I-position as a tool to advance the understanding of pastors and deacons who navigate contrasting identities as chaplains: a narrative analysis

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ABSTRACT
Chaplaincy services form a vital complement for secular societal institutions which must accommodate spiritual needs, including but not limited to, hospitals, armed forces, and prisons. Yet cultures within societal institutions and churches or faith organizations are fundamentally different. The purpose of this article is to present a conceptual, methodological and occupational discussion around Swedish pastors and deacons serving as specialised chaplains in societal contexts. A narrative analysis coupled with the concept of an I-position (from the framework of Dialogical Self Theory) are presented as a useful methodology for advancing the understanding of pastors and deacons who navigate culturally contrasting identities as chaplains. The article draws from two recent studies and illustrates the methodology through case study examples of both hospital and military chaplains. This approach may be relevant to any chaplain who traverses culturally contrasting terrain and may encounter identity change or challenge. Future research is recommended regarding gender aspects related to male/female dominated societal institutions and representatives from other faith traditions involved in chaplaincy services.

KEYWORDS
Dialogical self theory; health chaplain; identity; I-position

Introduction
Ordained pastors and deacons from the Church of Sweden have assignments beyond traditional church-contexts as chaplains within hospitals, schools, airports, prisons and military organisations on home bases or amid deployment to war zones, to name but a few. The presence of the Church of Sweden within many of these institutional contexts traces back hundreds of years (Grimell, 2020a; Gudmundsson, 2014). In fact, the church was a state church and a part of the governing system until the year of 2000, when the separation was implemented. The dialogue between the society and the church is the result of a two-fold situation which works both from within the church and from society itself. The church’s national document that regulates the activities of the church call upon a pastoral responsibility for everyone who resides within the area of the parish: hospital, school, military and so on. From a societal level, government institutions must
allow each and every individual to exercise his/her religious freedom and access to spiritu-al support amid, for instance, a hospital stay, imprisonment or military service.1

Contemporary government institutions in Sweden are secularized; therefore they are constituted by secular law and regulations. Values, meanings and practices i.e., cultures within each institution may implicitly and explicitly reflect the long Christian Lutheran tradition in various ways (Willander, Bradby, Torres & Jonsson, 2019). Even so, government institutions within Sweden are secularized, and thus so are their approaches to religion (Hansson, 2016). This implicates that when pastors and deacons serve as chaplains within these institutions they participate within a culture where religious values, meanings and practices may be considered less important, a secondary matter, or even inappropriate. These contexts contrast starkly with the traditional Swedish church-context wherein religious values, meanings and practices are more important.

Ordained pastors and deacons develop and establish salient identities as pastors and deacons over the years. First as persons who perceive a calling to serve in the church, then as theological and religious students. Next there must be an evaluation from the dioceses, and if the evaluation approves then studies continue, including pastoral or diaconal training. This process may span several years. Finally, there is the ordination. Thereafter follows the actual service as ordained pastors and deacons within a parish which includes a highly religious culture, colleagues and a congregation. This extensive process is not only about suitability through evaluation/approval and the accumulation of knowledge, skills, and experiences to finally gain “ordained workers” within the church. The process shapes powerful and specific cultural identities as well. Thus, rooted in the stories of who they are, pastors and deacons may perceive tension in a variety of situations amid chaplaincy assignments within secularized institutions. The hospital context is organized around and defined by medical expertise and practice, which operates with a secular epistemology. The need for a spiritual/religious dimension of caring is defined in contradistinction from secular medical expertise. Hospital chaplains may feel invisible or alien to the staff, or experience resistance or ignorance. In the same time, hospital chaplains participate in on-call rotation to make 24 h assistance (which is not within the spiritual domain) available for patients and family, filling in gaps in caregiving that clinical staff lack time to do, and support of psychiatric patients or discharged patients between the cracks which potentially blur the line between the medical health care and the spiritual domain. Military chaplains may feel a pressure to carry fire arms amid deployment to war zones and to engage in camp defense and combat. Chaplains who experience tension may have to navigate strategically within the actual contexts in order to best serve as spiritual caregivers. They may also have to handle personal identity issues on their own within such contexts (Grimell, 2020b).

However, pastors and deacons who later become specialized chaplains in institutional contexts may also develop new types of cultural identities as chaplains.2 Such new identities may include cultural content from the institutions they serve and belong to (Cobb, 2013; Swinton, 2013; Zock, 2008). Potentially opposing identities may shape; contrasting positions may populate the self of, for instance, a pastor who is a military chaplain or a deacon who is a hospital chaplain. Specialized chaplains who encounter such an identity development may have to navigate potential tension of positions within the self. They may also experience that they are not fully understood through the eyes of representatives from the traditional church. Such tension between opposing identities of the self
fits well into Dialogical Self Theory, which employs I-positions as a core concept and thereby embraces otherness, contradiction, and even tension within the self (Hermans, 1996; Hermans & Hermans-Konopka, 2010). Yet very little research can be found which explores such challenges between identities/positions among chaplains using the framework of a dialogical self.

The identity issues described above have been identified in two recent qualitative studies which have been launched during 2020 from the Unit for Research and Analysis within the Church of Sweden (see Grimell, 2020b). The first study involved twelve military chaplains, and the second study involved six hospital chaplains. All participants, except one assistant deacon with specific qualifications, were ordained pastors or deacons within the Church of Sweden and specialised chaplains within either the military or hospital context.

The purpose of this article is to specifically highlight the identity dimension by presenting a conceptual, methodological and occupational discussion which primarily addresses Swedish pastors and deacons serving as specialised chaplains in secularized institutional contexts. However, this approach has relevance for any chaplain who alternates between traditional and secularized contexts. Findings from the previous qualitative studies will be presented to root both the analysis and discussion in real-life experiences. One research question will steer the investigation:

- How may I-positions be of help in understanding identity experiences among pastors and deacons serving as specialised chaplains from a narrative outlook?

This article will continue with a conceptualization of an I-position (including some features of its central framework), method, results and the discussion.

**I-position**

The idea of a dialogical self (later Dialogical Self Theory or DST) was developed in the early 1990s as Hermans, Kempen and van Loon (1992) presented the self as a dialogical narrator with multiple I-positions displayed in a storied self (cf. Sarbin, 1986). These ideas developed with time into Dialogical Self Theory (Hermans & Hermans-Konopka, 2010). This theory suggests that the self is extended to societies and cultures. The voices from societies and cultures, including their specific tensions, conflicting ideas and potentials for dialogue, speak through the self and are an intrinsic part of the self (Hermans, 2002). In a recent article Wijsen and Hermans (2020) present the following core features of DST (p. 232):

In a nutshell DST assumes, firstly, that the self can be conceived as a “society of mind” or as a multiplicity of embodied I-positions among which dialogical relationships can exist, and, secondly, that the “I” is capable of shifting from one position to another in accordance with different, and even contrasting, situations. The self is not autonomous and unified, but dialogical and multiple; so, it is not a substance within itself but deeply relational. And the other is not an outside entity but an existing part of the self.

Thus I-position is a core concept of DST, and the “I” can use all positions available in a dynamic process of positioning.
There are two types of I-positions: those linked to the “internal” and those to the “external” domain of the self (Hermans, 2001a, p. 252). I-positions within the internal domain are located inside of a person (e.g., “I as disciplined,” “I as creative,” “I as silent”). I-positions within the external domain of the self are physically located outside of the person (e.g., my children, my wife, my work), but are also a part of the self. Given the basic assumption of the extended self, the other is not outside of the self, but rather an intrinsic part of the self (Hermans, 2001a, 2008). These I-positions create the position repertoire of the self (Hermans, 2001b).

The dialogical self is both relational and multiple, and many positions are transmitted and constructed through societies, institutions, families and friends. However, the self does not passively internalize positions that societies and cultures emulate unaltered, but rather participates and interacts in such an interchange, appropriating some while adapting and even rejecting others (Grimell, 2018). There may exist both conflicting and contradicting positions in the self. Positions may form coalitions through shared goals and desires. Others may stand in opposition to each other, and this can create tension and decentralization. A dialogical self aspires to promote integration between decentralizing and centralizing movements of positions in the self (Hermans & Dimaggio, 2007). The movement is the dynamic process of positioning as the “I” travels in time (i.e., temporal dimension of the self) and space (i.e., spatial dimension in the self) across the position repertoire.

A dialogical self is populated by a plethora of narrative I-positions; this multiplicity results in a complex, narratively structured self (Hermans, 2001a). I-positions have specific voices (and points of views) that can be understood as narrative positions of a multi-faceted self (Hermans, 1996). I-positions author a set of corresponding characters that become united, likely with tension and numerous plotlines, through a personal story of who I am. This inconsistency may be narratively solved through the distinction between the characters and the story. “The many are the main characters; the one is the story within which the characters are given form, function, and voice” (McAdams, 1997, p. 118).

To be an ordained pastor or a deacon loyal to the church suggests one salient story of who I am with a specific character as a pastor or a deacon. To be a chaplain, on the other hand, who serves with commitment and passion in a societal institutional context i.e., military or hospital may suggest another character: a military or a hospital chaplain. Through the lens of DST each character has a corresponding I-position which the “I” can employ. Each character and I-position relates to a different context with alternate values, meanings, practices, relationships and emotions. Still there is also common ground between a character as a pastor and a military or hospital chaplain.

**Method**

This article draws from two recent research projects designed to explore and describe experiences from pastors and deacons providing spiritual care in the Swedish Armed Forces and within a larger urban hospital context in Sweden. Qualitative research on military and hospital chaplains in Sweden is scant, so there are not much contemporary research interview studies within a Swedish context to draw experience and knowledge
from. Therefore, a qualitative method with an interview design seemed most fitting for both studies (Kvale, 2007; Kvale & Brinkmann, 2009; Verschuren & Doorewaard, 2010).

A narrative analysis is a productive lens for the investigation of identity and self (Clandinin, 2013; McAdams, 2013; McAdams, Josselson, & Lieblich, 2006). Identity is understood in this article as a story of who I am as a pastor or deacon and a chaplain. Every story i.e., has a character, for instance, as a pastor or deacon and a chaplain. This analysis is centred on how narrative characters interact in the interview narratives (Grimell, 2018). Characters equates I-positions of the self. Thus, each identification of a character within the interview narrative includes the discovery of an I-position (Grimell, 2019).

A concept such as validity requires some rethinking from the outlook of a narrative analysis such as this. Polkinghorne’s (1988, 2005) suggestion to understand validity more as a meaningful analysis resonates well to this article. An important finding, even as an individual occurrence, can be described as a significant result since it offers new qualitative insights.

### Participants and selection

The intent with the previous research projects was to recruit experienced participants (chaplains) within military and hospital contexts who had robust and unique experiences from chaplaincy services, were willing to participate, and could provide the studies with a variety of broad and wide qualitative nuances. The first group of military chaplains was recruited by assistance of the Head of Military Chaplains (see Grimell, 2020b) and the second group of hospital chaplains included participants from a larger urban Swedish hospital. The selection process was therefore designed as a purposeful sampling selection (Merriam, 2002).

A letter of research information was sent individually through email to each participant in order to safeguard anonymity. This research information letter described the background of the research project, purpose of the study, research ethics, anonymity and related formalities. Each potential participant had to reply via email in order to join the study. Prior to the interview they also had to sign the informed consent agreement.

The first study on military chaplains included twelve experienced military chaplains (eight males, four females) who were pastors in the Church of Sweden. The second study on hospital chaplains included six experienced hospital chaplains (three males, three females) who were pastors or deacons (one assistant deacon) in the Church of Sweden.

Each participant decided a time and place for his/her interview. The first study (on military chaplains) was conducted just before the pandemic situation restricted the possibility to travel, so all the interviews were made face-to-face. During the second study (on hospital chaplains) interviews had to be conducted through video conferencing. This also complicated signing the informed consent agreement which had to be sent in advance through postal service to the participants. Once signed the agreements had to be sent back to the researcher.

Two participants (one male, one female) from each study were selected for this analysis. These participants represent the variety of the sample within each study regarding age, gender, identities as pastors and deacons, years of specialisation as chaplains and
narrated experiences. They illustrate experiences on identity issues which were observed among the participants. Thus, a common theme among the participants in both studies was “identity” (Grimell, 2020b, pp. 8) Additionally, these four cases highlight different avenues of dialogue between I-positions as demonstrated through different identity claims. In summation, these cases represent the sample from each study, as embodied by:

- Margareta, a hospital chaplain, female, and deacon in her fifties.
- Torbjörn, a hospital chaplain, male, and pastor close to sixty.
- Harriet, a military chaplain, female, and pastor in her forties.
- Henrik, a military chaplain, male, and pastor is his thirties.

Backgrounds and additional details of the participants will be presented in the results. As a further note, only pastors are permitted to serve as military chaplains.

**Interview design**

Each interview study covered topics related to the spiritual work and professional identity of the military and hospital chaplains. A semi-structured interview design was developed to cover these topics (Kvale, 2007; Kvale & Brinkmann, 2009). Within each topic several questions were formulated to open-up topics and allow the participants to construct answers in ways that they found meaningful (Riessman, 1993). By this approach the participants were encouraged to share their narrated experiences in their own ways (Clandinin & Connelly, 2000; Crossley 2000). Each interview-guide can be found in Appendix 1 and 2, which also supports the methodological transparency. Some questions also highlight other research topics related to specific research questions. Shared questions revolve around identities and spiritual work of the participants.

The length of the interviews spanned from approximately one hour to one hour and forty minutes. The interviews were conducted in Swedish.

Since military and hospital chaplains uphold confident-secrecy and confidentiality all of the questions were broadly formulated. The participants and the researcher were all aware of the confident-secrecy, and this was also highlighted in the research information. The same interview-guide was employed upon the participants within each study. Personal follow-up questions were exercised. All interviews were transcribed verbatim into complete transcripts.

In addition to the fact that the researcher who conducted the interviews had a stated purpose as a researcher, the participants were also cognizant of his status as an ordained pastor within the Church of Sweden. Furthermore, the military chaplains were informed of the researcher’s military service. This commonality facilitated communication. We shared common backgrounds and established a sense of basic trust throughout the interviews (Mishler, 1986, 2004).

**Analysis**

Transcripts were used in close re-reading to summarize the content and abstract backgrounds, story lines, identity claims and tension within the interviews as an early step
in the analytical process (Clandinin, 2013; Clandinin & Connelly, 2000). This resonates to what Ganzevoort (1998) has described as global reading, which serves as the first step “to get a general picture of the text” (p. 28). Amid this process notes were taken, and summarizations made.

The next step was to download the transcripts into an analytical qualitative software program called Atlas.ti. This program served as a powerful organiser of the qualitative data and greatly facilitated the coding and possibility to compare data within and across interviews. The transcripts were coded by identity claims of characters narrated by the participants. For instance, when a participant articulated “I am a hospital chaplain” it was coded as a claim of a character: the hospital chaplain (McAdams, 1988, 1997; Mishler, 2004; Sarbin, 1986). Such a character equates to a I-position in resonance to DST (Wijsen & Hermans, 2020). This coding was followed by adding narrated features to the character (Grimell, 2018). The same coding was employed to a claim of a character as a pastor or a deacon including adding features to this identity claim. Moreover, experiences of tension, opposition, ambiguity and cooperation of specific characters/I-positions were coded as well (Hermans, 1999, 2003).

This narrative analysis generated a detailed landscape of characters with features, including their narrated experiences in relation to themselves, others, and their cultural contexts.

The analysis will be presented as short case study summarizations in the results section where the findings are illustrated. Some details have been slightly altered or omitted in order to protect the integrity of the participants, and all names have been changed. Geographical information and workplaces are only very generally presented to safeguard confidentiality.

Narrative accounts in Swedish translated into English have been proofread by an English native speaker who also reads Swedish. But there always is a risk that nuances can be lost or not fully captured amid translation from Swedish to English.

The results

The case of Margareta – The spiritual caregiver guide in renewed dialogue with the returning deacon

Margareta is in her fifties and has served for several decades on a full position as a hospital chaplain at a larger urban Swedish hospital (the church is the employer). She is also an ordained deacon within the Church of Sweden and served as a deacon in a traditional congregation long ago. Margareta is a very experienced hospital chaplain and illustrates extended insights and lessons learned around suffering, grief and death (i.e., spiritual wisdom) within the hospital context. She has a firm identity as a hospital chaplain and recounts:

When I look at myself over the years at the hospital, I can see that I have developed, and I think that I can see that I have more conversations which lean towards spiritual guidance. So, I feel that I am a spiritual guide somehow. Life and spirituality. I have walked intimately together with people before their deaths. Such relationships may go on for a longer period. It has begun with a difficult existential situation and then evolved into spiritual guidance.
Later in the interview Margareta says:

I have had some challenges with the identity as a deacon, which more and more assumes that you have a background as a social worker, and which is more centred towards the church’s social work. I strongly feel that my identity is as a provider of spiritual care. I identify myself as a hospital spiritual caregiver. But I have also seen, during the previous years, that I have discovered a new identity as a hospital spiritual caregiver. A change, if I return to your question has hospital chaplaincy changed across time, a change which I have seen is the cutbacks within the hospital which implicates that there are more people who falls between the cracks. Patients fall between the cracks and don’t get the help they need. And then I become a deacon. […] my role as a deacon involves restoring humans who have been rejected by the hospital system.

Margareta has a salient character as a hospital chaplain, a spiritual caregiver with features as a spiritual guide who often embarks together with patients upon the journey to death. Sometimes this shared walk is longer, sometimes it involves only one meeting. This character equates to an I-position as a chaplain with a specifically developed capacity of spiritual guidance and existential conversation. Over the decades an interesting movement within the self has developed as an implication of hospital cutbacks. The character as a deacon, which Margareta had found challenging, has been reactivated in a new manner in order to assist patients (both in a theological sense and by action) who fall between the cracks in the medical system and thereby feel rejected, and sometimes truly are neglected, by the medical system. The process of restoration may lead to action in line with that of a “churchly social worker.” Two different yet complementary I-positions illustrate collaboration. Patient relationships and circumstances within the hospital context have cultivated new paths of cooperation in a dialogue.

The case of Torbjörn – Ambiguity in the dialogue between the traditional pastor and the hospital pastor

Torbjörn is close to sixty and has served the previous five years on a full position as a hospital chaplain at a larger urban Swedish hospital (the church is the employer). He is also an ordained pastor within the Church of Sweden, and prior to his appointment as a hospital chaplain he served as a regular pastor for many years within a traditional congregation. Torbjörn finds his current position meaningful and important, but the interview narrative also illustrates tension and ambiguity. Torbjörn recounts:

It does something with my identity. I mean as a pastor in the congregation one has many different roles, and I like the ceremonial aspects and what a pastor is supposed to do … Well, now I feel to be somewhat on the outside.

He recounts several times that to be a hospital spiritual caregiver [sometimes he uses the expression hospital pastor to highlight the distinction] “has implications on one’s identity”. Torbjörn recounted that his “pastoral approach has changed”: he “preaches less,” has “very few sermons”, and suggested that his identity as a traditional pastor has become “chipped at the edges” and that there is some type of experience “of loss.” The character of a regular pastor longed for the annual church traditions within the congregation. This character yearned for teaching and preaching, to educate those seeking confirmation, to conduct sermons and employ liturgy, to conduct baptisms and weddings… which do also occur within the hospital context, but often in the presence of death.
From his position as a hospital chaplain much of the day cannot be predicted. Medical staff may call from the emergency or intensive care unit at any time. The character as a hospital chaplain is sometimes on duty around the clock, always ready to go to the hospital in case of emergency.

And it also gets, I think about it, I wrestle with the situation of waiting for things to happen, waiting to be used, it can be frustrating when nothing happens. In the meantime, I don’t sit and wait for something terrible to happen so that I may encounter a meaningful situation. I am trying to find a balance in this situation, and maybe it is not the case that I always shall feel useful, but then I need to find a productive plane.

Even though Torbjörn often experiences appreciation from both medical staff and patients, this he sometimes ponders: “How much do I really do; am I mostly sitting here and waiting?”

The character of a hospital chaplain uses metaphors such as a “fermenter”, and “to sort” life-questions and existential issues to describe the function as a chaplain when counselling patients: “Some things must be thrown away and other things must be composted to have a chance to grow.” Counselling as a hospital chaplain is more about spiritually supporting patients in an existentially exposed situation. Sometimes not necessarily with spiritual language but rather in an honest conversation about life.

There are other discrepancies between the characters. The character of a hospital chaplain is described as more “civilian” outside the hospital context, and Torbjörn recounts:

It is more in and out... I mean, normally I hang up my pastoral shirt [with the white collar] at the hospital and am more civilian outside the working hours and the call-duty which I have. I am not less of a pastor, but I feel... I feel as if I am... Well it is what it is.

As a pastor this was seldom the case. This character shared life with the congregation far beyond routine workings hours: on evenings, confirmation camps, weekends and so on.

The hospital character finds hospital chaplaincy services meaningful, yet Torbjörn confided:

In the same time it feels kind of like I am sitting in the very back of the bus or that I am sitting in the very back of the church, and I am more of an observer than participating and engaging in the life of the congregation and in the identity of the congregation.

A risk of specialisation and commitment as a hospital chaplain is that one may both intentionally and unintentionally alienate oneself from the church. From the position of a pastor, distance and isolation from the church is described as problematic and strange. It has to do with this character’s understanding of the church and what the church is. This character states that to lack a solid background as a pastor from the traditional context of the church would be unfortunate and increase the risk of becoming too professionalized as a hospital chaplain. A firm footing within a traditional congregation is preferred to balance the specialisation as an hospital chaplain.

Torbjörn’s “I” travels in time and space (of the self) and takes the position of the pastor as well as the position of the chaplain over and over again across the interview narrative. This creates contradicting positions, tension and ambiguity. Even so, his
composite self has the capacity to engage in a constructive and respectful dialogue as both characters are met with mutual understanding.

**The case of Harriet – the collaborative example of two contrasting characters: the soldier-chaplain and the traditional pastor**

Harriet is in her forties and has served on multiple positions as a military chaplain for much more than a decade. She is also an ordained pastor within the Church of Sweden who works as a pastor within a traditional congregation. Her assignments as a military chaplain currently parallel traditional pastoral work, but she was a full-time military chaplain when deployed to a conflict zone. She exhibited both salient identities both as a pastor and as a military chaplain. The military assignments as a spiritual caregiver have shaped this character, especially amid war zone deployment. Harriet recalls the process amid her deployment:

Here I have a weapon in my hand. It kills. It was such a huge thing, this process. But eventually in the end I arrived at the conclusion that if I deploy, then I must… We are not forced to carry firearms, but the alternative was to be escorted by infantry soldiers with even more weapons whenever I was to go outside of the camp. So, if I deploy, regarding relationships, then I am a soldier as everybody else. I will not be the first to assault, I will be the last. But I deploy on the same terms as the others, otherwise I have no business there. Then I must choose another organization to work with.

This character of a military chaplain carries a military uniform and is fully equipped for combat amid deployment to war zones. Values, meanings and practices, weapons and uniform included, this character stands in stark contrast to that of a pastor in a traditional congregation. Harriet recalls her deployment:

We patrolled… I could join them on patrols into the countryside. I joined the military company of several patrols; we were gone for several days. It was meaningful to them to explain what they were doing as I went along. They explained to me, told me, and it was something that added something to the routine. And to share that experience together with them, as I have already told you, created trust.

Still, the interview narrative illustrates no tension or conflicting positions or points of views. In fact, Harriet’s “I” shifts with ease between contrasting characters as a pastor and a military chaplain. Positive and negative aspects from both contexts are presented within the interview narrative, confirming the dialogical climate within the self. Harriet recounted:

I am sometimes tired of the church as an organization. It is great to leave this institution and to enter someone else’s, even if the Swedish Armed Forces in many ways are organized in a similar manner. It is as hierarchical and square. But to be a chaplain in that context is appreciated. […] One arrives at someone else’s institution with a different cultural mind-set that most often is appreciated too. It is nice to take the best parts of the church into someone else’s organization.

This last narrative account illustrates a meta position, a helicopter’s perspective (also referred to as meta-cognitive activity) where Harriet takes into consideration two (or more) positions and reflects upon them from a bird’s eye position. Contrasting characters cooperate, and dialogue is demonstrated within the interview narrative.
The case of Henrik – dialogical frustration and imbalanced characters

Henrik is in his thirties and has served for several years on a variety of assignments as a military chaplain. He is also an ordained pastor within the Church of Sweden. Currently he works as a pastor within a traditional congregation. As a part of this employment he also works as a military chaplain on a military base within the area of the congregation.

Even though there are two contextual characters in Henrik’s interview narrative, that of a traditional pastor and that of a military chaplain, the latter express energy, emotions, and presence across the interview. The characteristics of the military chaplain reflect its cultural references, including to participate in combat (if needed). Swedish military chaplains are armed amid deployment to war zones. This is quite unique in contrast to many other nations’ chaplaincy services. Henrik recounts:

We [military chaplains] are non-combatants. What does it mean? What can we do and what can we not do? It may seem very black and white, but in real life it is very grey, very much grey. It can lead into situations… One needs to be very clear about what one does, fully and completely. One must be able to defend: Why do I carry around my weapon here in Sweden? (In training and preparation for deployment) Just one such thing. It doesn’t have to lead to a moral conflict. Not to me anyway. But it can lead to reactions from outside. […] To me it is a natural thing to participate in camp-defence [armed protection of the base during deployment to a war zone] once you are there.

The character of a military chaplain is committed to providing spiritual care in the military context. This character is loyal to the troops. However, there is tension and conflict regarding how many working hours that can be spent in the military context in contrast to the traditional church context. Henrik recounts:

Here in this church no one knows what they do on the military base. Ask my colleagues, they don’t have a clue what I do there. Even though there are sermons, diaconal work, and education, it seems like the military base is of less interest. And it can be frustrating and a great challenge to me. […] Right now, I experience a very frustrating situation because we are increasing the volumes [of conscripts on the base]. […] I need more working hours because I see more needs. But it is very difficult to have this conversation about the work in the congregation verses the work on the base and where to be. It is very frustrating. I have addressed this to my church employer, but nothing happens. It leads to great frustration and stress for me.

Henrik is moving in and out of contrasting cultural worlds, which suggest the construction of two contrasting characters. The character of a military spiritual caregiver clearly struggles with the felt need of being on the base to spiritually support military personnel and conscripts. More importantly, his stymied attempts at outer dialogue with the employer and church colleagues impacts the inner dialogical climate between I-positions. The dialogical capacity of the self is dependent of the democratic climate within any given context. In the context of the congregation the character of a pastor describes the conversation as no existent.

The relational dimension is also critical to DST. This suggests that expressed appreciation from military personnel, articulated needs of military spiritual care and military cultural features as camaraderie and loyalty boosts the character and I-position as a military chaplain. The character of a military chaplain is positioning towards the military context, while in contrast the distance is growing between him and his colleagues
within the church. This creates dialogical tension and imbalance which the composite self is struggling to deal with.

Discussion

A useful approach to help understand challenging identities among pastors and deacons serving as chaplains is to explore a narrative analysis which highlights characters and then connect these to I-positions derived from the dialogical framework of DST. Chaplaincy services are both an important and a required complement to societal institutional contexts which otherwise lack such services, yet must accommodate spiritual needs, including but not limited to, hospitals, armed forces, and prisons. The cultures (i.e., values, meanings, and practices) within secularised institutions and churches i.e., faith communities are fundamentally different. While organisational structures between the Church of Sweden and the Swedish Armed Forces or the hospital system may serve as a reminder of the time when the church was a part of the government system, the cultural content within these organisations are very different.

This suggests that the character of a pastor or a deacon, shaped and formed within the church, has specific cultural constructs. Additionally, characters of chaplains which are cultivated and shaped by secularised cultural institutions may develop contrasting features relevant to the performance of spiritual care in such contexts. For instance, to carry weapons and participate in camp defence as a military chaplain (in stark contrast to traditional service as a pastor) is very effective in order to stay very close to the troops and earn their trust (Grimell, 2020a, 2020b). To develop a non-normative theology which doesn’t resonate to the doctrines of the Church of Sweden (in contrast to traditional service as a pastor or deacon) may be highly adequate in order to spiritually support and assist a wider and heterogenous group of patients within hospital contexts. While conversations with a pastor or a deacon in faith contexts may be more explicit and normative, conversations with a chaplain/spiritual caregiver in secularised institutions may be more implicit and tailored to spiritual guidance and/or questions about life i.e., existential conversations.

The previous two qualitative studies on military and hospital chaplains and related research (Cobb, 2013; Swinton, 2013; Zock, 2008) clearly illustrate that there is an identity dimension involved in chaplaincy services. However, since the design of the two studies has been qualitative there is no claim for generalization onto whole populations of military and hospital chaplains or to other groups of chaplains, for instance, prison, school and airport chaplains. Moreover, the identity dimension does not always necessitate struggle, tension or ambiguity. But it is obvious that the story of who I am as a pastor or a deacon in a traditional church context is not the same as the story of who I am as a chaplain within a secularized institution. The characters of these stories are different even as they have similarities (e.g., to administer the sacraments, to conduct sermon and/or confession, to pray and spiritually consul). These characters correspond to I-positions, and the characters that become united, sometimes with tension and numerous plotlines, through a personal story of who I am as a pastor of a deacon. Such a personal story can also be described as a hybrid identity, unified through the ordained identity as a pastor or a deacon but hybrid in consideration of different I-positions as a
traditional pastor and “soldier-chaplain” who may engage in combat if that becomes necessary.

Yet the self does not passively internalize positions that cultures emulate unaltered, rather participates and interacts in such an interchange, appropriating some while adapting and even rejecting others (Grimell, 2018). The development of a specialised I-position and character as a chaplain, as far as these studies span, are dependent upon the following factors (in a non-hierarchical order) seen through the framework of DST. These four factors resonate to the question “how” developing characters and I-positions are shaped within a chaplaincy context:

- **The relational dimension** and the perceived quality of relationships (including collaboration and cooperation between chaplains in the same context, professional secular personnel and care-receivers within the context) have great impact on how this character grow and positions (or not) towards people in this context.
- **The cultural dimension**, including but not limited to, culturally specific spiritual training, education and supervision to improve the quality of contextual spiritual care, is a vital aspect for the construction of the character. This also includes organizational values, meanings and practices which must be navigated and to different degrees tailor the development of a character.
- The temporal dimension (i.e. time) and how of the assignment as a chaplain is organized (i.e. intensity). A full-time assignment which has been going on for twenty years saliently sculpture both a character and a I-position.
- **Personal motivation** and desire to continue upon the path of chaplaincy.

The capacity to engage reflection from a bird’s eye perspective (called meta-position or meta-cognitive activity) illustrates to increase the capacity for cooperation between I-positions (Grimell, 2018; Hermans & Hermans-Konopka, 2010). However, potential collaboration between culturally diverse I-positions tends to be dependent upon the dialogical atmosphere which surrounds the self amid the assignment as a chaplain. This aspect especially relates to the financial and organisational design of chaplaincy. All participants within both studies were employed either on part-time or full-time positions as chaplains by the Church of Sweden on a local level by parishes. This is the grand design of chaplaincy services (for hospitals, armed forces, police forces, prisons, schools, airports) which emanates from the Church of Sweden. The local leadership may redirect resources and personnel towards the church’s internal domains in times of decreasing number of members who economically support local parishes. The interview data suggests that when the church employer seemed to engage in mutual understanding of the conditions of chaplains, including dialogue, it had a positive effect upon the internal dialogical climate of the self. Recent DST research also supports these findings (Hermans, 2018).

Within a dialogical perspective lies the capacity to bridge the very dichotomy between outer and inner; societal institutions and (local) church(es); them and us - a hang up on this polarization can be a handicap for seemingly diverse agencies, including the selves of the individuals within such organisations. Particularization and simplification
may hinder dialogical routes that could otherwise facilitate both external (i.e., between societal institutions and faith organisations) and internal (i.e., between I-positions of the self) cooperation, collaboration between and within organisations as well as individuals (Grimell, 2018). Two or more positions are required for dialogue, and only when people with contrasting cultural positions begin to talk and listen and learn from each other can the foundations to a bridge be built. This resonates to the internal climate within the self as well (Hermans, 2018; Oleś, 2020). Humans evolve in complex ways from a dialogical perspective in relation to cultures, relationships with significant others, new encounters and personal identities. This complexity is evident in the four cases presented in this article.

**Limitations**

While these two studies have investigated characters and I-positions attached to the professional lives among pastors and deacons who serve as chaplains, characters and I-positions beyond the professional lives remains un-investigated. This would include at least another study. Still, to be a pastor or a deacon and a chaplain is an important and defining part of who the participants are which resonates to salient positions in their selves. They have experienced this as a calling and have served for a long time. Yet many other I-positions remain hidden to the current studies.

The previous studies were not designed to specifically address gender aspects regarding culturally diverse characters. In hindsight this was a shortcoming. For instance, may a male dominated military culture have implications on the evolving characters of female military chaplains? May a female majority in a hospital department have implications on evolving characters of male hospital chaplains?

Finally, this research only includes a specific group of chaplains (from the Church of Sweden), and additional qualitative research should be undertaken to better understand the relationship between culturally diverse I-positions among pastors from the free churches and representatives from other faith traditions (e.g., Imams, Rabbis, Buddhists) working as chaplains and spiritual caregivers. The hinders and/or potentials for dialogue and cooperation may be influenced by other factors as well (e.g., theological, contextual, cultural, inter-personal, intra-personal including position repertoires).

**Concluding remarks**

The methodology of I-positions is well-designed to capture and describe characters among pastors, deacons and potentially other faith-representatives serving as specialised chaplains (cf. Grimell, 2018, 2019). It may offer a qualitative understanding of psychological processes related to self-identity work among such chaplains. It also suggests, at least within hospital and military contexts, that chaplains are dependent upon several factors when shaping their characters, including the external dialogical climate which impacts both their internal dialogical capacity and well-being.
Notes
1. For a full account of how the spiritual care is organized by The Swedish Agency for Support for Faith Communities see https://www.myndighetensst.se/en/myndigheten-for-stod-till-trossamfund.html (2021-01-04)

2. Pastors and deacons within the Church of Sweden do not experience any internship during their seminary years within a chaplaincy setting. Once pastors and deacons become hospital chaplains there are national, regional and local spiritual caregiving programs which they participate in alongside their regular work. For military chaplain there is not yet any long-term program. The Head of Military Chaplains plays a critical role regarding assignments of military chaplains. Chaplaincy positions are open to anyone who fulfil the requirements.

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Appendix 1

Interview-guide for interviewing military chaplains

(A) Questions which address personal experiences of being a pastor in the Swedish Armed Forces
- Would you like to describe your pastoral experience, from the beginning till today, and how you became a military chaplain?
- Would you like to reflect upon your assignments as a military chaplain and describe what aspects you find important and tell me why?
- Would you like to describe your experiences of being a military chaplain in the Swedish Armed Forces, which is a governmental and secular (non-confessional) organization and context?
- Can you describe how the military organization utilizes you as a chaplain?
- What challenges have you experienced in your role?
- Do you have experiences from interfaith or interreligious conversations as a chaplain?

(B) Questions which address experiences and lessons learned from military spiritual care (regarding needs, issues, concepts, rituals, tools, wisdom, contexts)
- What type of needs do you encounter as a military chaplain broadly speaking?
- What type of experiences do you have regarding inner conflicts, moral injury and/or spiritual injury among military personnel/veterans?
- Do you employ such categories (moral/spiritual injuries) or do you have your own ways of describing the issues you encounter?
- How do you support and assist existential issues (inner conflict or injuries) as a military chaplain?
- Do you employ any specific religious (Christian) rituals, experience/wisdom or other tools/methods?
- How do you experience that religious (Christian) rituals, in general, are encountered by military personnel/veterans? How does the rituals affect military personnel?
- Can you describe differences you experience as you move between the traditional (civilian) religious context and the military context?

(C) Questions which address lessons learned from military spiritual care (regarding healing, recovery and growth)
- What kind of experiences do you have from recovery and healing in the aftermath of inner conflicts/injuries among military personnel/veterans? If so, have can you describe the path of healing?
- How has the healing influenced the person(s) you have met broadly speaking?
- How do you describe the life in the aftermath of internal wounds or injury?
- Can congregations do more in order to facilitate and/or assist military personnel and veterans? In what ways?
- Are there additional experiences you would like to share regarding recovery from existential rumination among military personnel/veterans?
(D) Closure
- Finally, is there anything you would like to add or return to before we close the recording?
- Is there anything I have failed to address which you find important for this study?

Appendix 2

Interview-guide for interviewing hospital chaplains

(A) What factors or aspects do hospital chaplains describe as influential for their pastoral work and identity?
- Would you like to describe how your work as a chaplain looks today?
- Would you like to describe what you do and relate it to what the church and the hospital expect you to do?
- Have you experienced any changes regarding the spiritual care during your service at the hospital?
- Would you like to describe what is important for your assignment as a hospital chaplain to work well?
- How would an ideal work-situation as an hospital chaplain look like in according to you?
- Would you like to describe how your assignment as a hospital chaplain have shaped your identity as a pastor or a deacon?
- What aspects do you find important in order to shape a desirable identity as a hospital chaplain?

(B) How do hospital chaplains describe formal and informal expectations from patients, in terms of characteristics of both patients and demands and in terms of those that present and those that are absent?
- What formal expectations do you encounter from the patients as a hospital chaplain?
- What informal expectations do you encounter from the patients as a hospital chaplain?
- Are there expectation which you have not been able to care for?
- What do you do when you cannot accommodate expectations?
- Are there expectations or needs which are absent but which you would like to find present and explicit?
- Are there patient groups which you don’t encounter?
- Are there patient groups which you perceive have needs that you cannot care for?

(C) How do hospital chaplains describe formal and informal expectations from medical staff, in terms of characteristics of both staff and demands and in terms of those that present and those that are absent?
- What formal expectations do you encounter from the medical staff as a hospital chaplain?
- What informal expectations do you encounter from the medical staff as a hospital chaplain?
- Are there expectation which you have not been able to care for?
- What do you do when you cannot accommodate expectations?
- Are there expectations or needs which are absent but which you would like to find present and explicit?
- Are there medical staff-groups which you don’t encounter?
- Are there medical staff-groups which you perceive have needs that you cannot care for?

(D) Closure
- Finally, is there anything you would like to add or return to before we close the recording?
- Is there anything I have failed to address which you find important for this study?