journey he described this journey of identity integration with the metaphor of a pendulum:

I’ve always looked for patterns and the way things connect and that sort of thing. So, it made sense to me to integrate the two and not be one or the other. Now, the journey there I think the pendulum swings during that journey. You know, I think it’s very much the rarity for someone to fall into integrating the two right away. My guess is everyone swings to the religious side and maybe swings back to the clinical side, but then eventually they find an equilibrium. Alright, so, I think I’ve found an equilibrium.

The journey James and George experienced not only seemed to be overarching, but it also seemed to be directly connected to God’s call.

**God’s Call**

God’s call emerged from the data as the impetus, motivation, and energy for the journey. However, this call also seemed to be met initially with resistance from both James and George.

The impetus for the journey for George came from a specific experience:
Now, I mean I grew up in the church, but sort of fell away as a young adult, and in my tradition, I was what would be called an “EC” Easter/Christmas, you know I’d show up for the big days, and all the kids were all baptized, but I really wasn’t following on a daily basis. It wasn’t a part of who I was at the time, but I noticed that my prayer life increased and deepened . . . I verbalized, “God how could you let me get like this?” I mean the hair stood up on the back of my neck. I just felt, got a chill all over. It wasn’t, I mean it wasn’t a fearful thing, but it was, “What did I just do?” So, I got real still, kind of gave an apology to God under my breath . . . So, I sat on this fallen log . . . got prayerful, just got real still. And the still small voice that came was, “This isn’t where you’re supposed to be.”

James also pointed to a specific point when his journey began. He simply stated, “I was called by God.” However, for both James and George God’s call was initially met with some resistance. James stated, “I tried to avoid the call to the pastorate for a long time.” George stated, “I ran from it . . . I look at that religiously as my wilderness experience.” Yet in George’s wilderness experience he felt pursued by this call as God placed others in his life. After describing experiences where George was routinely involved in helping others he recalls a pointed question from a pastor:

She says, well, have you ever thought about, you know, being a minister? Pastor, I think she said. And I said, oh no, you know, I can’t do it, you know. I can’t do that. Well, from that point on it always gnawed at me in the back of my head that that was what I was supposed to do.

James described a similar outcome where he concluded he was doing what God had called him to do, “in that discernment process it would always seem to come back clear, has continued to
come back clearly that yes this is where you belong.” God’s call seemed to be the impetus and motivation for the journey for both James and George.

**Self and Identity**

As James and George traveled on their journey of integrating their pastoral and clinical identities, the theme of self and identity emerged. Throughout the journey, each seemed to describe his experience through the lens of reflecting on self and identity.

James located and described his identity through his calling as a pastor and how this calling manifested itself practically:

> The three core elements: preach, teach, and minister the sacraments . . . what I understand my own secure base . . . is that of the sacraments. Sacraments are commanded by Christ, they use an earthly element, and they contain with it a promise of, the promise of God. So, that’s the core of living in the sacraments.

James reflected on how his pastoral ministry helped to locate and describe his clinical identity:

> My primary practice comes out of my understanding of priest, pastor, call. That the practice of mental health counseling is about relationship, healthy relationship, and though I may not talk about God at all in the practice it is certainly behind all that I am.

George also reflected on self and identity in this way:

> What’s rewarding is that I can sit in the room and identify myself as a man of God, a clergy person, I don’t need to trot that horse out. I don’t need to tell the client, “Well, I happen to be an ordained person.” You know, my ordination is ontological not verbal. I am who I am regardless of whether I tell you or not. So, I can sit with someone and be prayerful and work with them through loss, through a tough place in a marriage, whatever, and they have an insight or they report that they had an insight during the week
from our last time and things are better now or whatever the case may be. And I can attribute that to God. So, I view being a clinical counselor as a ministry. It’s me doing what it is using the gifts that have been given to me by God in a capacity. And, just because it’s not couched in that language, and just because I don’t walk into the room wearing a God t-shirt doesn’t mean it’s not that.

The theme of self and identity directly impacted George’s and James’ identity integration journey. The theme of the role of mentors seemed an essential part of the journey as well.

**The Role of Mentors**

Each participant identified and described how key individuals mentored them through the journey of integrating their pastoral and clinical identities. The theme of the role of mentors seemed to evidence itself through mentors realizing potential, purpose, value in ministry, and finding God in the journey. George was a logistics manager and early in his journey a mentor pointed out his potential:

I had a chair next to my desk. I called it my social chair. And, people would come by and sit down and chit chat about this, that, and the other. Well, this one particular evening . . . she saw the light underneath my door. So, she came in and sat down in my social chair, and basically just unloaded. You know, with hurt, and frustration, and so forth. Well, then she leaves, and I let her know that there was somebody else in the room, and she was okay with it. And, once she leaves the chaplain kind of peeks up over top of the computer monitor and says, “Does that happen often?” And I said, “Well, yeah.” I explained the social chair thing, and she says, “Well, have you ever thought about, you know, being a minister?”

James’ mentors seemed to connect him to his purpose and value in life through effectively
listening to him throughout his journey:

There was a sense that they cared about me, or even if they didn’t care about me that they pointed to God, God’s love for me. God’s love gives hope, gives strength, gives courage. God loves me and understands who I am, are, what I’m made to be, my purpose, my value in life.

George described how his mentors were key for him in his journey as well:

How was he instrumental? By validating my ministry in the counseling room. He came when we graduated . . . and celebrated that as a strong ministry skill set. That’s not, it’s a both/and. It’s not somehow detracting from the state licensure, but it’s also realizing it is a ministry.

George also pointed out that the role of mentors allowed for him to find God in this journey as well, “Sitting one-on-one, it was interesting to share our journeys and our struggles and to find, find God in the midst of all that.” The role of mentors was a key theme. Closely related to this theme emerged the theme of relationships.

**Relationships**

Throughout the journey the theme of relationships seemed to shape one of the main priorities of both George’s and James’ experience. George’s description of why he established his “social chair” seems to show how the theme of relationships was connected to his identity, “I missed the interaction . . . so I had a chair next to my desk. I called it my social chair, and people would come by and sit down and chit chat about this, that, and the other.”

James pointed out that relationships seem central for those who seek him out for help, “I get calls all the time from . . . who are struggling in relationships, human relationships, as much, but certainly the human relationships have some parallels to their relationship to God.”
George also described the impact relationships had in his journey and how they impacted his identity:

I was very much a rule follower. You know, this is the way it was, and I went into parish work. But in the 16 years from life events and from sitting with people in a counseling setting, or walking the journey, whatever metaphor you want to use, that really the rules don’t, rules are there to keep us all sane, but really the important thing is relationship. I am one who values relationships.

Prioritizing relationships seemed to shape the identity integration journey as this theme seemed to connect directly to what was most important to George and James.

Discussion

This narrative inquiry focused on meeting the critical need for understanding the lived experiences of ordained pastors who integrated their pastoral and clinical identities. Their stories and experiences contributed to this understanding and revealed rich experiences. Their stories seemed to be best understood through the theme of the journey that served as an overarching narrative of their experience. The experiences present in their overarching story emerged in the themes of God’s call, self and identity, the role of mentors, and relationships.

These findings seem consistent with Townsend’s (2011) findings that found identity as a central category with four clear properties. These properties connected identity to calling, pastoral attitude, bridging psychology and spirituality, and anchored in personal faith traditions. Specifically, the themes of God’s call, and self and identity seem most consistent with Townsend’s properties.

The findings also seem consistent with the transformational tasks associated with the Gibson et al. (2010) study and the Moss et al. (2014) study on how counselor professional
identity evolves for novice and practicing professional counselors. These transformational tasks helped provide a roadmap for professional counselors navigating professional identity development. Although, not defined as transformational tasks, the themes of this study certainly provide a roadmap for identity transformation.

These findings also seem consistent with Muse’s (2004) recommendations for facilitating theological integration of pastoral identity and clinical practice. Muse pointed out that “addressing identity such as personal and professional integration and self–other representations related to the intersection between pastoral vocation and self-worth are a vital part of pastoral and clinical integration” (Muse, 2004, p. 313). George’s and James’ experiences connected to the theme of self and identity seem to address identity that is consistent with Muse’s recommendation. There seemed to be a strong connection in how their self and identity were expressed through how pastoral ministry helped to locate and describe their clinical identities. The theme of the role of mentors also seems in line with Muse’s recommendation. George’s and James’ mentors realized their potential, purpose, and value in a way that seemed to be related to Muse’s recommendation associated with the intersection between pastoral vocation and self-worth.

The theme of the journey also seems consistent with Muse in that his program of consultation and supervision “facilitates Chaplains overcoming dichotomous thinking and beginning to see the clinical in the theological and the theological in the clinical in a more seamless way” (Muse, 2004, p. 316). Overcoming dichotomous thinking and seamless integration seemed present in George’s and James’ experience. The journey seemed to describe George and James overcoming dichotomous thinking through formal education and wrestling with identity integration. Specifically, George stated, “the integration of the science or art of
therapy and the theology of pastoral care to me is one in the same.” George’s metaphor of the pendulum also described his identity integration, “My guess is everyone swings to the religious side and maybe swings back to the clinical side, but then eventually they find an equilibrium. Alright, so, I think I’ve found an equilibrium.”

The College of Pastoral Supervision and Psychotherapy (CPSP) also seems to promote an environment consistent with the findings. The CPSP is a theological organization seeking to assist and foster the journey of spiritual pilgrims through a community of authentic and genuine relationships (College of Pastoral Supervision and Psychotherapy, 2018). The themes of the journey, God’s call self and identity the role of mentors relationships all seem to be present in CPSP’s mission where the emphasis seems to be placed on people and their spiritual journey and not in the structure and hierarchy of the organization itself.

The findings seem divergent from the related literature when God’s call is considered. God’s call seems to be the impetus, motivation, and energy for the journey. However, this theme also seemed to carry with it the weight of divine purpose for the lives of those called. This was evidenced in the discernment process, and resistance, described by both participants in their identity integration journey. Perhaps further research is needed related to how the weight of God’s call specifically impacts the journey related to understanding discernment and resistance experiences. Perhaps discernment and resistance may be related to George’s metaphor of the pendulum where the journey takes one back-and-forth between the pastoral and clinical identities.

**Implications for Research and Practice**

Implications for research and practice seem essential in the field of pastoral counseling where Townsend (2011) identified a research vacuum evidenced by few empirical articles,
methodological flaws, and a lack of programmatic research. The programmatic approach found in counselor professional identity development literature could serve as a guide to filling this research vacuum (Calley & Hawley, 2008; Council for Accreditation of Counseling & Related Educational Programs, 2016; Gibson et al., 2010; Jorgensen & Duncan, 2015; Mellin et al., 2011; Moss et al., 2014; Rønnestad & Skovholt, 2003; Woo et al., 2014). Perhaps this narrative inquiry can serve as a launching point for future studies aimed at filling the research vacuum and serve as a call for programmatic research related to pastoral counseling identity development.

These findings may provide assistance to pastoral counselors as they navigate identity development throughout their careers as they live in both the pastoral and clinical helping professions. Novice and practicing pastoral counselors may benefit from exploring the themes associated with this study. The journey, God’s call, self and identity, the role of mentors, and relationships may provide a foundation for developing a roadmap for pastoral counselors who obtain licensure as clinical mental health professionals. These themes may serve as guideposts, or key stopping points, along the journey for those seeking to integrate pastoral and clinical identities. They may also serve as key areas to explore in the identity integration process.

These findings may also serve to provide counselor educators with information on how to better serve pastoral counselors-in-training as they begin their identity integration process. Counselor educators who train pastoral counselors may also benefit from including opportunities in their training programs that facilitate dialogue along these themes with their students.

**Limitations**

The number and diversity of participants in this study may both serve as limitations to the study. Although, two participants are appropriate for a narrative inquiry this may also serve as a limitation to the generalizability of the findings. The diversity of the participants may also
present a limitation of the study but may also reflect a lack of diversity in the field and region. Both participants were White, male, Protestants in their 50s living in a southeastern state. This also may lead to a limitation concerning perspectives from other faith traditions. Since the participants identified as Christian other faith perspectives were not addressed. Further research is needed that includes more diverse participants. Funding for the study was a limitation of this study as well. The lack of funding kept the researchers involved in this study to just one researcher.

**Conclusion**

The focus of this study was to understand the lived experiences of identity development and integration of ordained pastoral counselors who pursue licensure as clinical mental health professionals. The findings of this study provided an understanding of the stories and experiences of two ordained pastoral counselors in their identity integration process. The reflections of the participants revealed rich experiences in how they navigated the integration of their pastoral and clinical identities. The themes that emerged were the journey, God’s call, self and identity, the role of mentors, and relationships.

These findings may be useful in the training and professional development of counselors-in-training and practicing pastoral counselors. Counselor educators may also benefit as they are involved with these populations as well. A better understanding of pastoral identity development seems to have great potential to not only benefit pastoral counselors, but ultimately the distressed clients in their care.
Chapter 4: A Narrative Inquiry of Retired Army Family Life Chaplains

This empirical study used a qualitative, narrative inquiry methodology to provide an understanding of the narratives of retired Army Family Life Chaplains in their pastoral and clinical identity integration experiences. Key themes emerged from these professionals’ rich experiences reflecting on the span of their professional identity development with a focus on their pastoral and clinical identity integration experiences while serving on active-duty. This study is helpful in addressing important themes in the professional identity development of pastoral counselors and Army Family Life Chaplains.
Abstract

Narrative inquiry methodology was used to understand the pastoral counselor professional identity development narratives of four retired Army Family Life Chaplains. The theoretical framework guiding the study was Self-Determination Theory (SDT). Data analysis from semi-structured interviews provided rich experiences with five themes: concurrent development, transformational relationships, efficacy, no man’s land, and authenticity. These themes were synthesized with the constructs of SDT. Implications for research and practice for pastoral counselor professional identity development are discussed.

Keywords: army family life chaplain, pastoral counselor, professional identity development, narrative inquiry, self-determination theory
Crystal reflects upon her earlier counseling session with a client. She was grateful for the opportunity to step into the sacred space of the counseling room with someone seeking healing but found herself distracted by the influences of both her pastoral and clinical training. Crystal is a pastor who furthered her training as a counselor by becoming a licensed clinical mental health professional. Her reflection of her experience in the counseling session left her confused and a bit overwhelmed trying to decide what to emphasize in session. Should she emphasize more of her pastoral-self or her clinical-self with her clients? What kind of emphasis will help the client reach the goals they came in for? Is one of these identities more important to emphasize over the other? Do these identities integrate well, or are they best kept separate? How do these questions inform her overall identity as someone called by God to care for others? Unable to come to any conclusions, Crystal was left feeling conflicted and frustrated about how to resolve these urgent concerns. These concerns seemed to distract her from providing the kind of focused care she so desperately wanted to offer her clients. Where does the pastoral counselor find assistance related to these professional identity development questions?

John is a retired Army Family Life Chaplain, pastoral counselor, and licensed clinical mental health professional. He reflected on his professional identity development story and commented on what he eventually realized.

We are us, and although there are areas that we can emphasize and help to nurture, we should not ignore the other parts. So, that part of the identity is that we should never separate ourselves out into, “Well, now I'm a pastoral therapist. Oh, now I'm a mental health counselor. Now I'm a minister. Now I'm a clinician.” We bring our complete self into session with clients to help them become their complete self in a healthy way.
What resources are available to understand pastoral counselor professional identity development in order to assist other pastoral counselors like Crystal navigate this journey successfully like John?

Unfortunately, the literature on pastoral counselor professional identity development is very limited. The limited literature available identified identity as a central concern of pastoral counselors, provided learning points for theological integration, and emphasized the need to understand the integration of pastoral and clinical identities (Cheney, 2018; Muse, 2004; Townsend, 2011). There is a critical need to assist pastoral counselors as they navigate through their professional identity development journey in order to connect them with their complete selves and an integrated identity. Ultimately, this benefits the client when the pastoral counselor is then enabled to bring her “complete self into sessions with clients to help them become their complete self in a healthy way.”

The purpose of this article is to address this gap in the literature regarding the professional identity development of pastoral counselors by exploring the narratives of professional identity development of retired Army Family Life Chaplains. These professionals are both ordained pastors and licensed clinical mental health professionals. The article opens with a summary of my theoretical framework and a review of the literature related to pastoral counselor professional identity development. My study is then introduced based on the following research questions: a) What are the narratives of retired Army Family Life Chaplains who have graduate degrees, credentials, and licenses in both pastoral ministry and a mental health field? b) What are their experiences related to pastoral and clinical identities? c) How do these experiences inform their pastoral counseling? The article concludes with a discussion of the research findings with implications for research and practice.
My theoretical framework was guided by Self-Determination Theory (SDT). SDT is used to investigate individuals’ growth tendencies and innate psychological needs in order to describe, and perhaps forecast, the contextual conditions to best facilitate self-motivation and personality integration (Deci & Ryan, 2000). I chose this theory as my theoretical framework for this use and focus. SDT maintains that when the innate psychological needs of autonomy, competence, and relatedness are met the outcome is optimal functioning. Autonomy is defined as “the need to self-regulate one’s experiences and actions” and where “one’s behaviors are self-endorsed, or congruent with one’s authentic interests and values” (Ryan & Deci, 2017, p. 10). Competence is defined as “our basic need to feel effectance and mastery” (Ryan & Deci, 2017, p. 11). Relatedness is defined as social connection, feeling cared for, and “belonging and feeling significant among others” (Ryan & Deci, 2017, p. 11). SDT provided the theoretical framework to investigate the stories of pastoral counselor professional identity development in order to identify what contributed to or detracted from optimal functioning in the integration of pastoral and clinical identities. A complete description and critique of SDT is found in Chapter 5.

Researchers have studied the professional identity development of professional counselors for the past 20 years and continue to contribute to programmatic research in this area (Brott & Myers, 1999; Calley & Hawley, 2008; Council for Accreditation of Counseling & Related Educational Programs, 2016; Gibson et al., 2010; Jorgensen & Duncan, 2015; Mellin et al., 2011; Moss et al., 2014; Woo, & Henfield, 2015; Woo et al., 2014; Woo et al., 2017). Woo et al., (2017) stated “the first step toward establishing a strong professional identity among counseling professionals is to understand the construct thoroughly” (p. 15). This professional counselor body of research seems to have laid the foundation to accomplish this initial step. However, there seems to be limited research and understanding of the professional identity
Townsend (2011) recognized identity as a central category in his grounded theory study on how pastoral counselors view their clinical practice. This central category included a theme related to the need to bridge psychology and spirituality but did not provide an understanding of how pastoral counselors experienced the bridging process. Muse’s (2004) learning points for Army Family Life Chaplains included placing an emphasis on aspects of identity related to the personal, the professional, pastoral vocation, clinical practice, and self-worth. The goal of this emphasis was to experience professional identity in a more integrated way. Although these learning points seemed helpful for Army Family Life Chaplains, an understanding of their integration stories, or experiences, was not provided.

In my own work using narrative inquiry (Cheney, 2018), I found the narratives of ordained pastoral counselors revealed themes that provided an understanding for pastoral counselors-in-training, pastoral counselors, and counselor educators. These pastoral counselors were also licensed clinical mental health professionals. Five themes emerged from the narratives of two pastoral counselors focused on the integration of their pastoral and clinical identities. The overarching theme, and narrative, of their identity integration was the journey. The themes of God’s call, self and identity, the role of mentors, and relationships were present in the overarching theme. Implications for practice included pastoral counselors-in-training, pastoral counselors in the field, and counselor educators who were encouraged to use these themes “as guideposts, or key stopping points, along the journey for those seeking to integrate pastoral and clinical identities” (Cheney, 2018, p. 178). An implication for research from this study revealed a need for future studies aimed at contributing to the lack of research in the pastoral counseling field related to professional identity development.
The programmatic research found in the professional counselor identity development literature seems to offer a template for the pastoral counseling field. Perhaps Woo et al., (2017) identified the foundational approach to accomplishing a strong professional identity by highlighting the first step as “to understand the construct thoroughly” (p. 15). Brott and Myers (1999), Gibson et al., (2010), Jorgensen and Duncan (2015), Mellin et al., (2011), and Moss et al., (2014) began this first step by providing a foundational understanding through qualitative research. Qualitative research provides a foundational understanding through data collection in the research participants’ natural setting, data analysis that produces patterns and themes, and a report that highlights the findings through the voices of the participants (Creswell, 2018). Woo, Henfield, and Choi (2014) consolidated and reviewed the professional counselor identity development research. Woo & Henfield (2015) then developed an instrument to measure professional identity development, which enabled Woo et al., (2017) to conduct research focused on identifying developmental differences of professional counselors at different stages in their careers. Unfortunately, the pastoral counseling literature on professional identity development is not as well developed, and the understanding of pastoral counselor professional identity development seems to still be in the foundational, qualitative research stage. This qualitative study of retired Army Family Life Chaplains contributes to this emerging foundation aimed at a thorough understanding of pastoral counselor professional identity development.

The pastoral counseling field includes Army chaplains who serve soldiers and their families in a highly deployed military environment where mental health concerns are the most common challenge (Hoge et al., 2006). Due to combat deployments and long separations, soldiers and their families are often challenged with complex and comorbid issues. These issues are related to traumatic brain injury, PTSD, depression, substance abuse, high-risk lifestyle, and
suicidal behaviors that negatively impact their well-being and complicate transitions back to civilian life (Bray et al., 2010; Brooks et al., 2008; Carlson et al., 2010; Helmer et al., 2007; Hoge et al., 2006; Ikin et al., 2007; Milliken et al., 2007; Ramchand et al., 2008).

Within the Army Chaplain Corps is a community of practice made up of Family Life Chaplains positioned to meet these challenges soldiers and their families face. Family Life Chaplains are professionals with dual graduate degrees, credentials, and licenses in both pastoral ministry and a mental health field. Family Life Chaplains staff Chaplain Family Life Centers serving as “family systems therapists and trainers,” and “support commanders by providing additional training to chaplains in pastoral counseling and relationship education skills and programs” (Department of the Army, 2015, p. 46). Since many soldiers seek out chaplains before they seek out other mental health professionals, the role of Family Life Chaplains serving as therapists and trainers of pastoral counseling seems essential (Bryan et al., 2013; Department of the Army, 2015; Kopacz et al., 2016; Litz et al., 2009; Nieuwsma, Fortune-Greeley, et al., 2014). An understanding of the professional identity development of Army Family Life Chaplains seems critical due to their extremely challenging roles as therapists and trainers, the high-risk demographic they serve, the complexity involved with both pastoral and clinical identities, and the complete lack of research in this area.

**Method**

This qualitative study employed a narrative approach to understand the stories of Army Family Life Chaplains and their experiences of professional identity development. Narrative research provides understanding that is focused on the experiences of professional identity development related to pastoral and clinical identities in the context of how these stories are experienced and told (Clandinin & Connelly, 2000; Riessman, 2008). Researchers used narrative
approaches to study the stories of identity development where the common thread in these approaches was the use of reflection upon one’s own story to inform life experience and purpose (i.e., Bauer, McAdams, & Sakaeda, 2005; Blagov & Singer, 2004; Habermas & Bluck, 2000; King, Scollon, Ramsey, & Williams, 2000; McAdams & McLean, 2013; McLean, 2005; McLean & Throne, 2003; Throne, McLean, & Lawerance, 2004).

The use of a narrative approach to study the stories of identity development was also used to understand the experiences of critical events, or turning points, in identity development. “Turning points are episodes in which someone undergoes a substantial change” (McLean & Pratt, 2006, p. 715). Since these turning point experiences provide new understanding about oneself and inform decision-making, focusing on these turning points seems appropriate when studying the integration of pastoral and clinical identities.

Data Collection

I conducted data collection through semi-structured interviews and archived data. I recruited participants through email that met the criteria in my purposeful sampling strategy (Appendix A). All participants signed an informed consent and were given a pseudonym to ensure their anonymity (Appendix B). I conducted semi-structured interviews with each participant. The interview protocol included demographic questions followed by questions designed to explore participants’ pastoral and clinical identity development narratives (Appendix C). Interview question development was influenced by narrative inquiry methodology where questions are simple, open, and straightforward encouraging long narratives and allowing participants “to construct answers in ways they find meaningful” (Riessman, 2008, p. 25). Interview questions were also developed to explore turning point narratives where “one understands something new about oneself or faces decisions about different paths to take in life”
The semi-structured interviews were conducted with a fluid and conversational approach due to my background in pastoral and clinical identity development. Each interview lasted between 45 to 60 minutes. In order to interview participants from varying geographic locations, I interviewed each participant through synchronous online conferencing software. This software also provided confidentiality through an encrypted connection. All interviews were recorded and transcribed. Participants were provided a copy of the interview transcript in order to enable member reflections. Archived data were collected through an online search of how each participant professionally presented themselves as pastoral counselors (e.g., professional websites, Psychology Today listings).

**Data Analysis**

To analyze the data I read the transcripts recursively and conducted data analysis using a thematic approach of the stories developed around turning points related to identity development (McLean & Pratt, 2006; Riesmann, 2008). This is consistent with an inquiry process focused on “storied accounts of particular events that developed around an idea or concern” (Clandinin & Connelly, 2000, p. 134). Data were coded thematically, and themes were sent to each participant. This provided participants the opportunity to comment and give feedback on the themes. This also provided me an opportunity to clarify, modify, and corroborate the themes. Through recursive and thematic data analysis I saw five themes emerge from the participants’ rich descriptions related to identity development (McLean & Pratt, 2006; Riesmann, 2008): (a) concurrent development, (b) transformational relationships, (c) efficacy, (d) no man’s land, and (e) authenticity. Following data collection and data analysis, emerging themes were synthesized with the constructs of SDT. This synthesis informed how these themes either contributed to or detracted from optimal functioning in the integration of pastoral and clinical identities.
Participants

This narrative inquiry focused on understanding the turning point stories of retired Army Family Life Chaplains as they reflected upon their experiences of integrating their pastoral and clinical identities. Following institutional review board approval, I recruited four participants through a purposeful, criterion sampling strategy (Creswell & Poth, 2018). Criteria for this purposeful sampling strategy included participants that: a) were ordained clergy; b) served as active-duty Army Family Life Chaplains; c) obtained licensure as a mental health professional; d) retired from military service; e) were currently practicing pastoral counselors.

The retired Army Family Life Chaplains in this study consisted of four men who ranged in age from 51 to 67 years, identified as Caucasian, and retired from the Army nine months to 12 years ago (Table 1). All participants earned a Master of Divinity and were ordained in different protestant denominations before entering active-duty as Army Chaplains. While on active-duty, they completed Army Family Life Training programs at three different Army installations in the South, which included earning a masters degree in counseling from three different civilian universities. Half of the participants held doctorates. All participants were licensed marriage and family therapists. One participant was also a licensed professional counselor. Three of the four were credentialed clinical supervisors. Each participant was currently seeing clients in private or group practices in three different cities located in two different Southern states.
Table 1

Participant Demographic Information

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<tr>
<th></th>
<th>Donald</th>
<th>Robert</th>
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<td>1-5</td>
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Note: LMFT – Licensed Marriage & Family Therapist, LPC – Licensed Professional Counselor

Trustworthiness and Credibility

The trustworthiness and credibility of this study were established through thick description, crystallization, member reflections, and reflexivity (Creswell & Poth, 2018; Tracy, 2010). Thick description was delivered through in-depth detailed accounts of participants’ narratives positioned in the context of their experience. Thick description provides readers with rich information through which to come to their own conclusions regarding the data instead of the author telling readers what to think.

Trustworthiness and credibility were also established through crystallization. Crystallization is a concept similar to triangulation but seeks to transcend the “rigid, fixed, two-dimensional” triangle to “allow different facets of problems to be explored” (Tracy, 2010, p. 843). Exploring different facets depends on the angle through which those facets are viewed in a similar way to how viewing a crystal at different angles allows for different perspectives. I provided crystallization through collecting and analyzing multiple types of data and interviewing participants who were educated in different counseling masters programs, who completed different Army Family Life training programs, and who currently practice in different cities. Member reflections allow for participants to respond to the findings and themes in a way that
does not suggest a single truth but allow for participants to reflect upon the findings in order to provide feedback on how the findings are consistent with the participants’ reality (Tracy, 2010). I provided participants with the emerging themes in a way that provided me the opportunity to clarify, modify, and corroborate the themes in concert with the participants’ reality.

To further enhance the trustworthiness and credibility of this study I wrote reflexive journals throughout the research process in order to describe and understand my personal assumptions, biases, and “experience of the experience” (Clandinin & Connelly, 2000, p. 87). As an Army Family Life Chaplain, licensed marriage and family therapist, licensed professional counselor, and credentialed clinical supervisor, one of my personal biases was my belief that the integration of pastoral and clinical identities is important to Army Family Life Chaplains who obtained licensure as a clinical mental health professionals. Among my main assumptions was that this integration process develops over time, is an on-going process that begins when an ordained pastor is introduced to clinical models for counseling, and continues throughout a counseling career. My experience as the researcher in the study revealed how I resonated with many stories of the participants, how I quickly found myself experiencing their stories with them, and how I was impacted by their experiences. This experience seemed consistent with how “these multiple storylines interweave and interconnect, bearing upon one another and on how we come to understand ourselves” (Huber & Whelan, 1999, p. 382). These assumptions, biases, and experiences were repeatedly acknowledged throughout the data collection and analysis process.

**Findings**

The stories of retired Army Family Life Chaplains illuminated their lived experiences in their pastoral and clinical identity development. Their narratives provided five main themes. The theme of concurrent development emerged from the participants’ descriptions of how they
experienced both their pastoral and clinical identities developing together even though those identities may not have initially started developing at the same time. The theme of transformational relationships emerged from the participants’ descriptions of key turning points in their identity development where relationships with colleagues, supervisors, mentors, or clients seemed to transform how they viewed their identity. The theme of efficacy emerged from the participants’ descriptions of how experiencing efficacy in the counseling room was a key turning point in their identity development. The theme of no man’s land emerged from the participants’ descriptions of how distinctly pastoral and clinical professionals viewed their work leaving them stuck between both communities. The theme of authenticity emerged from the participants’ descriptions of how the integration of their pastoral and clinical identities allowed them to experience their authentic selves in their work. The participants’ stories are shared in order to illustrate the importance of these themes across their narratives. Their voices tell their story of pastoral counselor professional identity development.

Donald’s Story

Donald is a 59-year-old, ordained, protestant minister serving as a licensed marriage and family therapist and supervisor in a Southern state after retiring from the Army. Donald experienced a calling to pastoral ministry as a child. He attended seminary to complete his Master of Divinity. The seminary he attended also provided a marriage and family therapy program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). This allowed Donald to take six to seven classes from marriage and family therapy faculty in conjunction with his master of divinity program. In this context, he received his formal training as a pastor and began his training as a clinician. He entered the Army as a chaplain shortly following seminary. While serving as an active-duty Army chaplain
he attended the Army Chaplain Family Life Training Program where he completed a Master of Science in counseling psychology and served as a Family Life Chaplain. Donald also completed a doctorate in Counselor Education and Supervision. Upon his retirement from the Army, he entered private practice and continues to see clients as a licensed marriage and family therapist. An internet search showed Donald presented himself online as a therapist with a Christian worldview who fully supports client autonomy and religious choice.

Donald’s story began by reflecting on his experience of being introduced to clinical models for counseling. Donald mentioned his pastoral identity first, “I would say I had a pretty strong pastoral identity at the time even entering seminary. That goes back to a call to be a pastor when I was 12.” The call to be a pastor eventually led him to seminary. After Donald mentioned his pastoral call, he reflected on his experiences in seminary and his first assignment in the Army. These experiences seemed to combine his early pastoral experience with his early Army Chaplain experience. Speaking of his pastoral and clinical identities he discussed how both seemed to develop simultaneously.

I think they really developed sort of simultaneously. . . . So, I kind of saw myself from an identity standpoint, as well as from a practical standpoint, just the demands of ministry week to week, of being a pastor and a counselor. They just fit together. . . . I think they really grew up together. I was a very young pastor, you know, I only had not quite two years of pastoral experience. . . . So, not a lot of pastoral experience before I became a chaplain. And then, of course as you know, being a battalion chaplain involves a lot of counseling. So yeah, they developed, they really developed together.

Donald seemed to benefit in his professional identity development when he was exposed to both pastoral and clinical perspectives during his formal seminary training.
I would say that when introduced to clinical models I never viewed those as adversarial or in opposition to each other. I always sensed an excitement as a pastor, and as a pastoral counselor, to hear what these models had to offer, and to filter them through my theological grid, keep what I thought was useful, ignore the rest, and move forward. This development of both the pastoral and the clinical seemed to serve as a foundation for the rest of Donald’s career.

As Donald’s story continued, he identified key transformational relationships as he reflected on turning points, or critical events, in his story. These transformational relationships were with his mentors. One mentor was his clinical supervisor even before he entered a formal counseling program. This mentor coached him as a pastoral counselor. The supervision he received was impactful, and he described this experience as “a year of supervision way before I became a Family Life Chaplain.”

Another transformational relationship that served as a critical turning point in Donald’s story came from a mentor and clinical supervisor during his training in the Army Chaplain Family Life Training program. This clinical supervisor was an Army Family Life Chaplain and an American Association of Marriage and Family Therapy (AAMFT) Approved Supervisor. Donald reflected upon this experience and described how this mentor . . . really influenced everyone in my class to maintain their pastoral identity. Your Army did not bring you here to turn you into clinicians. You are a pastor. Stay a pastor and keep pastoring everybody that walks in your office, but let’s acquire some clinical training in the process. So that was a real shaping point.

The third transformational relationship that served as a turning point for Donald was also an Army Family Life Chaplain and AAMFT Approved Supervisor. Donald described an experience
that stood out to him. “One of the things that he really said to me early on, that I've always embraced, is that my identity is I am a pastor with advanced clinical training. So, I held on to that. It fit me.”

These three transformational relationships strongly influenced Donald’s professional identity development as a pastor and a clinician. He identified these relationships as experiences that “shaped who I was, and who I am.”

Donald’s story also included vivid descriptions of how his effectiveness in helping others impacted his life and how his clinical skills seemed to significantly impact his professional identity development. He commented on how this process “made me a much, much better pastor.” Donald described his increased efficacy as a pastor.

I have been able to really sit with parishioners, with non-believers, soldiers, and family members who are not Christians, and really sit and minister to them in a very deep, genuine way; dig deep into personal issues, relational issues, help them experience healing in a lot of different ways. Seeing marriages saved, not because of my skill. I would often say to people, “Being a counselor or pastoral counselor it's like getting a front row seat in the redemptive drama of God.” . . . And I'm in it, but I also I have a great vantage point to watch people's lives get changed, saved, encouraged, their marriages saved, because of my willingness to be there and to help them. And so that's been a super positive part and that's what I enjoy doing. I love experiencing those results, and be part of it, watching those lives change.

Donald’s efficacy in the counseling room seemed to result from both pastoral and clinical identities where his clinical skills were well integrated with his theological framework and impacted the effectiveness of his counseling.
Although Donald’s story seemed like an overall positive experience, it was not without difficulty. These difficult experiences came from interactions with professionals in both the pastoral and clinical worlds. Donald described this experience as directly relating to his integration of both his pastoral and clinical identities.

It’s kind of, it's being in no man's land. Yeah, I think embracing the identity that I have left me in the middle. It's like you're on the front lines in World War I. You know, you're out there out there, on the flat land, and you got guys on both sides and trenches taking shots at you. And that's kind of what it felt like, and I don't know if that really ever went away.

Donald described how this no man’s land experience began in seminary.

I think the difficulty came in realizing I was in no man's land. So, even in seminary all my buddies in the MDiv program, who were not in the counseling emphasis were like, “Oh, you're not being biblical. You've gone off the biblical reservation. You're hanging out with all those marriage and family therapy types, and they're all pretty suspect people.”

His experience continued in his clinical masters program. When Donald reflected on this he said, Now we're not in seminary. Now we're in a secular master of science program, secular professors, secular program. And they're lobbying real hard for our identity to be as counselors. And, I didn't really have a hard time maintaining my pastoral identity. What I had a hard time with was staying connected to them. It's like, hey, “Can you just let me be a pastor and be a counselor?” They were like, “Well, we're not really satisfied with that. You need to come all the way over here to our side of the, you know, our side of the field.” Well, I can't really do that.
This experience also continued for Donald in the Army as a Family Life Chaplain where he struggled with how to manage his professional relationships when he didn’t seem fully accepted on either side of no man’s land.

I think what was hard is figuring out how to manage that sort of publicly and relationally. You know, how do I stay friends and win the respect of my mental health colleagues that I work with as a Family Life Chaplain? You know, case review committee, social workers, psychologists, all those guys? And how do I maintain some sort of professional dialogue and respect level with other chaplains my rank, usually a rank above me? It's where I got most of the flak; so they would not see me as some sort of second rate chaplain there. You know, couldn't cut it in the woods, and so I sit in the counseling office now and do soft stuff. I think that was probably the biggest struggle, you know, for me, is just how to manage that.

His current experience also seemed burdened by no man’s land.

I still encounter that to some extent. You know, in churches today, even in church where I'm at. You know, hey, I'm a pastor, but I'm also a licensed marriage and family therapist and they're like, “Oh.” So, now we're a little disappointed, you know, “So you use more than the Word of God and prayer when you do counseling?” “Yeah, I do, actually.” And I get kind of a stiff arm from people, you know, that they think maybe I've left the reservation. I’m not sufficiently biblical. I actually probably get more pushback from church folks than I do from my mental health professional colleagues, you know, in that way.

No man’s land seemed to be a significant challenge for Donald, but his strong professional identity seemed to anchor him in that struggle.
The difficulties and struggles of Donald’s professional identity development made up significant portions of his narrative. When he reflected on how these experiences informed his pastoral counseling today, authenticity seemed to emerge as an integral part of his identity. His first comment during this reflection described how he presented himself to the public, “Yeah, it's a big value to me, and I taught it to others as well to live life with integrity. So, when I describe myself as a pastor with advanced clinical training, that’s how I do ministry.” Donald also described how he took an intentional, authentic approach to how his identity informed his pastoral counseling.

So, I've tried really hard, and I think successfully, to develop a functional identity where I present myself to the public, honestly, who I am, while at the same time remaining open to helping anybody who comes my way, you know, to not exclude anybody and therefore you know, go awry of the other professional ethical standards.

During the very first counseling session with his clients, Donald takes practical steps to authentically describe his identity. This process starts with his intake forms that specifically asks about the client’s religious preference, importance of spiritual values, how they influence daily life, and to what extent the clients would like to see these as a part of therapy. This continues with a discussion during the first session to clarify how Donald is a pastor with advanced clinical training. He then clarifies to what extent the client would like spirituality brought into therapy. Donald reflected upon this process.

But it's important for me, to me, for them to know who I am. And I'm very careful, “Tell me who you are. Tell me about your spiritual journey and your spiritual values and how that coincides with the issue that you're bringing to me.” And I've never had a problem negotiating that with people. . . . So, functionally I think I've developed a good method in
which I can live out very practically and very genuinely that pastoral identity to be a 
pastor with advanced clinical training, and it seems to fit my clients.

Donald went on to describe how his authenticity in presenting himself as a pastor with advanced 
clinical training influenced his approach with clients and the outcomes they experience even if spirituality was never discussed in therapy.

They'll see it in my emotional response to them. They'll see it in my care and compassion for them, my commitment to them through this process, and they'll be like, “Wow! So, I know this guy's a Christian, because we had that conversation back, in fact he's a pastor and he's not pushy, and he's not judgmental. He's helping me solve the issues I brought. Wow!” So, I see that as you know planting seeds, to use a Pauline metaphor, I'm planting seeds and maybe even doing some watering. And, I hope that we may get to session 12 and terminate, and their issues are better and I never did technically share the Gospel with them. But, I hope they leave there with the sense that, “Hey that was probably the most positive interaction I've ever had with a Christian in my whole life. I am now more open to the gospel.” And I'm okay with being a planter, or waterer, and allowing God to show them where they need to go next on their spiritual journey.

Donald’s authenticity stood out in his practical approach in presenting himself to the public and how this laid a foundation for therapy with his clients. His authenticity seemed to allow him to engage his clients in a way that fit their needs while at the same time staying true to his identity as a pastor with advanced clinical training.

**Robert’s Story**

Robert is a 56-year-old, ordained, protestant minister serving as a licensed marriage and family therapist in a Southern state after retiring from the Army. He attended seminary and
received master’s degrees in biblical studies and divinity. While serving as an active-duty Army chaplain, he attended the Army Chaplain Family Life Training Program where he completed a Master of Arts in counseling and served as a Family Life Chaplain. Robert recently retired from the Army, pursued licensure as a marriage and family therapist, entered private practice, and continues to see clients in that capacity. An internet search showed Robert presented himself online as a therapist, ordained pastor, and pastoral counselor.

Robert reflected on his story and described his development when he was introduced to clinical models during his clinical master’s program. Robert described how this experience enhanced his identity development. “As I became more familiar with the model, and more comfortable with using it, I think my Christian identity came out more naturally.” Robert’s description of this experience seemed to identify that these identities not only developed concurrently, but one identity seemed to enhance the other.

Robert’s story also included how his professional identity development was also a recent experience, which progressed after retiring from the Army. Speaking of his pastoral and clinical identities he stated,

I’m kind of in that space right now. . . . I hate to divide them so sharply, because they’re really not that. It’s not like two me’s here. The clinical is a way of helping people, which is part of my spiritual identity.

Robert’s description continued as he described his experience and emphasized, “It’s hard to sort out where the clinical stops and the pastoral starts.”

As Robert continued his story, he identified key transformational relationships as he reflected on turning points, or critical events, in his story. One of his transformational relationships as an Army Chaplain was with an instructor who was a Family Life Chaplain.
Robert’s positive experience with this instructor steered him towards more clinical training and eventually led him towards a clinical master’s degree in the Army Chaplain Family Life Training Program. Robert reflected on this experience and stated,

> When I came on active-duty I had to attend a class taught by [instructor] on family therapy, which I kind of liked and started employing the skills as soon as I got them. And then, anytime there was a training on marriage and family enrichment, or whatever it was, I would go to that and, you know, use the tools that I got there. And then, when they offered me family life . . . I thought that this could be very useful in ministry.

Robert’s professional identity development and clinical training may have never materialized without the transformational relationship with that influential instructor.

Another transformational relationship that served as a turning point for Robert came through a professional relationship with his clinical supervisor after retiring from the Army. His clinical supervisor recognized Robert’s strengths that came from his strong pastoral and clinical identities. Reflecting on this experience Robert described this transformational relationship that encouraged him to combine the skills from both identities into his everyday practice.

> I described some of my passions to my supervisor here and he said, “Well, why don't you do both, you know, we’ll call you the director of the pastoral services here,” So, that took me on, you know, that was a significant thing. That was just a suggestion, but it made sense with who I am at the time, and who I am now. . . . Really, when it comes to the whole clinical counseling stuff that it's always, it's all been like that. Like, this is an opportunity. You want to go through it or not? You want to open this door? And I said, “Yeah, I’ll open it up.”

These transformational relationships with both an influential instructor early in Robert’s career,
and with his clinical supervisor, seemed to serve as turning points in Robert’s story. The influential instructor seemed to turn Robert towards beginning the development of his clinical skills and identity. In a similar way, Robert’s clinical supervisor seemed to turn him towards a focus of continued identity development after retiring from the Army.

Robert’s story also included descriptions of how his effectiveness in the counseling room impacted his professional identity development. As he reflected on how the pastoral and clinical seemed to energize his development, he identified how his efficacy was directly related. He described what it was like to first realize he had clinical skills.

And so I always kind of looked at the clinical side as a tool. And, whenever I got involved at [university] and study in and then at the [counseling center], where the internship site was . . . I realize that I was kind of good at it, and I was able to take it to a different level as a Family Life Chaplain, and I think really kind of became a true clinician somewhere along the line. Somewhere between being at the [counseling center] and being at the first Family Life assignment at [Army installation] that kind of realized I, you know, I had the skills to be a clinician.

As Robert’s story continued, he realized how his competence in the counseling room impacted his identity. When Robert reflected on his effectiveness with clients he described,

That's starting a shift with regard to my identity formation. The two, the clinical, the pastoral, dovetail rather nicely. And I noticed also that some of the, some of the greatest healing, like even doing therapy modalities like EMDR [eye movement desensitization and reprocessing], which is very much a clinical protocol, when spiritual resources are integrated into that, the change potential, the healthy potential increase exponentially. And, people are able to really, really break free sometimes and make huge progress when
they're challenged to go beyond the natural and to seek what spiritual resources that they already have.

Efficacy seemed to act as a turning point in energizing Robert’s professional identity to continue to develop both the pastoral and clinical.

Robert’s story also included experiences where he described how he felt caught in the middle of expectations that left him questioning his identity. He reflected on his own identity and wondered how he should affiliate. Should he affiliate with the pastoral or the clinical? He described what his was like to find himself questioning his identity in this space.

One thing that I heard someone say that has me thinking about my identity, again, that they were saying the music ministry made them feel important. And, when they didn't have the ministry they didn't feel important. And, so right now I'm kind of like thinking about how the source of my identity, and is it, does it need to be because I'm a clinician, because I'm a pastor? Those are some of the questions that I’m thinking about now.

Robert also described a struggle with the expectations he felt from other Christian ministers since he was engaged in clinical counseling.

There's been times whenever I, whenever I just feel so less than my fellow Christian ministers who are pastoring churches, things like that. Where I've had to grapple with, “Okay, am I really doing what I'm trained to do as you know with my masters in divinity and my earlier passions of ministry.” And so, you know, part of it, you know, there’s been tension over that.

The tension Robert described in these experiences seemed similar to Donald’s description of no man’s land. Robert was trained in pastoral ministry and clinical practice, yet he felt caught in the middle of the tension of trying to manage competing expectations.
Even though Robert felt the tension, his professional identity development seemed to move him towards more authenticity. When he reflected on how these experiences informed his pastoral counseling today, his authenticity seemed to emerge as an integral part of his identity. Robert specifically described how this influenced how he presented himself to the public.

I'm starting to get a lot of clients that are in ministry. And I think it may be how I'm advertising myself with both hats. And, as I do that I'm feel like that I'm gaining a deeper sense of purpose and starting to really see how I can wear both hats . . . so that's starting a shift with regard to my identity formation.

Robert’s experience navigating his professional identity development also seemed to allow for authenticity with clients. Reflecting on his experiences informing his pastoral counseling today Robert commented,

I think sometimes they give me ideas, images to share with people. Um, they let me know, you know, just how valuable the questions of identity formation are, and what a difference it can make when you're doing something that’s within your strengths, that is something that is beneficial to others, something that connects you to God. On those, all those things, I think, you don't just get by reading them in a book, you get by practicing them in your life. So, that I find valuable.

Robert’s authenticity in his identity development experience seemed to be seen in how he presented himself to the public and how his experience created empathy for those navigating identity formation.

**John’s Story**

John is a 67-year-old, ordained, protestant minister serving as a licensed marriage and family therapist, licensed professional counselor, and clinical supervisor for both of those
professions. He retired from the Army in a Southern state over 12 years ago and entered private practice. John’s graduate degrees included a Master of Divinity and a Doctor of Ministry. While serving on active-duty he attended the Army Chaplain Family Life Training Program where he completed a master’s in community counseling. An internet search showed John presented himself online as a therapist, professional counselor, and ordained minister.

John’s story, like Donald’s, also began early in his career. John reflected on his story of pastoral and clinical identity development experience and recounted how his experience was like a woven thread throughout his identity.

I have always had an interest in mental health counseling from the time I was, even before a pastor, and that has been a thread woven through my pastoral identity from the time I was initially in seminary . . . . So, to be introduced to pastoral counseling, mental health therapy modalities, interventions was an exciting time for me to help equip me and give me the tools to become the kind of pastoral counselor that I knew I could be.

In seminary, John “found that the classes that were directed toward counseling and mental health . . . helped inflame that fire a little more.” This steered him towards a doctor of ministry program with an emphasis in pastoral counseling. John reflected on his story and realized his pastoral and clinical identities concurrently developed without his awareness.

I looked back and recognized that in earlier assignments I had attended family life chaplain volunteer training on how to do counseling. I had driven 30 miles one way every week to sit in on a pastor in town who was talking about pastoral counseling. All of this above and beyond just out of my own interest of I would really like to know how to do this better, and realized that I had had a thread going through for already 15 years of, kind of, on the side, sidebar, learning more about counseling, reading books about counseling,
taking classes about counseling, going to family life training when I was a battalion chaplain in order to learn about counseling. Then, when I got into the family life training program at [university] it all started to fit together, and I realized this is where I swim well. I like this.

John realized that as the pastoral and clinical identities concurrently developed this allowed for an integrative approach to counseling.

To only emphasize spirituality and neglect relationships, or mental health, is to only deal with a part of the person. To only work with mental health, and not deal with spirituality, is to miss some of the bigger picture that an integrative approach of body, soul, spirit, mind, will, emotions, relationship dynamics, behaviors, beliefs. We are us, and although there are areas that we can emphasize and help to nurture, we should not ignore the other parts. So, that part of the identity is that we should never separate ourselves out into, “Well, now I'm a pastoral therapist. Oh, now I'm a mental health counselor. Now I'm a minister. Now I'm a clinician.” We bring our complete self into session with clients to help them become their complete self in a healthy way.

John’s story seemed to highlight how the concurrent development of his pastoral and clinical identities guided his professional identity development from early in his career to an integrated identity used to help others.

As John continued his story, he identified key transformational relationships as he reflected on turning points, or critical events, in his story. The transformational relationships in John’s story were with colleagues and a supervisor in his clinical master’s program while attending the Army Chaplain Family Life Training Program. He reflected on these conversations that seemed to highlight an identity influenced by both the pastoral and clinical.
One of the conversations was a term that we'd use, which was, which I've heard frequently, called rearranging the deck chairs on the Titanic. Which is, why are we helping these people arrange the chairs on a sinking ship if they are not spiritually attuned to God? . . . And, to me, that was the wrong question or conversation. They were observing people as sinking ships, and their only effort was to rearrange chairs on a sinking ship. I did not want to regard people as sinking ships. . . . They're not sinking ships. They're part of God's creation that should be reconciled in every area of their life. . . . And, that was the conversation that we had and that continued when I got here to [Army installation] with my supervisor and others in the supervision group. That helped to sharpen my approach and to help clarify what I am really talking about. What is the value of the client and whose need is being met became very, very crucial in my development of is this session about how I want to move this person to where I believe they should be, which I think is inadequate, or what is it about this person that brings him here with a hunger that says there's more and I don't know how to get? Let me help them fight.

John reflected upon how the relationships with his colleagues and supervisor enabled conversations that “were very, very crucial” to his development. In fact, John described how these conversations from his clinical program years ago still impact his development today. These transformational relationships emerged from the professional relationships that reverberate to the present. He stated, “And, 20 years later it’s still going on.”

John’s story also included descriptions of how his effectiveness in helping others impacted him in his pastoral and clinical identity development. He reflected on how both the pastoral and clinical allowed him to help people more effectively.
I think that my pastoral identity is wrapped up in the goal of helping people to become healthy and that aspect of healthy encompasses the entire person. Relationships, spirituality, mental health, psychological makeup, relationship dynamics, behaviors, thought patterns, the whole person being healthy in every aspect of their life is what I see is the goal of reconciliation to God. As ambassadors to Christ, 2 Corinthians 5:19-20 talks about, “We are ambassadors for Christ, we beseech you to become reconciled to God” . . . everything. So, getting exposure in mental health counseling was added benefit to me to help people become more whole and healthy in every aspect of their lives.

John’s story continued as he explained how his effectiveness with his clinical approach was also a theological challenge.

Yes, I think it was a challenge, and the reward was it became more experiential to see the clients respond to somebody who genuinely, authentically, curiously cared about where they were in their life. And, that's when it began to really blossom . . . So to help them answer their own questions that became a clinical challenge, but it also became more deeply a theological challenge for me to develop the skill set that genuinely listened for their deeper questions.

John also described his effective approach in the counseling room from both a pastoral and clinical lens.

I think recognizing I am sitting in the room with one of God's children who is worthy of everything that I think I'm worthy of, and that person is as fitting of the blessings of God regardless of their behavior, or their past, or their horrific decisions. And, for me to direct them in order for them to do things that I think would make them right is to cheat them out of their birthright of the opportunity to experience and explore what healthy is like
between them and God rather than healthy between what I tell them they need to do based on my own perspective.

John’s efficacy in the counseling room seemed to result from both pastoral and clinical identities where his clinical skills were well integrated with his theological framework.

John’s identity development journey was not without difficulty. As he reflected upon his experiences in his professional identity development, he described how he found himself in the middle of two different perspectives in his clinical master’s program.

I think part of it was the discussion with the students in my master's program in community counseling, where I felt that I was in the middle of two different camps. One who embraced, “We've got to get this mental health thing down and help people be mentally well,” and the other was the issue is all spirituality, “We've got to help them find their spiritual groundings.” And, I realized that they should not be separated.

John’s realization that mental health and spirituality should not be separated seemed to place him in the middle of these camps in a no man’s land similar to Donald’s and Robert’s experience. This conflict continued into his Army career when the Army culture seemed to suggest that the hard core, real Army Chaplains stayed in operational units and did not specialize in pastoral counseling. John reflected on this experience and how it impacted his professional identity development.

I have become an expert on communication, problem solving, conflict resolution, developing intimacy in couples, and have gotten trained in strong bonds prevention relationship enhancement program, and will spend the rest of my career working with military families. Who do you think would be more recognized in ministry by their home congregation? And, that was a very tacky way for me to put it, in that, you know, because
to buy into I want to be hooah Army and learn how to do all this cool guy stuff that's the Army culture, but that's not necessarily a pastoral identity. I have embraced my pastoral identity to a greater degree by being more fully equipped to provide ministry to families. John’s experience highlighted his clinical training actually enhanced his pastoral identity even though others in the Army culture may have felt differently.

John reflected on how the professional identity development of both his pastoral and clinical identities informed his pastoral counseling today. He described his experience about how his identity facilitates his authenticity in helping others.

I think it's the only way that we're able to do it, is to be authentic in the session with ourselves. Otherwise, we're trying to manipulate the environment, or the client, or the session to meet our own needs. We have to be authentically there saying, “I don't have your answers, but we're going to have a journey. It will help you.”

John also reflected upon how the development of his pastoral and clinical identities seemed to solidify an authentic foundation for helping others.

So, out of that conversation it helped again to clarify for me, number one, that I was in the track that I really loved and enjoyed, that this is what I want to be doing. And, it allowed me a greater pastoral identity, because now I recognized that it did not matter the context, whether it was in a congregation, whether it was in a battalion, whether it was in a military setting, in a retreat, or whatever setting that my pastoral identity was going to continue to emanate from a strong foundation that wherever I go, no matter what I'm doing I'm doing ministry. And, it is not dependent on the situation, the circumstances, the title, the position. It depended on my being there with an identity of helping people to become healthy in every area of their life.
John’s authenticity, fueled by his strong professional identity, seemed to be foundational to how he approached helping others in a multitude of contexts.

**Kenneth’s Story**

Kenneth is a 51-year-old, ordained, protestant minister serving as a licensed marriage and family therapist in a Southern state after recently retiring from the Army. Prior to the Army he attended seminary where he received a Master of Divinity. Kenneth became a pastor right out of college and served in this capacity while he attended seminary. After his time in the pastorate, he entered active-duty as an Army Chaplain. During his time on active-duty, he attended the Army Chaplain Family Life Training Program where he received a Masters of Arts in counseling. Upon retiring from the Army, Kenneth entered private practice. An internet search showed Kenneth presented himself online as a therapist.

As Kenneth reflected upon his professional identity development experience, he described how both the pastoral and the clinical seemed to develop together, but not necessarily at the same pace. He stated, “I’m not sure that I can say there’s like specific instances where, ‘Oh yeah, this is where the two come together.’ I think they’ve always been together. They just kind of ebbed and flowed.” Kenneth’s description of how pastoral and clinical identities ebbed and flowed fits with his early experience of his introduction to clinical models.

When I first started, I almost went all the way clinical and even though I was a Family Life Chaplain I was still sort of in that, “Okay, am I a pastoral counselor or am I a mental health clinician?” And so, it’s kind of like there was an understanding that I was a pastor, but I was, I would say, I leaned more towards the clinical part of it. What I found is over time I’ve actually come back to the center where I see how my theological training has really enhanced the clinical work. So, it was kind of like I went from one, not quite this
extreme, but I went from sort of a pastoral counseling model to a clinical model and now sort of moved back to the middle because I see the effectiveness of both of them. But, there is certainly power in having that pastoral presence, that theological presence that helps clients heal better.

As Kenneth continued to tell his story he struggled to find a time when both the pastoral and the clinical did not seem present for him.

There's never been like I was only a spiritual counselor, or only a clinical counselor. It was, I'm not sure that there was a place in time when I can think back and go, “Yep, that's when I felt like it all sort of came together.”

Kenneth’s story highlights how both the pastoral and the clinical identities ebbed and flowed but always seemed to be present.

Critical turning points in Kenneth’s story emerged as he reflected on how transformational relationships impacted how he viewed his identity. These transformational relationships were found in the professional relationships he developed with colleagues.

I had some good experiences with therapy at [Army installation], but when I got to [Army installation] it was me and a psychologist were the only, so, mental health, I guess you would say, workers there. And so, I was getting tons of clients, and they were almost all coming with trauma, because there were, it was just overwhelming for the psychologist. And so, I think that was when I really started to see that in my role as a pastor, and having these clinical skills, how I was able to be comfortable in that role because of the fact that we were so overwhelmed in [Army installation] and it was, “Chaplain Kenneth has these skills.” And, and I almost felt like I was thought of as wing
of mental health, but I still had my identity. So, it wasn't, “This guy's a chaplain, and he does some counseling.” It was more like, “We need him.”

This transformational relationship with the Army psychologist served as a critical turning point in Kenneth’s professional identity development where he became comfortable in his role as a pastor with clinical skills. The psychologist seemed to view Kenneth as a professional colleague and collaborated with him to care for soldiers. These types of transformational relationships continued for Kenneth as he moved to another Army installation.

I had the chief of behavioral health at [Army installation] come to me after a meeting and say, “Hey, I know you do EMDR [eye movement desensitization and reprocessing]. We have a client that we'd like to refer to you, because we don't have any people who do EMDR at [Army installation].” And so, from that perspective, it was like, “Okay, I'm a chaplain. I'm also a clinician, and people are starting to understand that they can trust me, and are willing to admit that they might need some help.”

These transformational relationships with professional colleagues seemed to solidify for Kenneth that his identity as both a pastor and a clinician were valued and his skills in that capacity were truly needed.

Kenneth continued with his story as he described how integrating both his pastoral and clinical identities seemed to make him more effective in the counseling room. He described how he had “the best of both worlds” with which to effectively help people.

I mean, I feel like in a lot of ways I had the best of both worlds, because people have all kinds of questions about, I guess you could say spirituality/theology. . . . I mean, people want something to hold on to . . . and so, I felt like I was able to help them understand that there was more to this life than just what they had experienced, and so I was able to
try to help them understand that aspect of spirituality or Christianity, whatever their faith background was, but also that I had the tools outside of just talking to them about theology or, you know, helping them, and I guess in that aspect I had the skills to integrate some clinical things . . . and so, most of my clients, I will quote that scripture in Romans 12 that I believe this is, this is a tool that is God's way to help you renew your mind. . . . That's sort of how I started to be able to integrate the two and really see it as a package deal, mind, body, spirit. . . . And I think that's what makes pastoral counselors more effective, because we do have that perspective, and we can we can talk with people about that, and we can help answer some of the questions that they may have along with the clinical skills that are out there.

Kenneth’s efficacy experience continued as he reflected on his skills as a pastor and a clinician. “The points that stood out for me were being able to use to use my skills as a chaplain, and also as a clinician, to help people to spiritual growth, but also emotional health.” The effectiveness Kenneth experienced in the counseling room was also grounded in his theological framework. He viewed his clinical skills as a part of God’s healing process and a rewarding experience for him. In this context some clients felt led to explore their spirituality with Kenneth as well.

I don't think that EMDR is outside of the realm of, of God's reach, because it's renewing the mind, and probably it, I mean it's holistic. It's not with medication. So, from that perspective, it's very rewarding because I've been able to share scripture with people. I've been able to share the gospel in my secular, if you will, secular counseling setting, because they're open to it, and they want to know about it. So yeah, it's very rewarding. Kenneth’s integration of both his pastoral and clinical identities seemed to greatly impact that effectiveness of his pastoral counseling.
Kenneth’s story also included an awareness of possible pressure from the pastoral community. He did not feel this pressure from those in the clinical community. “I don’t feel it from the clinical side because I know that on the clinical side my credentials speak for themselves. I’m a LMFT supervisor.” On the pastoral side he had not directly experienced this either, but indirectly he was very aware of the possibility. Kenneth reflected,

On the pastor side, I haven’t experienced it, but I do know the way a lot of pastors think about mental health. If you’re not having the scriptures open and praying with people every session you’re not a believer, or you’re a liberal, or whatever the case is. . . . as a clinician some pastors would think that I’ve gone off the reservation because I do see clients that are homosexual. And number one, I’m not asked to make a judgment on their life, nor would I want to. My job is to help them work through the trauma that they’re dealing with, but some pastors would think that because I’m not trying to convert them, or change them, that somehow I’m not being true to scripture, and I’ve never struggled with that, but I know that other people would probably think that about me, because theologically I’m very conservative.

Although Kenneth did not experience no man’s land in the same way as Donald, Robert, and John, he felt there were some that would not accept how he integrated his pastoral and clinical identities.

Kenneth’s story also included opportunities to experience authenticity. He described how integrating both his pastoral and clinical identities was a freeing experience for him.

I never wanted to be a clinician, I didn't get out of the Army and go, “Hey, I want to go work just for mental health.” I mean, I wanted to be in a situation where I could continue to integrate both of them. And so my credentials, M.Div is first on my door outside of my
office, M.Div is first. I talk about pastoral counseling, and like on my Psychology Today profile—religious/spirituality. That's definitely what I lead with but, that's not all of who I am.

It seemed Kenneth found a place where he could truly work with his integrated pastoral and clinical identity.

I would just say I'm more comfortable in that role now that I'm not identified as a pastor, if that makes sense. Yeah, I mean I am, because I'm still ordained, but it almost frees you up a little bit to not feel like you don’t have to be on at all times. And, you can certainly relate, because you've been there. It's kind of like there's no expectation of who you have to be. You can just be who you are. I'm integrating theology into my counseling, not because I have a cross on my uniform, but because that's really who I am. And so, it's very freeing. It's almost like you've been you've been allowed to just sort of work from the inside, if you will, not the outside.

Kenneth’s description spoke of how he now works authentically out of his true identity.

**Discussion**

Donald’s, Robert’s, John’s, and Kenneth’s narratives provided rich descriptions of their professional identity development related to their pastoral and clinical identities. Five themes emerged from a thematic approach to data analysis: (a) concurrent development, (b) transformational relationships, (c) efficacy, (d) no man’s land, and (e) authenticity. These themes were synthesized with the SDT innate psychological needs constructs of autonomy, competence, and relatedness.

**Self-Determination Theory**

The synthesis of these themes with SDT informed how these themes either contributed to
or detracted from optimal functioning in the integration of pastoral and clinical identities. The themes of concurrent development and authenticity seemed to contribute to optimal functioning in the integration of pastoral and clinical identities when the SDT construct of autonomy was considered.

**Autonomy.** Autonomy is defined as “the need to self-regulate one’s experiences and actions” and where “one’s behaviors are self-endorsed, or congruent with one’s authentic interests and values” (Ryan & Deci, 2017, p. 10). The theme of concurrent development seemed to contribute to participants’ sense of autonomy. They described how they were able to self-regulate their experience and actions when their pastoral identity and clinical practice began to intersect. Donald’s and John’s stories revealed how they acted early on in their careers to intentionally develop both the pastoral and the clinical concurrently. Robert’s and Kenneth’s stories revealed how this intentional action occurred later in their careers. Kenneth’s description of this experience was especially vivid as he described how both his pastoral and clinical identities “ebbed and flowed.” Perhaps the freedom to ebb and flow between these two identities came from the autonomy he experienced through self-regulating his experiences and actions. This was consistent with Cheney’s (2017) findings where those involved in the pastoral and clinical identity integration journey seemed to resonate with the metaphor of a pendulum. One participant described, “My guess is everyone swings to the religious side and maybe back to the clinical side, but eventually they find an equilibrium. Alright, so, I think I’ve found an equilibrium” (Cheney, 2017, p. 177). The SDT construct of autonomy seemed present in the theme of concurrent development and contributed towards the participants’ optimal functioning in the integration of their pastoral and clinical identities.
The theme of authenticity seemed to also contribute to participants’ autonomy. They described how their behaviors were self-endorsed and congruent with their authentic interests and values. Donald described his authentic approach to how his identity informed how he presented himself to the public in his private practice. His interests and values were self-endorsed in his intentional steps “to live life with integrity” by presenting himself as a pastoral counselor with advanced clinical training. Robert’s experience was similar when he described how he had the autonomy to authentically present himself to the public “with both hats,” which referred to both his pastoral and clinical identities. John’s experience described behaviors that seemed self-endorsed and congruent with his authentic interest and values as he described how his identity facilitated his authenticity in helping others. Kenneth described a freedom, or autonomy, coming from not being identified as a pastor and not wearing a cross on his military uniform. His behaviors in this space seemed to open up an opportunity to experience both his pastoral and clinical identities “because that’s really who I am.” The SDT construct of autonomy seemed present in the theme of authenticity and contributed towards the participants’ optimal functioning in the integration of their pastoral and clinical identities.

**Competence.** When the SDT construct of competence is considered, the theme of efficacy seemed to contribute to optimal functioning in the integration of pastoral and clinical identities. Competence is defined as “our basic need to feel effectance and mastery” (Ryan & Deci, 2017, p. 11). Participants’ sense of competence was a key turning point in their identity development. Donald described how the integration of his pastoral and clinical identities impacted the effectance and mastery of his counseling due to his “willingness to be there and to help them,” which enabled him to participate in his clients’ healing experience. He called this “getting a front row seat in the redemptive drama of God.” When Robert experienced
competence he identified how a shift began in regard to his identity formation. He realized, “the two, the clinical, the pastoral, dovetail rather nicely.” John described how his sense of competence allowed him to use his skills to help people more effectively, genuinely listen for clients’ deeper theological questions, and “explore what healthy is like between them and God.” Kenneth’s competence seemed to open up an experience where he felt he had “the best of both worlds” enabling him “to use my skills as a chaplain to, and also as a clinician, to help people to spiritual growth, but also emotional health.” The SDT construct of competence seemed present in the theme of efficacy and contributed towards the participants’ optimal functioning in the integration of their pastoral and clinical identities.

**Relatedness.** When the SDT construct of relatedness is considered, the theme of transformational relationships seemed to contribute to optimal functioning in the integration of pastoral and clinical identities. Conversely, the theme of no man’s land seemed to detract from it. Relatedness is defined as social connection, feeling cared for, and “belonging and feeling significant among others” (Ryan & Deci, 2017, p. 11). The theme of transformational relationships seemed to contribute to the participants’ sense of relatedness. All participants experienced transformational relationships with mentors, supervisors, or colleagues. Donald described his social connection through his transformational relationships with mentors. Perhaps this contributed to his belonging and feeling significant among others. This may be especially true with the mentor who coached him in pastoral counseling even before he was in a clinical master’s program. Robert also described how his connection with supervisors encouraged him to explore developing skills in clinical counseling. Upon retirement from the Army, this ultimately led to using his combined pastoral and clinical skills to become the director of pastoral services at a counseling agency. John identified crucial conversations with his colleagues and supervisor
in his clinical master’s program as transformational as well. John also identified how those experiences continued to impact him today. Kenneth identified he was trusted, and needed, in the professional relationships he developed at various Army installations. This seemed to lead to experiencing significance and belonging in the helping community he was a part of. The SDT construct of relatedness seemed present in the theme of transformational relationships and contributed towards the participants’ optimal functioning in the integration of their pastoral and clinical identities.

However, the theme of no man’s land seemed to detract from the participants’ sense of relatedness. All participants seemed to experience the opposite of relatedness as they experienced disconnection. Donald’s vivid description of his experience in no man’s land not only seemed lonely and disconnected, but also gravely dangerous, “. . . you’re out there on the flat land and you got guys on both sides and trenches taking shots at you.” He experienced no man’s land from peers in his master of divinity program, clinical professors, non-clinically trained Army chaplains, and church congregations. He struggled to stay connected to these professionals and manage this experience “publically and relationally.” Robert described his disconnected experience in no man’s land as feeling “less than” other ministers, and this struggle raised questions about his importance in ministry. John’s experience was similar to Donald’s in that his disconnection also came from peers during this training and from non-clinically trained Army chaplains. John found this experience placed him in the middle of two different perspectives and the need to defend his integration of the pastoral and clinical. Kenneth also felt disconnected from pastors who he felt would not approve of how he used both his pastoral and clinical identities to minister. These participant experiences clearly showed the opposite of belonging and significance. The theme of no man’s land seemed inconsistent with the SDT
construct of relatedness and detracted from the participants’ optimal functioning in the integration of their pastoral and clinical identities.

Implications for Research and Practice

Implications for research and practice seem especially critical in order to fully understand and assist the professional identity development of Army Family Life Chaplains. This critical need seems compounded by their extremely challenging roles as therapists and trainers, the high-risk demographic they serve, the complexity involved with both pastoral and clinical identities, and the complete lack of research in this area. Implications for research include strengthening the foundational understanding of the construct of pastoral counselor professional identity development through further empirical research. This includes the recommendation from my own work (Cheney, 2018) calling for the use of a programmatic approach similar to what is found in the professional counselor identity development literature. This programmatic approach may serve as a possible guide to address the lack of research in the pastoral counseling field. The themes of my earlier study (Cheney, 2018) of the professional identity development of pastoral counselors, and the themes of this study, could serve as a launching point for this endeavor. As the pastoral counseling professional development research is strengthened it is useful to further define the constructs associated with this research. This could be accomplished with a factor analysis in order to develop a professional identity development scale for pastoral counselors who pursue clinical licensure. A factor analysis, similar to Woo and Henfield’s (2015) study, could develop and validate a professional identity development scale specifically for these professionals. This scale could measure the criteria of professional identity for pastoral counselors who pursue clinical licensure.

Implications for practice impact pastoral counselors in training, pastoral counselors in the
field, counselor educators, and the Army’s Family Life Chaplain Training program. The themes of this study, and the subsequent synthesis with the constructs of SDT, could serve as a foundation for a training manual for pastoral counselors who pursue licensure as mental health professionals. A training manual that prioritizes an environment congruent with the constructs of SDT and focuses on discussing and processing the themes of this study may provide trainees an opportunity to intentionally develop their professional identity. This training manual could be used by counselor educators who train pastoral counselors not only in the Army’s Family Life Chaplain Training program but also other training programs concerned with the development of both pastoral and clinical identities. These training programs could include programs that integrate both pastoral and clinical competencies.

Limitations

Limitations of this study include the homogeneous demographic of the participants. The findings of this study may bias protestant Army Chaplains who retired in a Southern state and identify as Caucasian males. All participants identified as ordained protestant ministers. This may reflect the overall religious affiliation of active-duty Army chaplains where 92% are protestant (Van Dress, 2014). The findings of this study may be transferable for protestant chaplains but may not be transferable to chaplains or pastoral counselors who do not identify as protestant. This limitation also includes the lack of gender and racial diversity where the thematic findings of this study may not be representative of these experiences. Further research could include participants with more diverse backgrounds in order to corroborate or discover other relevant themes.

Conclusion

Army Family Life Chaplains fulfill a critical role as therapists and trainers with a high-
risk demographic. The complexity involved with navigating both pastoral and clinical identities in order to experience a professional identity in a more integrated way seemed to lack understanding and research. This narrative inquiry of retired Army Family Life Chaplains provided an understanding of their integration stories and experiences. Their narratives provided rich descriptions that enabled five themes to emerge describing their professional identity development and how these experiences informed their pastoral counseling. These five themes were: (a) concurrent development, (b) transformational relationships, (c) efficacy, (d) no man’s land, and (e) authenticity.

The themes of this study, and their synthesis with SDT, provided a better understanding of what contributed to or detracted from optimal functioning in the integration of pastoral and clinical identities. The themes of concurrent development, transformational relationships, efficacy, and authenticity seemed to contribute to optimal integration opportunities whereas the theme of no man’s land seemed to detract from it. These findings emphasize the need for further attention in the integration of pastoral and clinical identities by expanding this body of research and implementing intentional training for pastoral counselors who pursue licensure as mental health professionals.
Chapter 5: Self-Determination Theory

The following is a description and critique of SDT. This exercise explores SDT as a theoretical framework through which to synthesize the recommendations and empirical findings in the preceding components of this project with the goal of identifying contextual conditions that best facilitate the professional identity development of pastoral counselors. SDT is a meta-theory comprised of six theories that began with social-psychological research in the early 1970s. This research focused on how rewards impact intrinsic motivation (Deci, 1971). SDT is used to investigate individuals’ growth tendencies and innate psychological needs in order to describe, and perhaps forecast, the contextual conditions to best facilitate self-motivation and personality integration (Deci & Ryan, 2000).

Assumptions and Premises

Ryan and Deci (2017) summarized SDT as “centrally concerned with the social conditions that facilitate or hinder human flourishing” (p. 3). Ryan and Deci (2017) described how the world is full of countless naturally occurring experiments where human flourishing is impacted by social conditions. Some of these conditions have detrimental effects on human development. SDT seeks to examine the psychological needs of individuals in order to determine the conditions that facilitate healthy human development and the conditions that impede growth. SDT’s approach is similar to the approach found in the fields of agriculture and comparative biology where the needs of plants and organisms are explored in order to determine what conditions impact growth. Ryan and Deci (2017) pointed out that this similarity values a foundation in science and a functional approach to inquiry.

Not only is SDT described as valuing science through a functional approach, but SDT is also described as practical and critical. Practically, SDT claimed that as important social
conditions are identified these social conditions can be applied to the social contexts of the human experience in order to positively impact human development. Critically, SDT claimed to not only impact individuals on the micro-level of everyday life, but also impact the human experience through the macro-level of culture, politics, and economic conditions (Ryan & Deci, 2017). SDT “hits bedrock in its conception of certain universals in the social and cultural nutrients required to support healthy psychological and behavior functioning” (Ryan & Deci, 2017, p. 4).

The assumptions and premises of SDT seemed to establish a strong foundation for this theory. Strengths seem to be found in a concern for healthy human development, a focus on examining contextual conditions impacting human development, and a value for a scientific approach that is both practical and critical. SDT also seemed to be an organic theory that seeks to understand human development and human functioning through the lens of how social contexts construct identity.

**Key Constructs and Definitions**

Key constructs of SDT include innate psychological needs, intrinsic motivation, and extrinsic motivation. SDT identified three innate psychological needs in order to experience well-being. These needs are autonomy, competence, and relatedness. Autonomy is defined as “the need to self-regulate one’s experiences and actions” and where “one’s behaviors are self-endorsed, or congruent with one’s authentic interests and values” (Ryan & Deci, 2017, p. 10). Competence is defined as “our basic need to feel effectance and mastery” (Ryan & Deci, 2017, p. 11). Relatedness is defined as social connection, feeling cared for, and “belonging and feeling significant among others” (Ryan & Deci, 2017, p. 11). Basic Psychological Needs Theory, a mini-theory within SDT, maintained that when the needs of autonomy, competence, and
relatedness are met the outcome is optimal functioning. Individuals move towards pathology when these needs are not met. The conditions that hinder the needs of competence, relatedness, and autonomy are evidenced when one is over-challenged, controlled, or rejected. Social environments are examined in the context of how well they are autonomy supportive, effectance supporting, and relationally supportive. SDT offered a framework for predicting positive or negative outcomes based on how well these innate psychological needs are met. The theory also addressed how these needs are closely connected to the constructs of intrinsic and extrinsic motivation.

The construct of intrinsic motivation is described as “the natural inclination toward assimilation, mastery, spontaneous interest, and exploration” (Deci & Ryan, 2000, p.70). Intrinsically motivated behaviors are defined as “those that are performed out of interest and for which the primary reward is the spontaneous feelings of effectance and enjoyment that accompany behaviors (Ryan & Deci, 2017, p. 14). Intrinsic motivation is vital to an individual’s development and satisfaction throughout the lifespan. SDT identified the contextual conditions that create a supportive environment. Intrinsic motivation thrives in these environments. SDT also identified the conditions that contribute to the deterioration of intrinsic motivation. Cognitive Evaluation Theory (CET), a mini-theory within SDT, suggested that when conditions contribute to the innate psychological needs of autonomy, competence, and relatedness are present intrinsic motivation flourishes. Feelings of being controlled, incompetent, and disconnected stifle intrinsic motivation.

The construct of extrinsic motivation is described as performing an action in order to achieve or receive an independent result. Extrinsic motivated behaviors are defined as “behaviors that are instrumental for some separable consequence such as an external reward or social
approval, avoidance of punishment, or the attainment of a valued outcome” (Ryan & Deci, 2017, p. 14). The motivation for performing an action is reflected in the degree in which an individual has internalized, or integrated, the value of the behavior in question. Organismic Integration Theory, a mini-theory inside of SDT, detailed “the different forms of extrinsic motivation and the contextual factors that either promote or hinder internalization and integration” (Deci & Ryan, 2000, p. 72). Types of extrinsic motivation included external regulation, introjected regulation, identified regulation, and integrated regulation. These different types of motivation fall on a continuum related to the innate psychological need of autonomy. External regulation promotes the least autonomy and integrated regulation promotes the most autonomy.

The key constructs and definitions of SDT seemed to be operationalized and defined in a way that provides the foundational information needed to further investigate this theory. This information was only briefly covered in this critique. A vast body of literature is available that further explores and expands upon this foundation. SDT seemed to effectively provide, describe, and define key constructs and terms that successfully grounded and positioned the theory.

**Precision, Usefulness, and Testability**

Well defined key constructs and terms seemed to contribute to the precision and clarity of the theory. SDT is a meta-theory made up of six theories (Ryan & Deci, 2017). These theories seemed to contribute to the precision of the theory. Within each of the six theories are key constructs and definitions that provide this precision. Perhaps the precision of a theory can be connected to the degree in which the theory operationalized the constructs within the theory and provided a way in which to measure these constructs testing the theory. “This psychological precision reflects the same values psychologists cultivate in laboratory research—keen insight into basic processes and methodological precision to isolate these processes” (Walton, 2014, p.
The precision of SDT seemed to provide the clarity necessary to be able to isolate processes in order to provide understanding and usefulness.

SDT seemed to not only be a precise theory, but it also seemed to be very useful. As the theory was applied to various contexts there seemed to be a variety of useful and practical applications. A few examples included application to schools, psychotherapy, and cultural and religious socialization (Ryan & Deci, 2017). SDT applied to schools revealed the manner in which teachers and parents approach students directly impacts learning based on how controlling, or autonomy-supporting, the interaction was. SDT applied to psychotherapy described what contributed to behavior change and treatment adherence. SDT applied to cultural and religious socialization described how greater internalization and integration of cultural and religious norms positively impact health and well-being. These examples seemed to provide evidence that SDT is useful and has practical applications.

SDT also seemed to be a very testable theory. Perhaps the theory’s preciseness and usefulness lay a great foundation for testing the theory. There are multitudes of studies associated with the contexts described above related to the usefulness of the theory (Ryan & Deci, 2017). This testable foundation seemed evident in a central approach of SDT:

One goal of science is to turn discovered knowledge into practice and, in an evidence-supported manner, apply what can enhance human functioning in real-world settings.

Thus our approach has, in an ongoing way, iterated between systematically testing hypotheses in experimental contexts and the retesting them in field studies and controlled interventions that might further demonstrate the utility and generalizability of hypotheses and theory. (Ryan & Deci, 2017, p. 6)
This systemic and iterative approach to testing seems to control for what Gelso (1979) called the bubble hypothesis. The bubble hypothesis described how the attempt to control for all weaknesses in a study is similar to the futile attempt of trying to eliminate a bubble from a sticker on a windshield. Eliminating one weakness produces another. It seems SDT controls for this with multiple research designs that produced a stronger body of research. “If multiple research designs are advocated, each with different threats, then the cumulative effect will be a clearer, more accurate picture of the topic under examination” (Heppner, Wampold, Owen, Thompson, & Wang, 2016, p. 132). This ongoing systematic testing and retesting, in the field and in experimental studies, provided evidence that SDT is a highly testable theory. This is seen in the large number of empirical and clinical studies related to each of the six theories within SDT (Self-Determination Theory, 2018). Not only does SDT seem to be a highly testable theory, but it also seems to provide evidence that SDT is both comprehensive and generalizable.

**Comprehensiveness and Generalizability**

“Comprehensive theories encompass a greater scope or range of explanation for various phenomena. . . . Given that good theories should describe, explain, predict, and control phenomena and behavior, comprehensive theories aim to accomplish all these goals” (Cramer, 2013, p. 90). The comprehensiveness of SDT is evidenced in how it aims to accomplish these goals through a meta-theory that has focused on a broad range of diverse topics focused on explaining phenomena in over 30 domains (Self-Determination Theory, 2018).

SDT seemed to be very a generalizable theory. The approach of the theory is based on testing and retesting hypotheses and theory in an iterative process that included field studies in diverse social contexts (Ryan & Deci, 2017). The comprehensiveness of SDT seemed to strengthen the generalizability of the theory. The theory seemed to be applicable to a multitude
of populations in a variety of social contexts. In the area of education alone there are over 240 research reports conducted in different settings, in different countries, and published in different languages (Self-Determination Theory, 2018). This supports the theory’s utility and generalizability to a variety of settings and populations.

**Previous Theory and Research**

Previous theory and research also sought to explain human needs and motivation. SDT seemed to effectively integrate previous theory and research and used this integration to position the theory. This also contributed to the understanding of SDT.

Behavior theory identified human needs as physiological processes that influence the internal drives of individuals (Hull, 1943). However, SDT took a different approach and identified human needs as psychological processes. Previous theory and research that identified human needs as psychological processes were found in Murray’s (1938) explorations in personality, McClelland, Atkinson, Clark, and Lowell’s (1953) examination of rationales for achievement, and Baumeister and Leary’s (1995) analysis of interpersonal attachments.

The specific human needs of autonomy, competence, and relatedness are also identified in previous theory and research. The human need of autonomy as an internal affect was identified by de Charms (1968). Shapiro (1981) connected autonomy to an individual’s character. The human need of competence is represented in previous theory and research associated with social cognitive theory and motivation (Bandura, 1989; White, 1959). The human need of relatedness is seen in Bowlby’s (1979) theory on attachment and Angyal’s (1941) argument that connection with social groups directly impacts an individual’s feeling of belonging.
SDT also integrated previous theory and research associated with the construct of motivation. Ryan and Deci (2017) identified how motivation was explained as a single entity in expectancy-valence theories, cognitive behavioral theories, and social learning theories. SDT departed from this view of motivation by proposing motivation in not a single entity, but is made up of different types of motivation. Motivation comes from internal interests and values or external pressure. Ryan and Deci (2017) used these theories and research to compare, contrast, and position SDT related to the construct of motivation. Overall, SDT seemed to effectively integrate previous theory and research related to human needs and motivation.

**Integration of Multiculturalism and Diversity Concepts**

SDT thoroughly addressed and integrated multiculturalism and diversity concepts. This included: (a) universal and cultural specific values and strategies, (b) multiple dimensions of identity, and (c) individualism and collectivism.

**Universal and Cultural Specific Values and Strategies**

SDT seemed to walk a fine line between appropriately evaluating cultural values and imposing cultural values from a western worldview. Perhaps the deciding factor between whether SDT appropriately evaluates or inappropriately imposes upon cultures rests in how SDT is applied. Ryan and Deci (2017) seemed to effectively describe the approach of SDT as valuing culture yet evaluating how cultures impact the psychological needs of autonomy, competence, and relatedness:

Stated more technically, SDT claims that its central constructs concerning basic needs are *etic universals*, defined as characteristic or processes that can be empirically identified as cross-culturally valid. SDT does not claim, however, that its constructs are necessarily *emic universals*, in the same sense that SDT acknowledges that these constructs vary in
their salience and meaning within the ideologies and conceptual systems of different cultures. (Ryan & Deci, 2017, p. 566)

Ryan and Deci (2017) acknowledged that some view SDT as imposing a Western worldview across cultures. “The issue of autonomy has been particularly controversial, as some psychologists have argued that it is a concept relevant to Western, male, wealthy individuals but not to people of many other cultures and subgroups” (Ryan & Deci, 2017, p. 561). However, Ryan and Deci argued SDT does exactly the opposite by evaluating all cultures from the perspective of how culture impacts universal and basic psychological needs. They cited numerous cross-cultural studies that support their argument and seemed to provide evidence that SDT approaches all cultural values equally and actually empower oppressed individuals and groups.

Studies in Eastern cultures were used as examples of how autonomy is not exclusively a Western construct in the same way relatedness and community are not exclusively Eastern constructs. Ultimately, how SDT approaches cultural values seems to have potential to be misunderstood and misapplied in a way that may not value multiculturalism and diversity concepts. When applying SDT practitioners must educate themselves in how to apply SDT in a way that supports multiculturalism instead of undermining it. This may be especially true for those who identify from a Western, male, and wealthy perspective.

**Multiple Dimensions of Identity**

SDT seemed to effectively appreciate, and advocate for, multiple dimensions of identity. Ryan and Deci (2017) pointed out that evaluating a culture includes how the culture approaches autonomy related to how the culture prioritizes group identity verses individual identity. Some cultures seem to prioritize group identity over individual identity in a way that marginalizes and
oppresses the individual if they do not fit within group norms. SDT identified how “this extreme
denial of individual rights explicitly puts the priority of the group’s identity above the value for
individual autonomy” (Ryan & Deci, 2017, p. 570). Therefore, SDT seemed to appreciate and
support multiple dimensions of identity through the basic psychological need of autonomy.

**Individualism and Collectivism**

SDT seemed to effectively describe, explain, and balance individualism and collectivism.
The SDT construct of autonomy seems to effectively describe and explain individualism.
Autonomy is defined as “the need to self-regulate one’s experiences and actions” and where
“one’s behaviors are self-endorsed, or congruent with one’s authentic interests and values”
(Ryan & Deci, 2017, p. 10). This individualism is balanced with how SDT describes and defines
collectivism through the constructs of proximal and pervasive social contexts. Examples of
proximal social contexts are “families, peer groups, schools, teams, and work organizations” and
elements of pervasive social contexts include “overarching cultural and religious identifications,
political structures, and economic systems within which proximal contexts are constructed and
occur” (Ryan & Deci, 2017, p. 561). SDT seeks to understand and study how individualism and
collectivism impact wellness through supporting or hindering the basic psychological needs of
autonomy, competence, and relatedness. This approach of SDT seemed to support “balancing the
individualistic approach with a collectivistic reality that acknowledges our embeddedness in
families, significant others, communities, and cultures” (Sue & Sue, 2013, p. 43).

**Integration of Relevant Contextual Information and Social Justice Concepts**

SDT seemed to address historical, social, political, economic, other contextual
information, and social justice concepts. However, specific actions related to how to impact these
systems may be lacking. SDT addressed these contexts through two types of analyses (Ryan &
Deci, 2017). The first analysis was how these contextual systems encourage compliance and internalization with their values, regulations, and laws. The second analysis was how these systems impact basic psychological needs and well-being. SDT further focused inquiry into how these systems address “the presence of political rights and freedoms, and patterns of wealth distribution and economic equality” (Ryan & Deci, 2017, p. 592). SDT described how controlling systems lead to authoritarian regimes and autonomy-supportive systems lead to healthy democracies. SDT also described how access to economic resources impacts empowerment, fairness, and connectedness to others.

SDT addressed racism and discrimination in relation to the level of autonomy. This was seen in both social groups and individuals. The more autonomy an individual had within their social group the less discrimination seemed to present and vice versa (Amiot, Sansfaçon, Louis, & Yelle, 2002). This was also found to be true in relation to individuals. The more autonomy an individual experienced the more self-determined and motivated they were in regulating discrimination (Legault, Green-Demers, Grant, & Chung, 2007).

A foundation of social justice concepts seem to be present within SDT, but specific actionable steps seem to be lacking. Ryan and Deci stated:

People can, through intentional autonomous actions, modify their own cultures, sway the direction of politics, or influence economic systems. Indeed, it is the actions, both separately and collectively, of individuals, often acting with purpose and integrity, that have been at the heart of many of the progressive social and cultural changes we have seen across modern history—changes in which rights conducive to self-determination have been slowly and unsteadily, yet significantly, advanced. (Ryan & Deci, 2017, p. 563)
SDT seemed to advocate for individual and collective action. However, a clear description on what individual and collective action could look like seemed non-existent. Perhaps applying SDT to the framework provided by the Multicultural and Social Justice Counseling Competencies (MSJCC) could be advantageous (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016). Specifically, how does SDT impact attitudes and beliefs, knowledge, skills, and actions for those who are privileged and those who are marginalized?

Further discussion focused on social justice concepts seems warranted. This seemed especially true when the latest SDT publications are considered (Ryan & Deci, 2017; Self-Determination Theory, 2018). There is a vast amount of information available. However, of the over 30 domains covered there is not a domain dedicated specifically to multiculturalism or social justice concepts. There are publications that address these topics within the other domains, but to be relevant today perhaps a more organized and direct approach to multiculturalism and social justice concepts is required. The absence of such an approach may lend credence to the criticism that SDT concepts are “relevant to Western, male, wealthy individuals but not to people of many other cultures and subgroups” (Ryan & Deci, 2017, p. 561).

**Implications for Organizing Existing Knowledge**

SDT seemed to effectively organize existing knowledge and placed it into meaningful research, practice, and training and policy contexts. The SDT website is the avenue through which this is accomplished (Self-Determination Theory, 2018). Over 100 world-wide scholars are listed, and their research is identified and organized. Publications are organized by domain. These domains are directly available in order to make the existing body of research extremely accessible and includes how this research impacts training and policy in these domains. Further research seems to be encouraged by providing the surveys and questionnaires used in previous
research. The meaningful organization and contextualization of information for researchers, practitioners, and training programs is evidence that SDT is open to challenges and further revision. Ryan and Deci also made this claim:

In our preface, we confessed that this book is unfinished, and now, we must admit, so, too, is the theory itself. As an empirically based framework, SDT has always been open to challenges, revisions, and to disconfirmations of any of its tenets. This openness is not a weakness of the framework but its strength, as it engages researchers and practitioners alike to question, expand, and refine the theory. (Ryan & Deci, 2017, p. 649)

Effectively organizing existing knowledge and placing it into meaningful research, practice, and training and policy contexts seemed to be a foundational strength of SDT.

**Self-Determination Theory and Professional Identity Development**

The critical analysis of SDT related to the integration of pastoral and clinical identities revealed learning points that led to various conclusions. These learning points and conclusions were directly related to SDT, the fields of pastoral and professional counseling, and implications for future research.

SDT seemed to provide a strong theoretical framework for exploring identity. The well-defined key constructs and terms of these theories seemed foundational to the theory’s strength. These constructs and terms seemed to provide the foundation for the other strengths of the theory that included precision, usefulness, testability, comprehensiveness, and generalizability. The critical analysis of SDT in these areas provided a key learning point. Strong theoretical frameworks seem to emerge from a foundation of well-defined constructs and terms.

Many years of research and theory refinement seemed to also contribute to the strength SDT. This included organizing existing knowledge and placing it in contexts that were
meaningful to researchers, practitioners, and training programs. The body of literature for this theory seemed expansive. Researchers continue to contribute to this body of literature (Self-Determination Theory, 2018). Perhaps one way the relevance of a theory can be measured is how the theory attracts researchers and practitioners into further development of the theory. This seems to keep the theory both current and applicable. This critical analysis seemed to show SDT is a current, relevant, and applicable theory.

Closely related to the relevance of this theory is how SDT integrated multiculturalism and contextual information related to diversity and social justice concepts. The researchers associated with SDT have developed an expansive online framework for organizing existing knowledge, but there seemed to be a glaring gap in how SDT specifically relates to these essential conversations (Self-Determination Theory, 2018). Perhaps these SDT updates are currently being organized for inclusion in the online repository.

Overall, SDT seemed to be a strong theoretical framework that has potential to guide future research. When the study of the integration of pastoral and clinical identities is considered this theory may provide a robust theoretical framework for future research. Specifically, SDT seems to provide a strong framework through which to examine the psychological needs of pastoral counselors during the integration of pastoral and clinical identities and may provide insight into what contributes to, or detracts from, optimal functioning in the integration of these identities. This theoretical framework also seems appropriate through which to synthesize the recommendations and empirical findings in the preceding components of this project with the goal of identifying contextual conditions that best facilitate the professional identity development of pastoral counselors.
Chapter 6: Pastoral Counselor Professional Identity Development Training Manual

The professional identity development training manual for pastoral counselors offers an environment for optimal functioning in the professional identity development process for pastoral counselors. The training manual is informed by key elements found throughout this project. These key elements include practical recommendations in the conceptual component (Chapter 2) and the findings and implications for practice in the two empirical components (Chapters 3 and 4). SDT was described, critiqued, and explored as an appropriate theoretical framework through which to synthesize these key elements (Chapter 5). The key elements were synthesized with the constructs of SDT in order to discover how these key elements either contributed to or detracted from optimal functioning in the professional identity development of pastoral counselors. The Pastoral Counselor Professional Identity Development Training Manual is the product of that synthesis.
A strong professional identity seems essential for any profession. In the field of pastoral ministry many seminaries and faith-based education programs emphasize the importance of developing a strong pastoral identity. The field of clinical mental health approaches clinical identity in training programs and codes of ethics with a similar emphasis. Ordained pastors and pastoral counselors who seek licensure as clinical mental health professionals may find themselves navigating these training programs, and the integration of both their pastoral and clinical identities, without an informed and supportive process. Many questions may arise. When a strong emphasis is placed on the development of a pastoral identity, or a clinical identity, how do professionals navigate developing both? What implications are important to take into account? Does one identity take precedence over the other when pastoral and clinical identities are integrated? Are these identities perceived as competing or complimentary? What happens when this professional identity development process becomes difficult? This training manual is designed to assist these professionals and counselor educators by providing a road map to approach and navigate this professional identity development process.

The purpose of this training manual is to address the integration of pastoral and clinical identities. The manual includes keys elements of current research on the subject synthesized with Self-Determination Theory (SDT). SDT provides key recommendations for providing an environment that promotes healthy human development, optimal functioning, and is foundational to structuring the learning environment in this training manual. This training manual offers a well-researched approach to the professional identity development process of pastoral counselors who pursue licensure as clinical mental health professionals in a way that creates an environment for optimal functioning throughout this process.
Overview

The purpose of this overview is to provide an overall understanding supporting the effective facilitation of the training program. This overview includes a description of targeted objectives, facilitation strategies, recommended training timeline, and program evaluation strategies.

Targeted Objectives

By the end of this training program participants will have:

1) Created a safe group environment that promotes autonomy, competence, and relatedness.

2) Identified the professional identity development process, or journey, experienced by pastoral counselors who are introduced to clinical models for counseling.

3) Identified and described their pastoral identity.

4) Described their clinical identity and/or their introduction experience to clinical models.

5) Understood key themes related to their professional identity development process.

6) Understood the importance of the iterative process of revisiting themes and experiences throughout their professional identity development journey.

7) Reflected on their personal themes and experiences from their professional identity development process.

8) Examined and developed personal models of their professional identity process.

9) Identified the next step in their professional identity development journey.

10) Demonstrated their professional identity development process through a culminating visual presentation.
Facilitation Strategies

This training program is guided by group process and one-on-one mentorship designed to identify, examine, and process the experiences of pastoral counselors while they are introduced to clinical counseling models in a clinical master’s program. An experiential learning process is the focus of this training manual where processing the experience of integrating pastoral and clinical identities is emphasized. Logical discussions, or direct teaching, is discouraged. The group process and one-on-one mentorship are similar to individual and group supervision found in practicum and internship. However, this training experience focuses on, and emphasizes, the professional identity development experience of both pastoral and clinical identities. Discussions in group process, and one-on-one mentorship, are guided by participants’ personal reflections to prompts related to key themes in their professional identity development process. Participant reflections and group discussions are encouraged and acknowledged without facilitator disagreement, analysis, or critique in order to guide the group to process each other’s experience in a safe environment. These discussions are facilitated in an environment that promotes participants’ autonomy, competence, and relatedness congruent with Self-Determination Theory discussed in the next section. Throughout the training program the following cycle is recommended and detailed in the facilitator’s guide:

1) Participant written reflection.
2) Group processing of reflections.
3) One-on-one mentorship processing written reflection and group process.

Facilitator requirements. The facilitator guiding this training program and group process will meet the following requirements:

1) Ordained or licensed pastor.
2) Licensed as a clinical mental health professional.

3) Credentialed as a clinical supervisor.

4) Experienced in leading group process.

5) Secure in the integration of their own pastoral and clinical identities.

**Mentor requirements.** Participants choose their own mentor to meet with one-on-one. A mentor will not serve as both the program facilitator and an individual mentor. The mentors guiding the individual process for each participant will meet the following requirements:

1) Ordained/licensed pastor (preferred) or a very strong, regularly practiced faith tradition.

2) Licensed as a clinical mental health professional.

3) Secure in the integration of their pastoral and clinical identities.

**Recommended Training Timeline**

The recommended training timeline coincides with the participants’ schedule in their clinical master’s program. This training program is designed for use during a clinical master’s program, but an adapted timeline may also facilitate the professional identity development process for pastoral counselors after graduation from their program. This training program contains four components designed for implementation at key points:

1) Identifying the Journey – best introduced before practicum begins. This training component challenges participants to consider both their pastoral and clinical identities. They will reflect on their calling to pastoral ministry and identify their purpose for pursuing competency in clinical models for counseling.
2) Starting the Journey – best introduced immediately following the first component and just before practicum begins. This training component challenges participants to make an intentional first step into integrating both the pastoral and the clinical.

3) During the Journey – best introduced during practicum and internship. This training component challenges participants to reflect upon key themes often present for pastoral counselors who pursue licensure as clinical mental health professionals.

4) Continuing the Journey – best introduced at the conclusion of practicum and internship, but before graduation. This training component challenges participants to identify their professional identity development journey and their next step in this process post-graduation.

Program Evaluation Strategies

In order to meet the targeted objectives of this training manual it is important to evaluate its effectiveness. Program evaluation is an important part of any program. However, evaluating the effectiveness of this training program is critical since the participants’ identities are the central focus of the targeted objectives. Possible evaluation strategies include pre-training and post-training questionnaires, regular check-in questions during group process, and providing a rubric for the culminating visual presentation.

One evaluation strategy is the use of pre-training and post-training questionnaires informed by the targeted objectives that address the attitudes of participants at the beginning and the end of the training process. A valuable aspect of these questionnaires is the combination of evaluating both the targeted objectives and the attitudes of participants. Comparing the pre-training questionnaires with the post-training questionnaire provides an opportunity to evaluate the program’s effectiveness.
Another strategy for evaluating program effectiveness is the use of regular questions throughout the training process in order to assess how the program is meeting the needs of participants. One example of this strategy is to ask questions after each group process and individual mentorship meeting. Possible questions include the following. Is there anything today that you felt supported you? Is there anything that you would like us to do in the future that would help support you in a more efficient way? Are there any topics or concerns you would like us to focus on next? The frequent use of these questions guides this evaluation strategy, and the answers provide participant feedback in order to tailor the training process to best fit the needs of participants.

A recommendation to evaluate the effectiveness of the final presentation is to provide participants with a rubric. The rubric provides clear evaluation criteria linked to the targeted objectives of the training manual. The evaluation criteria not only evaluates the final presentation, but also evaluates the overall effectiveness of the training program. How well participants communicate their experience in the program through the final presentation not only demonstrates how well the participants grasped the training process, but also demonstrates how well the training program met the targeted objectives. A rubric for the final presentation guides this evaluation strategy.

**Training Environment and Key Themes**

Critical to the success of the training program is the training environment and an understanding of key themes that seem to be present for many pastoral counselors in their professional identity development experience when introduced to clinical models for counseling. The training environment is modeled after the central concepts of Self-Determination Theory (SDT). This environment is designed to create a safe environment for processing the key themes
found in recent research. These themes are: the journey, God’s call, self and identity, authenticity, the role of mentors, relationships, concurrent development, efficacy, and no man’s land.

**Self-Determination Theory**

SDT originated from research in the 1970s in search of the best conditions for human development. Since the 1970s, the theory continues to be refined by research with the goal of impacting individuals’ everyday life and culture as a whole. SDT is a comprehensive theory that was applied to a multitude of populations in a variety of social contexts. In the area of education alone there are over 240 research reports conducted in different settings, in different countries, and published in different languages. The theory was applied to various contexts and there seemed to be a variety of useful and practical applications. A few examples of where SDT was applied are schools, psychotherapy, and social and religious socialization. When the concepts of SDT were applied in these contexts positive outcomes were experienced. The goal of this training program is to apply these same concepts to the professional identity development of pastoral counselors who are pursuing licensure as clinical mental health professionals.

SDT identified three key psychological needs in every individual. These psychological needs are autonomy, competence, and relatedness. Ryan and Deci define these psychological needs in their book *Self-determination Theory: Basic Psychological Needs in Motivation, Development, and Wellness*:

1) **Autonomy** – the need to self-regulate one’s experiences and actions; one’s behaviors are self-endorsed, or congruent with one’s authentic interests and values.

2) **Competence** – the need to feel effective and experience mastery.
3) Relatedness – the need for social connection, feeling cared for, and belonging; feeling significant to others. SDT maintains that when these three needs are met for an individual that individual functions at their optimal potential. When an individual experiences the opposite of these needs—feeling controlled, over-challenged, or rejected—their functioning and development is hindered.

SDT seems to offer a strong framework through which to examine the psychological needs of pastoral counselors during the integration of pastoral and clinical identities and may provide insight into what contributes to, or detracts from, optimal functioning in the integration of these identities. The training environment for this program is informed by maintaining an experience for participants that is characterized as supporting autonomy, competence, and relatedness in order to maximize the opportunity for effective professional identity development.

**Key Themes**

Recent research on individuals who experienced the professional identity development process revealed important themes. Participants in these research studies were pastoral counselors who obtained licensure as clinical mental health professionals. These participants included pastoral counselors in private practice and retired Army Family Life Chaplains. Both of these groups were ordained pastors and held licenses as clinical mental health professionals. The stories of their professional identity development were studied as they navigated both their pastoral and clinical identities. The following themes emerged from their professional identity development experience:

1) The journey – the overarching professional identity development process that included the development of both pastoral and clinical identities.
2) God’s call – the impetus, motivation, and energy for the journey. This call also seemed to be met initially with resistance for some.

3) Self and identity – the journey seemed to offer opportunities to reflect and inform the inner-self and identity.

4) Key relationships – key relationships in the journey with others who seemed to create opportunities to transform how participants viewed their identity as they integrated their pastoral and clinical identities. These key relationships included colleagues, supervisors, mentors, or clients. Mentors seemed to have a large impact through realizing potential, purpose, value in ministry, and finding God in the journey.

5) Concurrent development – pastoral and clinical identities seemed to develop together even though those identities may not have initially started developing at the same time.

6) Efficacy – experiencing increased effectiveness in the counseling room was a key turning point and strongly informed professional identity development.

7) No man’s land – an experience created by how distinctly pastoral and clinical professionals viewed those who were both pastoral and clinical; both camps sought to recruit each to be exclusively pastoral or exclusively clinical; this experience was described as leaving participants stuck in the middle of both communities similar to being in no man’s land in World War I where both sides seemed to take shots at those in the middle.

8) Authenticity – the journey of integrating both pastoral and clinical identities seemed to allow for an experience where the authentic-self came to life.
This training program seeks to prompt participants to consider and process these themes in their professional identity development process. These themes are not exhaustive, or exclusive, to this process. Participants may resonate with other themes not identified by the research. These experiences are to be welcomed and processed in this training environment without disagreement, analysis, or critique in order to allow for each participant’s personal experience.

When these themes are combined with the basic concepts of SDT it seems evident what is helpful for this professional identity development process and what is not. For example, when an individual is given the autonomy to self-regulate their experiences and actions in their professional identity development process, or journey, in a way that is congruent with their authentic interests and values they may tend to trust the process. Conversely, if they feel controlled, manipulated, or shamed during their journey for their authentic experience defensiveness may arise resulting in a participant that may become less engaged in the journey.

The following gives an example of how SDT may be integrated with the themes current research identified.

Table 2

<table>
<thead>
<tr>
<th>SDT Integrated with Pastoral and Clinical Identity Development Themes</th>
<th>Autonomy</th>
<th>Competence</th>
<th>Relatedness</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Journey</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>God’s Call</td>
<td></td>
<td></td>
<td>O</td>
</tr>
<tr>
<td>Self &amp; Identity</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Key Relationships</td>
<td></td>
<td></td>
<td>O</td>
</tr>
<tr>
<td>Concurrent Development</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficacy</td>
<td></td>
<td></td>
<td>O</td>
</tr>
<tr>
<td>No Man’s Land</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Authenticity</td>
<td>O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note: O = contributes to; X = detracts from*

The facilitator journeys with the participants as they process experiences related to these themes.

The whole group joins together and mutually creates, maintains, and protects an environment
that promotes autonomy, competence, and relatedness. Both the training environment and the opportunity to process key themes in the professional identity development process is critical to the success of the training program.

Facilitator’s Guide

1.0 Identifying the Journey: Objectives

- Create a safe group environment that promotes autonomy, competence, and relatedness.
- Participants understand the purpose of this program.
- Participants identify the journey they are about to take as ordained pastors who are introduced to clinical models for counseling.

1.1 Identifying the Journey

- Welcome the cohort and give an overview of the program while beginning to create an environment that promotes autonomy, competence, and relatedness.
- Give guidelines for confidentiality creating safety for group process.
- Give an overview of the objectives and purpose of the program:
  - Targeted objectives.
  - Facilitation strategies.
  - Mentor requirements.
  - Training timeline and explanation of the four components of the program.
  - Training environment and key themes.
- Ask an opening question that invites participants to give their initial reactions and personal experiences with starting their clinical master’s program as an ordained
pastor/faith-based individual: “What is it like step off on this journey; what comes up for you as you consider undertaking this endeavor?”

- Encourage and acknowledge each response while facilitating discussion. Let the group focus on each other’s experiences. Do not disagree, analyze, or critique any response.

- Participant Assignment:
  - Seek out a mentor to meet with one-on-one. Mentor requirements: 1) ordained pastor or very strong/committed faith practice, 2) licensed as a clinical mental health professional, 3) available to meet 1-2 times a month.
  - 500-1000 word reflection on the prompt: How did you first become aware of your pastoral identity?
  - During the next group process be prepared to share your reflection.

2.0 Starting the Journey: Objectives

- Transition from Identifying the Journey to Starting the Journey.
- Maintain a safe group environment that promotes autonomy, competence, and relatedness.
- Participants identify and describe their pastoral identity.
- Participants identify and describe their clinical identity and/or the introduction experience to clinical models.

2.1 Starting the Journey

- Facilitator:
  - Welcome the cohort.
  - Review progress of securing mentors.
o Set the tone for the group by sharing (not reading word for word) his/her own reflection to the prompt: How did you first become aware of your pastoral identity?

o Invite the cohort to share their reflections in the same way (not read word for word).

o Encourage and acknowledge each reflection with responses that facilitate an environment that promotes autonomy, competence, and relatedness.

- Participant Assignment:
  
  o Verbal confirmation of a mentor by next meeting.
  
  o 500-1000 word reflection on the prompt: What is it like, what is coming up for you, as you are introduced to clinical models for counseling?

  o During the next group process be prepared to share your reflection.

2.2 Starting the Journey

- Facilitator:

  o Welcome the cohort.

  o Review progress of each participant securing a mentor.

  o Invite the cohort to share their reflections (not read word for word): What is it like, what is coming up for you, as you are introduced to clinical models for counseling?

  o Encourage and acknowledge each reflection with responses that facilitate an environment that promotes autonomy, competence, and relatedness.

- Participant Assignment:
500-1000 word reflection on the prompt: Reflect on both your pastoral identity and how this program is introducing you to clinical models for counseling. Describe what you notice and what is happening for you in this experience.

During the next group process be prepared to share your reflection.

Set a schedule with mentor that includes two face-to-face meeting per month

### 2.3 Starting the Journey

- **Facilitator:**
  - Welcome the cohort.
  - Confirm each participant secured a mentor and scheduled face-to-face mentorship sessions at least twice per month.
  - Invite the cohort to share their reflections (not read word for word): Reflect on both your pastoral identity and how this program is introducing you to clinical models for counseling. Describe what you notice and what is happening for you in this experience.
  - Encourage and acknowledge each reflection with responses that facilitate an environment that promotes autonomy, competence, and relatedness.

- **Participant Assignment:**
  - 500-1000 word reflection on the prompt: How did you first become aware of your clinical identity? or What do you notice as you reflect upon the continued experience with your introduction to clinical models?
  - During the next group process be prepared to share your reflection.

### 2.4 Starting the Journey

- **Facilitator:**
Welcome the cohort.

Confirm each participant secured a mentor and scheduled face-to-face mentorship sessions at least twice per month.

Invite the cohort to share their reflections (not read word for word): How did you first become aware of your clinical identity? or What do you notice as you reflect upon the continued experience with your introduction to clinical models?

Encourage and acknowledge each reflection with responses that facilitate an environment that promotes autonomy, competence, and relatedness.

Participant Assignment:

Reading of key themes to consider “during the journey.”

Be prepared to discuss the themes in the next group process.

3.0 During the Journey: Objectives

Transition from Starting the Journey to During the Journey.

Maintain a safe group environment that promotes autonomy, competence, and relatedness.

Participants meet with individual mentors face-to-face at least twice per month.

Participants meet with mentors and in group process in order to process themes that may be present for them during the journey. Key themes may include: key relationships, competence and effectiveness, rewards and difficulties, how the journey impacts professional identity/the authentic self.

Participants process multicultural considerations that may be present for them during the journey.
• Participants understand the iterative process of revisiting themes during this phase as their journey of professional identity development creates opportunities for different experiences at different points in the process.

3.1 During the Journey:

• Facilitator:
  o Welcome the cohort.
  o Provide accountability for participants’ individual, face-to-face mentorship sessions.
  o Invite the cohort into a discussion related to the reading on the key themes: What stands out to you as you reflect on the themes? How do they, or might they, impact your journey during this program?
  o Encourage and acknowledge each reflection with responses that facilitate an environment that promotes autonomy, competence, and relatedness.

• Participant Assignment:
  o 500-1000 word reflection on the prompt: select a theme from the key themes, identify a multicultural consideration, or offer another theme that is most present for you that resonates with your current experience.
  o During the next group process be prepared to share your reflection.

3.2 During the Journey

• Identical format used for each group process during this phase.

• Facilitator:
  o Welcome the cohort.
o Provide accountability for participants’ individual, face-to-face mentorship sessions.

o Invite the cohort to share their reflections (not read word for word): select a theme from the key themes, identify a multicultural consideration, or offer another theme that is most present for you that resonates with your current experience.

o Encourage and acknowledge each response while facilitating discussion. Let the group focus on each other’s experiences. Do not disagree, analyze, or critique any response.

- Participant Assignment:
  o 500-1000 word reflection on the prompt: select the theme from the key themes that is most present for you or offer another theme that resonates more with your current experience.
  
o During the next group process be prepared to share your reflection.

3.3 During the Journey

- Facilitator:
  o Welcome the cohort.
  
o Provide accountability for participants’ individual, face-to-face mentorship sessions.
  
o Invite the cohort to discuss what stands out to them, what seems most important, and/or what resonates the most with them as they reflect on the phase “During the Journey.”
- Encourage and acknowledge each response while facilitating discussion. Let the group focus on each other’s experiences. Do not disagree, analyze, or critique any response.

- **Participant Assignment:**
  - 500-1000 word reflection on the prompt: Describe what happened as you became more aware of both your pastoral and clinical identities.
  - During the next group process be prepared to share your reflection.

### 4.0 Continuing the Journey: Objectives

- Transition from During the Journey to Continuing the Journey.
- Maintain a safe group environment that promotes autonomy, competence, and relatedness.
- Participants meet with individual mentors face-to-face at least twice per month.
- Participants identify and describe their pastoral identity.
- Participants identify and describe their clinical identity.
- Participants identify key themes and experiences from the journey.
- Participants identify and describe their journey through a visual project.
- Participants identify the next step in their professional identity development journey.

### 4.1 Continuing the Journey

- **Facilitator:**
  - Welcome the cohort.
  - Provide accountability for participants’ individual, face-to-face mentorship sessions.
o Invite the cohort to share their reflections (not read word for word): Describe what happened as you became more aware of both your pastoral and clinical identities.

o Encourage and acknowledge each reflection with responses that facilitate an environment that promotes autonomy, competence, and relatedness.

- Participant Assignment:
  
o 500-1000 word reflection on the prompt: Describe the critical events, or turning points, that stand out to you in this experience. Describe why that/those particular moments stand out?

o During the next group process be prepared to share your reflection.

4.2 Continuing the Journey

- Facilitator:
  
o Welcome the cohort.

o Provide accountability for participants’ individual, face-to-face mentorship sessions.

o Invite the cohort to share their reflections (not read word for word): Describe the critical events, or turning points, that stand out to you in this experience. Describe why that/those particular moments stand out?

o Encourage and acknowledge each reflection with responses that facilitate an environment that promotes autonomy, competence, and relatedness.

- Participant Assignment:
  
o 500-1000 word reflection on the prompt: Describe how your experiences during your journey informs your pastoral counseling today?
During the next group process be prepared to share your reflection.

4.3 Continuing the Journey

- Facilitator:
  - Welcome the cohort.
  - Provide accountability for participants’ individual, face-to-face mentorship sessions.
  - Invite the cohort to share their reflections (not read word for word): Describe how your experiences during your journey informs your pastoral counseling today?
  - Encourage and acknowledge each reflection with responses that facilitate an environment that promotes autonomy, competence, and relatedness.

- Final Participant Assignment:
  - Visual Presentation of Your Journey
    - Using a visual presentation describe your overall experience related to your pastoral and clinical identity journey and what your next step is in this journey.
    - Visual models could include: one-page concept map/flow chart/diagram, three-dimensional model (online concept mapping tools: MindMaple, Bubbl.us).
  - During the next group process be prepared to share your visual presentation of Your Journey.

4.4 Continuing the Journey

- Facilitator:
  - Welcome the cohort.
• Provide accountability for participants’ individual, face-to-face mentorship sessions.

• Invite the cohort to share their visual presentations on Your Journey.
  - Using a visual presentation describe your overall experience related to your pastoral and clinical identity journey and what your next step is in this journey.
  - Visual models could include: one-page concept map/flow chart/diagram, three-dimensional model (online concept mapping tools: MindMaple, Bubbl.us).

• Encourage and acknowledge each presentation with responses that facilitate an environment that promotes autonomy, competence, and relatedness.

4.5 Continuing the Journey – the last group session.

• Facilitator:
  - Welcome the cohort.
  - Thank them for their openness in sharing their experiences of their journeys in the group.
  - Share what it was like for you to experience this process with them.
  - Offer encouragement for the next steps in their journey that the cohort identified with their visual models and presentations.
  - Invite the cohort to share:
    - What it was like to be a part of this group?
    - What are the most significant, or memorable, experiences that stand out to you?
What it is like for them to be on the verge of taking the next step in your journey that you identified in your visual model and presentation?

- Close the group.

Conclusion

The purpose of this training manual was to address the integration of pastoral and clinical identities in the professional identity development of pastoral counselors. The manual included keys elements of current research on the subject synthesized with Self-Determination Theory (SDT) in order to create a learning environment that promotes healthy professional identity development and optimal functioning. This training manual offered a well-researched approach to the professional identity development process of pastoral counselors who pursue licensure as clinical mental health professionals.
EPILOGUE

The purpose of this project was to offer a foundation and a framework to explore the professional identity development of pastoral counselors who obtain licensure as mental health professionals. This was provided through the recommendations and findings of the project’s components. The components of this project included a collection of conceptual and narrative inquiry articles focused on understanding how pastoral counselors integrated their pastoral and clinical identities. The conceptual component offered a practical example for integrating pastoral counseling with evidence-based theory. The two empirical, narrative inquiry components provided themes in order to understand the pastoral counseling professional identity development experience. The recommendations and findings from these components were synthesized with SDT into the culminating component of a training manual for pastoral counseling professional identity development. SDT guided a key recommendation in the training manual to offer a training environment conducive to optimal functioning during the program centered on the SDT constructs of autonomy, competence, and relatedness.

The purpose of this project also included a desire to energize programmatic research and an intentional approach to pastoral counselor professional identity development. A next step in programmatic research could include research centered on pastoral counselors-in-training as they navigate their professional identity development process in their clinical masters program. Researching pastoral counselors-in-training compliments prior research focused on currently practicing pastoral counselors and retired Army Family Life Chaplains. Findings from this empirical study could be combined with the findings in this project to help further define the constructs associated with pastoral counselor professional identity development. Further defining these constructs could be accomplished with a factor analysis with the aim of developing a
pastoral counselor professional identity development scale. This scale would measure the criteria of professional identity development for pastoral counselors who pursue clinical licensure.

A next step in energizing an intentional approach to pastoral counselor professional identity development is the use, evaluation, and refinement of the training manual in this project. Use of the training manual offers an opportunity to evaluate its effectiveness and further refine the manual in order to maximize its usefulness. This training manual is appropriate for use in programs where pastoral counselors are introduced to clinical models for counseling or when practicing pastoral counselors seek an intentional approach to their professional identity development. Possible evaluation strategies for the training manual include pre-training and post-training questionnaires, regular check-in questions during group process, and providing a rubric for the culminating visual presentation. The evaluation process could also include research to help further define the constructs associated with pastoral counselor professional identity development.

Navigating both pastoral and clinical identities in professional identity development is a complex process. In order for pastoral counselors to experience their professional identity in a more integrated way continued research and intentional practice is critical. This continued research and intentional practice is essential in assisting pastoral counselors in realizing and experiencing what John described in this project.

We are us, and although there are areas that we can emphasize and help to nurture, we should not ignore the other parts. So, that part of the identity is that we should never separate ourselves out into, “Well, now I'm a pastoral therapist. Oh, now I'm a mental health counselor. Now I'm a minister. Now I'm a clinician.” We bring our complete self into session with clients to help them become their complete self in a healthy way.
May this project energize research and an intentional approach to pastoral counselor professional identity development. More importantly, may it assist pastoral counselors in bringing their complete self into the counseling session as they help their clients become their complete selves in a healthy way.
REFERENCES


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APPENDICES
Appendix A: Solicitation Email to Potential Participants

Good Morning,

My name is Gregory Cheney, a doctoral candidate at North Carolina State University in the Department of Educational Leadership, Policy, and Human Development. I am planning to conduct a research study exploring the identity development of ordained pastoral counselors who obtained licensure as clinical mental health professionals. The purpose of this qualitative research study is to describe how ordained pastoral counselors, who obtained licenses in clinical mental health, developed their professional identity.

Details about the study are listed below. The names of the participants will be confidential and at no point will their names be taken or documented on any part of the study. Pseudonyms will be used to ensure confidentiality.

My study will involve:

**Individual In-Depth Interviews** (target participants: tentatively 5 to 10 ordained pastoral counselors who obtained licensure as clinical mental health professionals)

- I will audio-record interviews and take reflective notes throughout the conversation.
- I will transcribe interviews verbatim and provide each participant a copy of the transcribed interview for her records and review.
- Each participant will be interviewed separately.
- Interview length may range between thirty to ninety minutes; participants may be asked for a second interview.

Please feel free to contact me if you have any questions, comments, or concerns. I hope to hear back from you soon regarding your participation in this study. Thank you in advance for your time and consideration.

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Appendix B: Informed Consent Form for Research

**What are some general things you should know about research studies?**
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of the professional identity development of Army Family Life Chaplains.

You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above or the NC State IRB office as noted below.

**What is the purpose of this study?**
The purpose of this study is the professional identity development of retired Army Family Life Chaplains. The professional identity formation of new and seasoned counselors seems to be well researched and established. The professional identity formation of Army Family Life Chaplains is not.

This study focuses on the stories and experiences of this identity development. These stories and experiences can provide a better understanding of professional identity development in order to inform how Family Life Chaplains are trained, to resource Family Life Chaplains currently serving, and to resource the counselor educators who train them.

**Am I eligible to be a participant in this study?**
In order to be a participant in this study you must be ordained clergy, have served as an active-duty Army Family Life Chaplain, have obtained licensure as a mental health professional, and are currently practicing as a pastoral counselor.

You cannot participate in this study if you have not separated from military service and are still serving on active-duty, the Reserves, or National Guard.

**What will happen if you take part in the study?**
If you agree to participate in this study, you will take part in an online survey in order to collect demographic information and responses to survey questions. You will then meet with an interviewer who will ask you questions about your identity development as an Army Family Life Chaplain. You will be asked questions about your experience with this developmental process. This will include one to three sets of interviews that will be recorded. The interviews be held in through an online video conferencing platform with an encrypted connection and will last 60 to 90 minutes.

After the interviews the audio recording will be transcribed. You will be provided with a copy of this transcription in order to judge its accuracy. The transcript will be stripped of all identifiers.
and sent in an email with a generic body so that no one can identify who the participant is in the transcript.

Lastly, online information will be collected related to how you present yourself as a pastoral counselor.

**Risks and Benefits**
There are minimal risks associated with your participation in this research. However, it is quite possible that conversations about your professional identity development can become uncomfortable. At any time, you can leave the interview, not participate in the interview, or turn off the recording. Also, the interviewer has extensive experience with discussing the life stories and experiences of individuals. The interviewer also has resources for you if you are uncomfortable with any subject discussed and will provide them upon request.

There are no direct benefits to your participation in the research. The indirect benefits include Army Family Life Chaplains in-training, current Army Family Life Chaplains, and counselor educators will benefit from this research; the primary benefit of the research is the knowledge that will be gained concerning how pastoral counselors integrate their pastoral and clinical identities.

**Confidentiality**
The information in the study records will be kept confidential to the full extent allowed by law. Each participant will select a pseudonym that will be used for study notes and other materials. The list of pseudonyms will be stored in a locked file drawer. Any copies of paper will also be stored in a locked file drawer. Any electronic materials will be password protected. Given subject consent, sessions will be audiotaped for further analysis. All audiotapes will be kept in a secured location. Audiotapes will be kept for 2 years after the study and then destroyed. No reference will be made in oral or written reports which could link you to the study.

**Compensation**
You will not receive anything for participating in this study.

**What if you have questions about this study?**
If you have questions at any time about the study or the procedures, you may contact the researcher, Gregory Cheney, at gjcheney@ncsu.edu or 1-910-322-3925. You may also contact the researcher’s NCSU faculty sponsor, Dr. Sylvia Nassar, at snassar@ncsu.edu or 1-919-515-6299.

**What if you have questions about your rights as a research participant?**
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the NC State IRB Office via email at irb-director@ncsu.edu or via phone at 1-919-515-4514. You can also find out more information about research, why you would or would not want to be in research, questions to ask as a research participant, and more information about your rights by going to this website: http://go.ncsu.edu/research-participant
Consent To Participate
“I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.”

Participant’s signature ___________________________ Date ____________

Investigator's signature ___________________________ Date ____________
Appendix C: Interview Protocol

Hello, my name is Gregory Cheney. I am a doctoral candidate in the Counseling and Counselor Education program at North Carolina State University in the Department of Educational Leadership, Policy, and Human Development. The purpose of this study is to describe how ordained pastoral counselors, who obtained licenses in clinical mental health, developed their professional identity. I am looking to examine how ordained pastoral counselors integrate their theological framework with the clinical counseling theories introduced in their clinical counseling, graduate-level programs.

I am utilizing the experiences of ordained pastoral counselors who obtained licenses in clinical mental health. With your permission, I would like interview you today about your experiences as an ordained pastoral counselor who obtained licensure as a clinical mental health professional and the influences that have impacted your identity development as a pastor. Throughout the interview, I will ask you questions related to your personal background and your experiences (academic and social) in your graduate program and clinical practice. I will also ask about your influences and experiences as an ordained pastor and licensed clinical mental health professional.

All information we discuss will be confidential and your identity will not be revealed on any documentation associated with this study. No identifiers will be used for this research with exception of a pseudonym to ensure confidentiality and the documentation of your demographic information.

I anticipate this interview will last between thirty and ninety minutes. I will audio-record our interview as well as take reflective notes throughout our conversation. I will transcribe this interview verbatim and I will send you a copy of the transcribed interview for your records and for your review.

You may end the interview at any point and may decline to answer any questions you do not feel comfortable answering. You may also feel free to take a break during any portion of the interview. Please let me know if you need additional clarification or explanation about any of the questions. Do you have any questions for me before we begin the interview?

1. What is your age?
2. How do you identify your ethnicity?
3. How do you identify your gender?
4. Have you served in the military?
5. When did you retire and/or separate from military service?
6. Are you currently, or were you ever, an ordained pastor?
7. If yes, what religious denomination are you (or were) ordained in?
8. Before separating from the military did you serve on active-duty as an Army Family Life Chaplain?
9. If yes, what Army installation and civilian school did you attend for your formal Family Life Chaplain training?
10. Please list your graduate degrees.
11. Are you currently licensed as a mental health professional?
12. If yes, what field are you licensed?
13. Are you currently practicing as a pastoral counselor/mental health professional?
14. As a pastor, please tell me about what happened when you were introduced to clinical models for counseling.
15. Please tell me about your pastoral identity as you developed competency using clinical models for counseling.
16. How did you first become aware of your pastoral identity?
17. How did you first become aware of your clinical identity?
18. Tell me about what happened as you became more aware of both your pastoral and clinical identities?
19. What critical events, or turning points, stand out to you in this experience?
20. Tell me why that/those particular moments stand out?
21. Tell me about what happened when this experience became difficult?
22. Tell me about what happened when this experience became rewarding?
23. Tell me about how these experiences inform your pastoral counseling today?
24. What else would you like to tell me about these experiences?

That concludes our interview. The information you provided me will be extremely useful to my research. Please feel free to contact me if you have any questions, comments, or concerns pertaining to this interview.

Thank you again for your participation. Have a great day.