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Questions of Life

A sociology of the care of souls



Inaugural lecture, delivered by
Kees de Groot

After his *gymnasium* education at Johannes College in Den Helder, **Kees de Groot** (1966) studied sociology at the University of Amsterdam, with additional courses in sociology of religion at the VU Amsterdam and the Katholieke Theologische Universiteit Amsterdam. His master's thesis (1989) was about millenarianism in a local Pentecostal congregation, after which he was appointed PhD student at Leiden University, and lecturer in sociology of religion at the Katholieke Theologische Universiteit Utrecht. In 1995 he defended his PhD thesis, on the relationship between religion and mental health care. He then taught sociology of religion at the Universitair Centrum voor Theologie en Pastoraat in Heerlen (University of Nijmegen), and religious education and social studies at Ashram College in Alphen aan den Rijn.

In 1996 he started a degree course in Theology at the Faculty of Theology at Tilburg, whilst also working as a consultant for church development in the diocese of Rotterdam, and lecturer in sociology of religion, sociology of education, and congregational studies at Fontys Hogescholen, Faculty of Theology, Amsterdam. In Tilburg he obtained his master's degree with distinction in 2001 with a thesis on foundational theology, a collection of three essays of which the first – about the belief in the Resurrection – was selected for publication by the Radboudstichting: *Atheïst, katholiek, evangelisch* (2001). Immediately afterwards he followed the academic pastoral care vocational-training program, and in 2002 was appointed Assistant Professor in Practical Theology at the Faculty of Theology at Tilburg.

De Groot's research has covered the positioning of parishes, religious movements, media chaplaincy, and religion in the public domain; he was also one of the authors of a textbook on practical ecclesiology: *Levend Lichaam* (Kok, 2007). Other research areas have included spiritual centers, spiritual care, theater, and events (for online platform *Nieuw Wij*), the development of the sociology of religion, and Catholic social thought. In 2018 Routledge published his monograph *The Liquidation of the Church*. On September 1, 2019 he was appointed Endowed Professor by the KSGV, Expertise Centre for Religion and Mental Health. On January 1, 2021 he received an appointment as a guest researcher at the University of Agder (Norway), also for the book project *Religion in Comics*.

Questions of Life

A sociology of the care of souls

Kees de Groot

Lecture

Delivered in shortened form on the occasion of the public acceptance of the endowed Chair of 'World Views and Public Mental Health, with Special Focus on the Societal Aspects' at Tilburg University on January 8, 2021 by Kees de Groot

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Questions of Life

A sociology of the care of souls



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I.

Introduction

Although the contacts in the pastoral care of souls have drastically diminished, outside this area we can detect a modest flourishing.¹ Since 2019, spiritual care at home (since the pandemic we have had to add ‘physically or virtually’) has been funded by the government if patients belong to three specific categories: aged fifty or over; suffering from a life-threatening affliction; or living in the area in the far north of the Netherlands that is regularly hit by earthquakes.² This decision gave an impetus to the emergence of free-lance spiritual caregivers a few years ago, who had to find means to make a living in various creative ways. The Minister of Health, Welfare and Sport (VWS, *Volksgesondheid, Welzijn en Sport*) issues policies for spiritual care at home explicitly because of the expected added value and efficacy. Because the elderly with care needs are expected to live at home as long as possible, it is desirable that there, too, they get the spiritual care they would receive in a nursing home. Spiritual care can also help in the battle against loneliness. If in turbulent life situations neither people’s own networks nor the regular health care are able to offer adequate support in the construction of sense and meaning, a spiritual caregiver can offer expert help. In the medium term the minister wants to achieve “a nationwide coverage and good-quality supply of life counseling for the elderly and those near them”.³

For some time now, public means have been used to finance the spiritual care of soldiers, prisoners, hospital patients, those in care institutions (the elderly, young people, people with disabilities, or people suffering from mental health problems), clients of revalidation clinics, police officers, and students in higher

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- 1 Hans Schmeets, *Wie is religieus, en wie niet?*, Centraal Bureau voor de Statistiek (Den Haag, 2018), <https://www.cbs.nl/nl-nl/achtergrond/2018/43/wie-is-religieus-en-wie-niet>.
 - 2 In the professional standard of the *Vereniging van Geestelijk VerZorgers* (VGVZ, Association of spiritual caregivers) spiritual care is defined as ‘professional counseling, support, and advice regarding meaning-making and worldview. “Beroepsstandaard Geestelijk Verzorger,” 2015, accessed August 1, 2017, <https://vgvz.nl/over-de-vgvz/beroepsstandaard-gv-2015/>. Annelieke Damen and Carlo Leget, *Kennissynthese onderzoek naar geestelijke verzorging in de palliatieve zorg*, Universiteit voor Humanistiek, in opdracht van ZonMw (October 4, 2017), <https://www.zonmw.nl/nl/onderzoek-resultaten/palliatieve-zorg/kennissynthese-geestelijke-verzorging/>. Hugo de Jonge, Kamerbrief Aanpak geestelijke verzorging/levensbegeleiding, (Den Haag 2018, 8 oktober). Cf. the attachment: Ed Maagdelijn et al., *Geestelijke Verzorging. Een inventariserend onderzoek naar de huidige situatie omtrent bereikbaarheid en financiering*, Zorgvuldig advies (October 8, 2018), <https://www.rijksoverheid.nl/documenten/kamerstukken/2018/10/08/kamerbrief-over-aanpak-geestelijke-verzorging-levensbegeleiding>.
 - 3 De Jonge, *Kamerbrief Aanpak geestelijke verzorging/levensbegeleiding*, 4. Translations of citations from the Dutch are my own.

education. In short, an odd conglomerate of target groups has sprung up, or rather, a varied collection of situations in which people can receive spiritual care. In many cases the varied supply originates from the freedom of religion and world view, in other cases in the extra value that spiritual care adds to the primary process of the organization, for instance by improving employees' wellbeing or functioning. Sometimes it is also the confessional identity of an institution that is expressed in the importance attached to spiritual care, for instance in the student chaplaincy at this university.

It is remarkable that recently it has become possible, although in a limited number of cases, to receive subsidized spiritual care as an individual, i.e., outside any institutionalized context. For, these forms of counseling are usually offered by civil society, especially by religious organizations such as churches, and in that case are called something like 'pastoral work'. Are we now again observing a religious practice giving way to a secular one? That remains to be seen.

In order to compare these various phenomena I will view them from a wider perspective, adopted from the classical sociologist Max Weber. In his view, in every type of society there are individuals, or even institutions, that try and offer comfort in cases of individual suffering such as sickness and misfortune. He classifies these practices under the general concept of *care of souls*.⁴ What they have in common is that they start off by listening to the person seeking help, after which a ritual act may follow: comforting words or gestures, or religious instruction. This concept has also proved useful outside a religious context.⁵

The name of the institution responsible for the allocation of spiritual caregivers is especially notable: *Centrum voor Levensvragen* (Center for Life Questions).⁶ In

4 Max Weber, *Wirtschaft und Gesellschaft* (Tübingen: J.C.B. Mohr (Paul Siebeck), 1980 [1921]), 283. Cf. Max Weber, *Max Weber Gesamtausgabe*, vol. I, 19 (Tübingen: J.C.B. Mohr (Paul Siebeck), 1989), 90ff. I am here lifting this concept out of the context of Weber's disenchantment thesis. Cf. Hans Joas, *De macht van het heilige: een alternatief voor de geschiedenis van de onttovering* (Rotterdam: Lemniscaat, 2018), 262.

5 P. Bourdieu, "Le champ religieux dans le champ de manipulation symbolique," in *Les nouveaux clercs*, ed. G. Vincent, Histoire et société (Genève: Labor et fides, 1985); C.N. de Groot, *Naar een nieuwe clerus. Psychotherapie en religie in het Maandblad voor de Geestelijke Volksgezondheid* (Kampen: Kok Agora, 1995).

6 T.H. Zock et al., *Best practices voor integratie van geestelijke verzorging in zorg rond de thuissituatie* (V2 DataverseNL, 2020).

the Netherlands half a century ago we had *Bureaus voor Levens- en Gezinsvragen* (Bureaus for Life and Family Questions). Together with the *Regionale Instellingen voor Ambulante Geestelijke Gezondheidszorg* (RIAGGs, Regional Institutions for Out-Patient Mental Health Care) of the end of the twentieth century they helped to form the basis of the current system of mental health care.⁷ History never repeats itself. Still, I think it is worthwhile to look back on the Bureaus for Life and Family Questions if we are to understand what can happen to the attention for the soul when the relationships between state, market and civil society change. What can the current *Geestelijke Verzorging Thuis* (Spiritual Care at Home) learn from the ambulatory support regarding with life questions of previous decades? How did the relationship between state and civil society shift, and how did this relate to the way in which care of souls was practiced? More specifically, my question is: what did collective arrangements of the attention for life questions mean for the care of souls, and what can we learn from this for the current modeling of spiritual care at home?

To answer this question I will first explore what developments are reflected in the transition from church-initiated care of souls to ambulatory mental health care. After that I will sketch a few trends in the contemporary development towards spiritual care at home, and compare the two. This will raise the question of what the care of souls is actually about.

⁷ Tom van der Grinten, *De vorming van de ambulante geestelijke gezondheidszorg : een historisch beleidsonderzoek* (Baarn: Ambo, 1987).

2.

From care of souls to GGZ

Whereas current, so-called *first-line* spiritual care focuses on the battle against loneliness and end-of-life care, the soul care centers that were active from the nineteen-thirties to -eighties initially concentrated on marriage counseling and issues arising before the beginning of life. At the initiative of the Protestant churches family counseling centers (Bureaus for Life and Family Questions) were founded. Initially it was ministers, but later *case workers* (social workers with a training in psychology) supervised by a psychiatrist, who conducted a short series of interviews with (young) married couples, usually centering on relational or child education problems. Under the auspices of the *Katholieke Centrale Vereniging voor Geestelijke Volksgezondheid* (Central Catholic Organization for Mental Hygiene) the same was done in Catholic circles, in addition to the work of the Bureaus for Marriage Education that had earlier been founded by the Roman Catholic medical society (*R.K. Artsenvereniging*). These, however, were at the time still intended as alternatives for the bureaus of the Neo-Malthusianse Bond (*Neo-Malthusian Association*), which later became the *NVSH* (Netherlands Association for Sexual Reform), and were staffed by a priest and a physician. The main focus here was on how Catholic conjugal ethics regarding sexuality and family planning could be properly observed.⁸

Yet, daily practice also touched on what jurist Eugenia C. Lekkerkerker called the more ‘normative’ bureaus, heavily soaked in psychological insights. These offered an attractive perspective. If these bureaus were to qualify for funding from the *Nederlandse Federatie voor de Geestelijke Volksgezondheid* (Netherlands’ Federation for Mental Hygiene) – for which Lekkerkerker worked as a secretary and a researcher –, they needed to have a psychiatrist and a social worker with a tertiary education degree on the staff. This requirement fitted the general diffusion of thinking in terms of personal responsibility, freedom of conscience, and mental health among Catholic psychiatrists, theologians, sociologists, and psychologists.⁹ The ‘soulful’, personal pastoral approach

8 It was especially the Catholic bureaus that had a psychologist on the team. E.C. Lekkerkerker, “Richtlijnen voor de bureaus voor levens- en gezinsmoeilijkheden en voor de bureaus voor huwelijksaangelegenheden,” *Maandblad voor de Geestelijke Volksgezondheid* (1956). Cf. van der Grinten, *De vorming van de ambulante geestelijke gezondheidszorg : een historisch beleidsonderzoek*, 210-36.

9 H. Boelaars et al., *Onrust in de zielzorg* (Utrecht/Brussel: Het Spectrum, 1950); H. Ruygers, ed., *De Horstink-lessen over het huwelijk*, Pastorale cahiers (Hilversum/Antwerpen: Landelijk Centrum voor Katholieke Actie / Nederlands Pastoraal Instituut / Paul Brand, z.j.). Cf. R.H. J.ter Meulen, *Ziel en zaligheid : de receptie van de psychologie en van de psychoanalyse onder de katholieken in Nederland 1900-1965* (Nijmegen/Baarn: Katholiek Studiecentrum/Ambo, 1988).

advocated by these ‘spiritual liberators’, such as the Catholic psychiatrist Kees Trimbos, overcame the formal, more distant approach of moral theologians such as A.W. Hoegen.¹⁰ As from 1952 the Dutch Catholic bishops gave their blessing to the type of bureau that qualified for funding, after which the marriage education bureaus were gradually discontinued or renamed.¹¹

At the end of the decade the churches had lost control over this ‘normative’ form of soul care. This was now no longer the responsibility of the church, but of the government-supported movement for public mental health, which had obtained a firm footing via institutions, training courses, and compensation systems. The movement had not, however, moved completely out of the Catholic sphere of influence. The Catholic bureaus dominated the field, and the post of Minister of Social Affairs was held by the Catholic Marga Klompé, who had been responsible for the funding of the Bureaus for Life and Family Questions. Because of these and other achievements in the area of state-funded welfare work she was sometimes called ‘Our Lady of Perpetual Succour’.¹² Thus, the loss of ecclesial control was accompanied by the spread of practices that had actually originated in the churches, i.e., the care of souls.¹³

Should what was offered here be called ‘care of souls’ or ‘psychotherapy’? In the directive policy proposal drawn up by Trimbos both terms were avoided.¹⁴ In the nineteen-seventies the Bureaus for Life and Family Questions, often staffed by

10 Hanneke Westhoff, *Geestelijke bevrijders : Nederlandse katholieken en hun beweging voor geestelijke volksgezondheid in de twintigste eeuw* (Nijmegen: Valkhof Pers, 1996); C.J.B.J. Trimbos, “Geestelijke gezondheidsleer en geestelijke gezondheidszorg” (Spectrum, 1959).

11 Ed Simons and Lodewijk Winkeler, *Het Verraad der Clercken. Intellectuelen en hun rol in de ontwikkelingen van het Nederlandse katholicisme na 1945* (Baarn: Arbor, 1987), 266.

12 In 1962, 25 of the 46 bureaus were Catholic. See van der Grinten, *De vorming van de ambulante geestelijke gezondheidszorg : een historisch beleidsonderzoek*, 236. Marga Klompé was Minister of Social Work (1956-1963) and Minister of Culture, recreation and Social Work (1966-1971). “Dr. M.A.M. (Marga) Klompé,” z.j., accessed October 22, 2020, https://www.parlement.com/id/vg09l-2atbta/m_a_m_marga_klompe. For the embedding of Klompé’s ideas in Catholic social thought see M.E.H. Reisen, *On sails of the southwind. Marga Klompé’s legacy for international social responsibility: social inclusion as a measure of relevance in science* (Tilburg: Tilburg University, 2011).

13 Kees de Groot, *The Liquidation of the Church*, Routledge New Critical Thinking in Religion, Theology and Biblical Studies, (London / New York: Routledge, 2018).

14 According to Trimbos, mental health care also included the care of souls. If this became separated from the ‘last and ultimate values’ that are served in religious and ideological groups, it would automatically be downgraded to ‘a modern religious effort, with as *summum bonum* the mentally healthy individuals, who cause the minimum of inconvenience to their fellow humans.’ Trimbos, “Geestelijke gezondheidsleer en geestelijke gezondheidszorg,” 290.

psychologists, entered into associations with child guidance clinics, institutes for psychoanalytic psychotherapy, and social-psychiatric services; these merged in 1981 into a nationwide network of RIAGGs.¹⁵ It was especially the incorporation of this psychosocial type of help into centers for mental health that was unique in the international context. Within this form of mental health care the focus shifted from psychodynamic therapy directed towards exploration of the inner self, towards cognitive behavioral therapy more explicitly geared towards improvement of patients' functioning. Compensations were paid according to the *Algemene Wet Bijzondere Ziektekosten* (AWBZ, General Act for Special Medical Expenses). Diagnoses were now made on the basis of the DSM, the *Diagnostic and Statistical Manual of Mental Disorders*. In order for costs to be compensated, mental suffering must be defined and treated formally. What had explicitly been a special form of care for the soul, now became a fight against 'mental disorders'.

The setting, the framework, and the orientation of mental health care, although still intended to accommodate talks with people in spiritual distress in such a way as to enable them to retake responsibility for their own lives, were no longer those of the pillarized soul care of the nineteen-fifties. The embedding in confessional networks had been abandoned; professionalization had advanced, and the stage of 'psychologization' was followed by a phase of medicalization. Thus, at the beginning of the nineteen-eighties the question arose in the *Nederlands Centrum voor Geestelijke Volksgezondheid* (Netherlands' Center for Public Mental Health) whether mental health care had not only been relieved of all pillars, but also of all soul?¹⁶

15 Van der Grinten, *De vorming of the ambulante geestelijke gezondheidszorg : een historisch beleids-onderzoek*.

16 A two-day workshop was organized by the *Adviescommissie Levensbeschouwing* (Advisory Committee on World View) that was set up at the reorganization of the *Nederlands Centrum voor Geestelijke Volksgezondheid*, the predecessor of the current Trimbos Institute. Dorine Bauduin, ed., *Ontzilde zorg - ontzielde zorg? Institutionele aspecten van de relatie levensbeschouwing en geestelijke gezondheidszorg* (Utrecht: NcGv, 1983); Dorine Bauduin, ed., *Ontzilde zorg - ontzielde zorg? Inhoudelijke aspecten van de relatie levensbeschouwing en geestelijke gezondheidszorg* (Utrecht: NcGv, 1983).

3.

From institutional chaplaincy
to spiritual care at home

'De zingevers' (The Meaning Makers) is the title of a series of podcasts made by the website *De Correspondent*.¹⁷ In this series journalist Lex Bohlmeijer and writer Nina Polak visit spiritual caregivers: a group of strange professionals who without any judgments, tests, or medicines lend an open ear to mental health clients, hospital patients, prison inmates, soldiers, and the homeless. The focus is on the concept of 'meaning'. What is someone's life story? What meanings does it contain? How can this offer a coherent perspective in moments when people have lost hope? The spiritual caregivers adopt a subservient position; it is not they who offer meaning, but strictly speaking it seems like it is the conversation partners who 'make meaning'.

After listening to these conversations one could almost conclude that a new profession has recently sprung up, but no, rabbis and imams are also mentioned. Spiritual caregivers usually also work within a religious or humanist setting. Until recently, and sometimes still, their work was – depending on the context– first of all called by specific names such as 'hospital chaplaincy' or 'prison chaplaincy'. Especially in the second half of the twentieth century, specialized pastors and ministers were trained for the support of those who were difficult to reach by the regular soul care. These were funded from public means, usually on the principle that an institution that isolates people from the outside world for longer than 24 hours should ensure that they can in any case freely profess, experience, and discuss their religion or world view. In this way the Netherlands offers a very specific interpretation of Article 9 of the European Convention on Human Rights and Article 6 of the Dutch constitution.¹⁸

In the nineteen-seventies these pastors and ministers, first of all those working in university hospitals, started an intensive cooperation in a wholly ecumenical spirit– to such an extent that they divided the patients between them, irrespective of denomination.¹⁹ This division of labor became the standard and

17 Lex Bohlmeijer and Nina Polak, *Podcastserie De zingevers*, podcast audio 2020-2021, <https://decorrespondent.nl/collectie/de-zingevers>.

18 "Europees Verdrag voor de Rechten van de Mens," (European Convention on Human Rights) 2010, accessed July 26, 2017, http://www.echr.coe.int/Documents/Convention_NLD.pdf. "Grondwet voorhet Koninkrijk der Nederlanden," (2008). *Penitentiaire beginselenwet 2017*, article 41. *Wet kwaliteit, klachten en geschillen zorg*, article 6a.

19 Wim Snelder, "Beknopte geschiedenis van de VGVZ tot 2000," in *Nieuw handboek geestelijke verzorging*, ed. Jaap Doolaard (Kampen: Kok, 2006).

made it easier to incorporate new spiritual movements. By profiling themselves under the existing term *spiritual care* they took up a position within the care system *vis-à-vis* the dominant physical care, and established some distance from the ecclesial concept of *chaplancy*. In other fields, too, first in the military and legal areas, this label proved useful as an umbrella term covering a multitude of support types, from humanist counselling to Buddhist meditation courses. In any case, taken strictly literally the term did not differ too much from the concept of *care of souls*, however old-fashioned this had become at the time: the care of ‘things spiritual’, the intimate, valuable, elusive dimension of human existence.

Following Max Weber, Foucault has shown how subjecting individuals to the care of the soul is rooted in early Christianity. Building on methods to take care of the self as developed by philosophers such as Seneca, in the fourth century CE the church developed a pastoral practice mostly focused on resisting the temptations of the flesh, which exhorted believers to engage in searching self-analysis. This counseling took place in conversation with a spiritual mentor, a father-confessor who supported the individual in this spiritual struggle. Thus, an area was discovered: the subject with his innermost feelings.²⁰ In modern society we see the this focus in many sectors, but very specifically in spiritual care.

Although since the nineteen-sixties more and more people have stopped keeping in touch with the pastors or elders in their church communities, spiritual care within institutions remained. Stressing the function of spiritual caregivers as experts in meaning-making besides, or instead of, their positions as representatives of religious denominations has proved successful. The legitimacy of the profession seems to have survived the wave of deconfessionalization.

Especially in the care of the elderly – but who knows what spearhead this will eventually turn out to have been – we now see an interesting U-turn. It is only

20 Michel Foucault, *Bekentenissen van het vlees. Geschiedenis van de seksualiteit IV* (Amsterdam: Boom, 2020 [2018]). Although the organization of the soul is a long-term process, it is the result of concrete initiatives under specific historic circumstances and their reception among the population. Cf. Robert van Krieken, “The organization of the soul: Elias and Foucault on discipline and the self,” *European Journal of Sociology* 31, no. 2 (1990).

in the past few decades that care and nursing homes, or rather, the umbrella organizations that administer them, recruit spiritual caregivers themselves. For a long time it had been the local ministers and pastors that came to see their parishioners and organized services in these homes. (This is still the case sometimes.) Meanwhile, however, spiritual care as a professional focus on questions of meaning-making, relatively independent of any religious links, has apparently become a separate profession to such an extent (and secularization has progressed so far), that elderly people living at home, only sporadically on the radar of a church community, are also eligible for spiritual care. This seems a novel development, but from a historical perspective ‘spiritual care at home’ is merely an export product imported back. The care of souls that, outside the home, developed into spiritual care can now also be received at home!

Spiritual support for the over-fifties and end-of-life care, activities that can certainly be classed among the *core business* of churches,²¹ can now also come from a ‘solopreneur’, a self-employed carer (www.geestelijkeverzorging.nl) sent from a *Centrum voor Levensvragen* financed from public means.²² Actually, this spiritual caregiver may also very well be a preacher giving sermons on Sundays, because these centers have professionals from varying religious or ideological backgrounds on their files; some of them have no links with a specific denomination at all.²³ Yet, the situation differs from having some minister make a house call: there has been a shift away from spiritual care offered by civil society – of which the churches are part – to spiritual care offered by a

21 I expressly do not add ‘and other ideological organizations’. Neither the Humanist Association nor the islam have a tradition of *pastoral* house calls. For the re-profiling of the imam as a spiritual carer working within a ‘pastoral model’, see Mohamed Ajouaou, ‘Imam achter tralies. Casestudie naar islamitische geestelijke verzorging in Nederlandse penitentiaire inrichtingen met bouwstenen voor een beroepsprofiel’ (PhD Thesis, Universiteit van Tilburg, 2010).

22 “The funding of this interview runs via the subsidy of the Ministry of VWS to the *Netwerken Palliatieve Zorg* (Networks for Palliative Care) and applies only to people over 50 years old. For those younger than 50 a supplementary health insurance policy may offer a refund. The other option is for clients to pay for the treatment themselves.” (Margot van den Berg, *ZonMw - Programma Zingeving en geestelijke verzorging*, 2020, 15).

23 Since 2015 the *Raad voor Institutioneel-Niet-Gezonden Geestelijk Verzorgers* (Council for Spiritual Caregivers without an Institutional Mandate) has tested the ideological competence of spiritual carers who have no commission from a church or other ideological organization. <https://www.ring-gv.nl/>. This has created space for acknowledged spiritual caregivers who do not also represent a specific denomination, and so completed the development from an umbrella term to an independent professional designation.

coalition between marketplace and state.²⁴ The first-line spiritual caregiver is a small trader who in the end is paid by the ministry of VWS.²⁵

The government's generosity in allocating funds for this found its origin in a deal between two political parties in the cabinet, executed by a minister from the Christian-Democrats. The D66 party, which during the cabinet formation of 2017 had been vocal in advocating professional support for voluntary euthanasia in the case of people of very advanced years, had found itself opposite the ChristenUnie, which would not facilitate such a death wish.²⁶ A call to the government, also issued by the Max broadcasting corporation and the KBO-PCOB organization of the elderly, to at least focus more on care for the elderly, including spiritual care, did get included in the coalition agreement.²⁷ The government earmarked 180 million euros, 35 of which for *levensbegeleiders* (life coaches). This new government task was willingly taken on by the Ministry of VWS, led by Hugo De Jonge (CDA), himself the son of a church minister. But what were the developments within spiritual care that made this step toward 'nationalization' of the ambulatory care of souls possible, and what is the substantive frame within which it will now operate?

The development of spiritual care into a separate profession was not a merely organizational issue. In the hospital chaplaincy of the nineteen-seventies the *counseling* method became popular, i.e., listening actively to clients without offering judgment, as advocated by the American psychologist Carl Rogers.²⁸ After a degree in theology and experience in pastoral practice, the training for spiritual caregivers in hospitals also required a course of Clinical Pastoral Training, which largely consisted in chaplains receiving clinical supervision,

24 This development raises interesting research questions, on the one hand about the relationship between this supply and organizations such as the churches, on the other hand about the relation with current mental health care.

25 This form of government-subsidized care of souls seems unique internationally, although we should realize that the relationship between church and state in neighboring countries such as Denmark and Germany is such that the ecclesial care of souls there is actually also financed from public means.

26 For a long-held, well-considered death wish on the part of an elderly person, without specific physical suffering, the term 'completed life' was introduced, referring to the individual's conviction that life was actually over and all that remained was to wait for death.

27 See the manifesto *Waardig ouder worden*. <https://www.waardigouderworden.nl/over-waardig-ouder-worden/manifest-waardig-ouder-worden/>

28 David J. Bos, "'Wee de pastor die psycholoog wordt!'" Over Karl Barth, Carl Rogers en Eppe Gremdaad," *Psychologie & Maatschappij* 16, no. 3 (1992).

analogous to the training for psychotherapists.²⁹ In the same period hospitals took over the financing of spiritual care, in line with the World Health Organization's concept of positive health: health care does not only mean combating disease, but also attention for patients' attitude to life.

The professional organization VGVZ initiated a process of professionalization in which the gradual shedding of ecclesial contexts was followed by fixing the psychologically and existentially oriented approach in a training scheme, a definition of the profession, a professional standard, and a quality register.³⁰ When the legitimacy of spiritual care started to depend more and more on the contribution it made to health and wellbeing, the search was now for indications that people actually do profit from the conversations and rituals offered.³¹ And while in institutions much of spiritual care is practiced by walking around, the spiritual care offered at home tends to stimulate the use of specific methods.³² It seems that the relatively uncontrolled spiritual care, held together by a common orientation (*Gesinnung*), as it was – and is – practiced in institutions, is based on a different underlying fundament: its legitimacy was guaranteed by academic training and the church's seal of approval – after which practitioners were free in the way they worked. This approach, adorned with concepts such as 'presence' and 'sanctuary', seems to

29 G. Heitink et al., *Pastoraat en geestelijke gezondheidszorg* (Baarn: Ambo, 1996).

30 Kees de Groot, "Het buitenkerkelijke succes van de christelijke zielzorg," *Religie & Samenleving* 2, no. 3 (2017). In 2016 the specification 'in health care' has been deleted from the name of the VGVZ, because first-line spiritual caregivers were also welcomed by those working in the judiciary, the police, and the army.

31 Ton Bersee, *Geestelijke verzorging en 'evidence-based' werken*, Reeks KSGV, (Tilburg: KSGV, 2018); Sjaak Körver, Eric Bras, and Martin Walton, "Geestelijke verzorging onder de loep. Elementen van zingeving en levensbeschouwing als aanknopingspunt voor de christelijke traditie?," in *Over de hardnekkige aanwezigheid van het christendom*, ed. Samuel Goyvaerts, Kees de Groot, and Jos Pieper, Utrechtse Studies (Almere: Parthenon, 2020).

32 The 'empathic listening' approach (versus specific intervention) is justified in the presence theory, which has been distilled from pastoral practice in underprivileged neighborhoods. See Andries Baart, *Een theorie of the presentie* (Utrecht: Lemma, 2001). On the other hand, there are the tools expected from both the Palliatief Landelijk Onderzoek Eerstelijns Spiritual care (2019-2022) and the research program Zingeving en geestelijke verzorging (2020-2023). www.zonmw.nl

fit badly in a situation that requires rendering an account of work done.³³ This is when protocols appear, and caregivers need to register the contacts they have had, how many there were, and why these contacts were necessary.³⁴

Spiritual care has some use, the adage is now. It is not as much a duty of the church goer (i.e., going to confession and receiving extreme unction), nor in the first place a human right (i.e., to exercise freedom of religion), but it serves the spiritual or existential dimension of health: experiencing meaning, existence with a purpose, a focus on the future, and acceptance of one's situation.³⁵ Even at the end of life, in the Christian tradition the scene of suffering in the hour of death, submission to God, and the hope of resurrection, there is now a spirit of positive health and resilience, and the client being in charge.³⁶ Is this the new face of soul care?³⁷ Are we (again) on the eve of a development in which the

33 For Weber, the 'prophetic' type of soul care has a *gesinnungsethische* orientation and is characterized by a shared conviction, more specifically called *Geheimlehre*. The 'priestly' type is characterized by the standardization of work processes and skills (confession guides and protocols). "Die Priesterpraxis bedarf der positiven Vorschriften und der Laienkasuistik, und der gesinnungsethische Charakter der religiosität pflegt daher unvermeidlich zurückzutreten." Weber, *Wirtschaft und Gesellschaft*, 284. A care of souls wholly legitimized by results only would be more reminiscent of the work of magicians, because these do not work from a systematized world view. Cf. Pierre Bourdieu, "Genèse et structure du champ religieux," *Revue française de Sociologie* 12, no. 3 (1971). cf. Henry Mintzberg, *Organisatiestructuren* ([Amsterdam]: Pearson Prentice Hall, 2006).

34 It is exactly the active surveillance, associated with the 'presence' approach, that does not fit the current subsidy regulations of the Ministry of VWS. Anke Liefbroer et al., "Financiering van GV in de thuissituatie. Observaties en vragen vanuit de PLOEG-projecten," *Tijdschrift Spiritual care* 23, no. 98 (2020).

35 Wendy Reijmerink, "Inleiding en verantwoording," in *De mens centraal. Zingeving in zorg*, ed. Lynette Wijgergangs, Thirza Ras, and Wendy Reijmerink (Den Haag: ZonMw, 2017); Machteld Huber and Bert Garssen, "Relaties tussen zingeving, gezondheid en welbevinden," in *De mens centraal. ZonMw-signalement over zingeving in zorg*, ed. Lynette Wijgergangs, Thirza Ras, and Wendy Reijmerink (Den Haag: ZonMw, 2017). However, in the *case studies* project of the Universitair Centrum voor Geestelijke verzorging the focus is on the question how spiritual caregivers actually work.

36 Christien Begemann and Mariëlle Cuijpers, *Kwaliteitsstandaard Levensvragen. Omgaan met levensvragen in de langdurige zorg voor ouderen*, Expertisecentrum Levensvragen en Ouderen (Vilans (i.o.v. Zorginstituut Nederland / Kwaliteitsinstituut en het Ministerie van VWS, May 2015), www.netwerklevensvragen.nl. For a discussion with Machteld Huber see Jaap van der Stel, "Definitie 'gezondheid' aan herziening toe," *Medisch Contact* 23 (2016). <https://www.medischcontact.nl/nieuws/laatste-nieuws/artikel/definitie-gezondheid-aan-herziening-toe.htm>.

37 From both an ideological and a care-ethics perspective (Joan Tronto) critical questions may be asked about an individualist, problem-solving approach. Cf. Gaby Jacobs, *Zin in geestelijke verzorging (Oratie Universiteit voor Humanistiek)* (Utrecht: Universiteit voor Humanistiek, January 23, 2020), 27. www.uvh.nl.

care of souls is distributed among the population from a focus on improving individual functioning?

4.

Twice a process of
professionalization

In terms of Max Weber's sociology of religion the mental hygiene movement was a *prophetic* stream, aiming for an approach to mental suffering based on shared values (personal freedom and responsibility). This was the opposite position to the *priestly* approach taken by the moral theologians, who followed a casuistic method when dealing with problems of conscience, conjugal relations, and family planning: their main instrument was to draw up an inventory of trespasses against the natural law.

Next we saw how, wholly in line with the usual sociological dynamics, *mental health care* was institutionalized and in turn became submersed in everyday practice. In the huge demand for what the institutions had to offer, the 'inner unity' of the ideal of 'public' mental health started to suffer, and the casuistry inherent in DSM and DBC (*Diagnose Behandel Combinaties*, Diagnosis Treatment Combinations) now began to replace the 'meaningful unity' that had inspired the movement at the start.³⁸ An ideologically oriented care of souls made way for a pragmatic mental health care, this time not driven by confession guides, but by protocols that in their own way catalogue deviations from the norm.³⁹

We then come to the field of *spiritual care*.⁴⁰ Almost half a century after the developments in mental health described earlier we again saw a professionalization of the care of souls in which the innovators, in turn inspired by contemporary developments in psychology and theology, also removed themselves from church authorities and entered into an alliance

³⁸ Weber, *Wirtschaft und Gesellschaft*, 279-85.

³⁹ Philosopher and 'expert by experience' Awee Prins points out in no uncertain terms how the brittleness of existence is neglected in a distinction such made in DSM-5 between 'normal' and 'complex' mourning (after two weeks). "The concept of 'complex mourning' is also a semantic scandal [just like 'a completed life], because mourning is always complex." (Awee Prins, "Het wordt niet beter, het kan niet beter. Over existentiële professionaliteit en de toekomst van de herstelbeweging" In *Filosofie bij Herstelondersteuning. Opnieuw denken over geestelijke gezondheid*, edited by Dienke Boertien and Wouter Kusters, 142-152. Utrecht: Kenniscentrum Phrenos / Werkplaats Herstelondersteuning / Stichting Psychiatrie en Filosofie, 2018, 146)

⁴⁰ For a Weberian analysis of the professionalization of hospital chaplaincy in Germany, see Kornelia Sammet and Tomas Steffens, "Die Professionalisierung der Seelsorge am Beispiel der evangelischen Krankenhausseelsorge – eine soziologische Perspektive," *Zeitschrift für Religionswissenschaft* 13, no. 1 (2005), <https://doi.org/10.1515/zfr.2005.13.1.61>.

with the secular government.⁴¹ Here, too, the status of the profession was raised, accompanied by a process of social closure that involved the exclusion of unqualified practitioners.⁴² The professionalization of the occupation of spiritual caregiver seems almost completed. The profession has acquired a strong basis after holding a vulnerable position for decades, threatened on the one hand by growing secularization and the narrative of religion being outmoded, on the other hand by the advance of psychologically and psychiatrically oriented professions and the narrative of spiritual care offering no space for other professionals besides these disciplines. Meaning-making is relevant, and for that dimension the spiritual caregivers are the specialists – thus the view of policy makers. A discourse in a class of its own has formed, in which by the way such concepts as world view, theology, and care of souls are notably absent. The professional association has become an important conversation partner for the government, and especially around the introduction of first-line spiritual care – a private/public partnership in a field that used to be situated within civil society (churches and other ideological organizations)⁴³ – there is a tendency towards standardization and protocollization. The official attention for meaning and spirituality is regulated in more and more detail.⁴⁴

41 Julia Evetts points out that *professionalism* includes both a system of values and an ideology. Defending interests and realizing ideals go hand in hand. Julia Evetts, “The Sociological Analysis of Professionalism: Occupational Change in the Modern World,” *International Sociology* 18, no. 2 (2003/06/01 2003), <https://doi.org/10.1177/0268580903018002005>, <https://doi.org/10.1177/0268580903018002005>. Eliot Freidson speaks of ‘the soul of professionalism’ as follows: ‘The functional value of a body of specialized knowledge and skill is less central to the professional ideology than its attachment to a transcendent value that gives it meaning and justifies its independence.’ Eliot Freidson, *Professionalism: the third logic* (Cambridge: Polity, 2001), 220-21.

42 At the initiative of the professional association VGVZ an independent professional register was set up in 2011. See <https://www.skgv-register.nl>. For registration the VGVZ requires a recognized degree certificate from a university or institution for higher professional education in theology, religious studies, humanist studies, or spiritual direction.

43 Hopman, A.M. *Uitvoeringstoets Geestelijke Verzorging*. College voor zorgverzekeringen (Diemen: 2006). <https://www.zorginstituutnederland.nl/publicaties/rapport/2006/07/13/uitvoeringstoets-geestelijke-verzorging>.

44 By the same token there is also a national guideline for meaning-making and spirituality in the palliative phase. See Integraal Kankercentrum Nederland, *Richtlijn Zingeving en spiritualiteit in de palliatieve fase. Landelijke richtlijn* (Integraal Kankercentrum Nederland, 30 september 2018 2018), <https://www.netwerkpalliatievezorg.info/Portals/129/Centrum%20voor%20Levensvragen/Pagina%20voor%20Geestelijk%20verzorgers/14.%20%20Meaning-making%20en%20spiritualiteit%20in%20de%20palliatieve%20fase.pdf?ver=2020-06-18-133051-423>. By the way, in this guideline spiritual caregivers are allowed only a limited role.

On the one hand, this makes it possible to fill a gap that cannot be filled by general health care. The system of mental health care already threatens to succumb under the number of people treated for depression, anxiety disorders, and alcohol dependence. The main challenge for the current professional field of 'public mental health' is optimization, according to Filip Smit in his inaugural lecture at his acceptance of the Trimbos Chair at the VU, Amsterdam. "Care would have to be tailor-made, acceptable, effective, and also affordable."⁴⁵ Consequently, the burden on the GGZ should be lightened. Both general practitioners and psychiatrists note that attention to questions of life is necessary, but that they themselves cannot give it. As psychiatrist Menno Oosterhoff said in the radio program *Spijkers met koppen* there should really be spiritual care outside the institutions as well.⁴⁶ From this point of view we could say that the recent development of 'spiritual care at home' fits in nicely with what is also desired by the mental health care field.

On the other hand, there is a notable contrast between the spiritual caregivers' favorable positioning of themselves within the new status quo and the prophetic passion with which the world of psychiatry pleads for a life attitude that accepts the tragedy of existence, as opposed to the neo-liberal adage that one's own life is another project that is malleable.⁴⁷

As representatives of the opposition to the neo-liberal attitude, three so-called 'Flemish psychiatrists' have become household names as a result of their books, interviews, and guest appearances in theaters and talk shows.⁴⁸ Everywhere the 'Three Wise Men from the South' testify extensively to their ideological and social-critical orientation.⁴⁹ Psychiatrist-psychotherapist Dirk

45 H.F.E. Smit, *Publieke geestelijke gezondheid: analyse en synthese (Oratie Vrije Universiteit)* (Utrecht: Trimbos Instituut, 2009), 16.

46 Psychiatrist Menno Oosterhoff and general practitioner Pieter Barnhoorn in *Spijkers met koppen*, NPO Radio 2, September 29, 2018 <https://www.nporadio2.nl/spijkersmetkoppen/uitzendinggemist?date=29-09-2018>.

47 This self-criticism is related to the research perspective that in Foucault's footsteps has come to be called 'governmentality'. Nikolas Rose, "Experts of the soul," *Psychologie und Geschichte* 3, no. 1/2.

48 Ellen de Bruin and Wouter van Noort, "Psychiaters zijn nu supersterren, wat zegt dat over deze tijd?," *NRC Handelsblad*, December 12, 2012.

49 Richard Bruggeman and Menno Oosterhoff, "Is zingeving de taak van de psychiatrie?," *NRC Handelsblad*, December 21, 2019. Koen Holtzapffel and Joost Röselaers, "De psychiaters en het kerstkind," *Remonstranten.nl*, 25 december 2019, <https://www.remonstranten.nl/blog/inspiratie/de-psychiaters-en-het-kerstkind/>.

De Wachter proclaims that suffering is part of life, we should expect less from psychiatry, and look after each other more – a message that, he remarks, does not differ much from what he was taught in his Catholic upbringing.⁵⁰ Clinical psychologist and psychoanalyst Paul Verhaeghe criticizes the individualization of suffering in dominant culture and accepted psychotherapy. We are not our brains, but physical, animated beings that are essentially dependent on others.⁵¹ In daily counseling practice he encounters a lack of coherent life story and of connection with a higher purpose and ‘the other’.⁵² According to psychiatrist, neuroscientist, and philosopher Damiaan Denys, contemporary western society is so painfully organized to the smallest detail that the usual struggle for life no longer takes place, so that individuals develop anxiety symptoms that drive them to the GGZ.⁵³ Questions of life are unnecessarily medicalized. What is rather needed is a critical, explicitly moral, and worldview based attention to the soul. “The soul has disappeared from health care, and the treatment of humans has become technocratic”, says Denys. “Human suffering resembles a saleable product.”⁵⁴

50 Dirk De Wachter, *De kunst van het ongelukkig zijn* (Leuven: LannooCampus, 2019).

51 Paul Verhaeghe, *Intimiteit* (Amsterdam: De Bezige Bij, 2018).

52 Paul Verhaeghe, “Psychotherapie als wetenschappelijk en economisch product: het einde in zicht?,” in *Evidentie en existentie. Evidence-based handelen en verder ...* ed. RuudAbma et al. (Tilburg: KSGV, 2010). Paul Verhaeghe, *Het einde van de psychotherapie*, 8e dr. ed. (Amsterdam: De Bezige Bij, 2011). For various critical comments, see Sjoerd Colijn et al., “Commentaren op ‘Het einde van de psychotherapie’ (Verhaeghe, 2009),” *Tijdschrift voor Psychotherapie* 35, no. 6 (2009). The over-all tone of the reactions is that Verhaeghe’s message of doom about the profession is rather over the top: good things do happen in psychotherapy. Attention is certainly paid to cultural factors, and to the interaction between psychological problems and biological conditions.

53 Damiaan Denys, *Het tekort van het teveel. De paradox van de geestelijke gezondheidszorg* (Amsterdam: Nijgh & Van Ditmar, 2020). For an extensive discussion of what he said earlier in the media, see the special issue of *Psyche & Geloof* 30(4) ‘Psychiatrisch of levensprobleem?’

54 Damiaan Denys in *Kunststof*, NPO Radio 1, 29 October 2020 <https://www.nporadio1.nl/kunststof/onderwerpen/67127-2020-10-29-kunststof-damiaan-denys-filosof-en-psychiater>.

5.
Where did the soul go?

The preceding brief historical-sociological comparison shows that the developments in soul care should not be interpreted as a general trend of religion losing ground to science-based practices. Spiritual care originates from what has been built in the churches, just as earlier mental health care was also shaped from initiatives set up by the churches.⁵⁵ Both forms of soul care were created from a world view that was critical of the existing order, followed by a process of institutionalization that seemed to smother ‘what it is really about’.

But what is that soul that is hushed up by the spiritual care policy makers, and pushed forward by the high-profile psychiatrists? ‘Existential and spiritual cannot be forced into protocols and decision trees’, philosophers Dienne Boertien and Wouter Kusters write in the introduction to a collection of essays on recovery after a psychic breakdown.⁵⁶ The concept of recovery, introduced in the Netherlands by Professor of Psychiatry Jim van Os, indicates that after grave suffering, for instance from delusions, being cured is not the whole story.⁵⁷ The goal of adequate care is for clients to learn to live with the suffering and vulnerability they experienced. This raises existential questions, questions that are best delineated against issues of functioning by linking them to the dimension of the soul – thus the Leiden philosopher Gerard Visser.⁵⁸

One could say that in a *sociology* of soul care it is not necessary to define the concept of ‘soul’. The sociologist can simply refer to people’s own *notions* of the soul. ‘It is what you think it is’: the usual constructivist paradigm. I have three remarks on this.

55 This development confirms my ‘liquidation’ hypothesis. Peter Beyer comments, rightly, that strictly speaking terms such as de-institutionalization and re-institutionalization would be more adequate, because the church as an institution is not completely annihilated in this process. Peter Beyer, “Review of Kees de Groot, *The Liquidation of the Church* (Oxford & New York: Routledge, 2018),” *Journal of Religion in Europe* 12 (2020).

56 Dienne Boertien and Wouter Kusters, “Inleiding. Filosofie als herstelondersteuning,” in *Filosofie bij Herstelondersteuning. Opnieuw denken over geestelijke gezondheid*, ed. Dienne Boertien and Wouter Kusters (Utrecht: Kenniscentrum Phrenos / Werkplaats Herstelondersteuning / Stichting Psychiatrie en Filosofie, 2018), 6.

57 For the link with spiritual care, see Taco Bos, “Naar een nieuwe GGZ. Ontwikkeling of de Generieke module ‘Herstelondersteuning,’” *Tijdschrift Spiritual care* 21-32, no. 90 (2018).

58 Gerard Visser, “Ik ben geen psychiatrische ziekte, maar een mens. Over herstel als erkenning van de zielsdimensie,” in *Filosofie bij Herstelondersteuning. Opnieuw denken over geestelijke gezondheid*, ed. Dienne Boertien and Wouter Kusters (Utrecht: Kenniscentrum Phrenos / Werkplaats Herstelondersteuning / Stichting Psychiatrie en Filosofie, 2018), 37.

First. The constructionist view in itself is also one of the views found *within* the field, and corresponds to a functional, pragmatic idea of spiritual care. ‘As long as it works’ – a view that fits perfectly within a culture where the logic of the marketplace penetrates a maximum number of societal areas. If one of the tasks of sociology is to define and analyze the prevailing ideology, this is not exactly a useful circumstance, as it would mean the doubling of a specific inside perspective.

Second. In this dominant discourse there is usually no mention of the soul; if there were, this might give the impression that practitioners start from a belief in a soul as a metaphysical reality, something that actually exists in some way or other. This clashes with the currently accepted naturalism: the only reality is empirical reality. In everyday language, however, we regularly encounter the concept: ‘to peer into someone’s soul’; ‘she put her heart and soul into it’; ‘he sold his soul to the devil’. The term indicates something essential, something mysterious, and eventually something *unknowable*.⁵⁹ To what, then, does the experience called ‘soul’ correspond?

Third. For spiritual care it seems essential to me that the profession stick to its focus on the *soul*, while leaving open what exactly that means. Especially in our current climate this is crucial. If a metaphysical discourse is dominant, a constructivist approach, which keeps judgements on the truth of ideas about gods, spirits and souls outside scientific analysis, is refreshingly critical.⁶⁰ It offers the possibility to do equal justice to all perspectives on the soul.

59 I am following Gerard Visser, *Niets cadeau. Een filosofisch essay over de ziel*, ed. Edith H.L. Bruggmans and J. Sebastiaan, L.A.W.B. Roes, *Annalen of the Thijmgenootschap*, (Nijmegen: Valkhof Pers, 2009).

60 This is the position defended by Markus Davidsen: “[...] the principle of methodological agnosticism (as an epistemological principle) necessarily entails methodological naturalism (as an ontological principle).” Markus Altena Davidsen, “Theo van Baaren’s systematic science of religion revisited. The current crisis in Dutch study of religion and a way out,” *NTT Journal for Theology and the Study of Religion* 74, no. 2 (2020): 237. I recognize my own position more in methodological ludism, which is not based on an opposition between science and religion: “the application by students of religion of their human capacity to play, though constrained by the power mechanisms of academic institutionalization, to the articulation of the tension experienced between participation and distance, unity and diversity, religious and scientific views, suggesting an extra dimension in the academic perspective that allows the scholars to overcome this tension.” André Droogers, “The third bank of the river. Play, methodological ludism, and the definition of religion,” in *Playful Religion*, ed. Anton van Harskamp et al. (Delft: Eburon, 2006), 90. According to this method researchers may, albeit temporarily, enter into the truth claims of the participants under study.

If a naturalist discourse is dominant, it is important to realize clearly that constructivism does not mean that researchers deny the existence of the soul; it means that they explore how meaning is attached to the concept of soul, and what this delivers.

It is exactly this speaking of the *construction of meaning* and *meaning-making* that has become popular, not only in the social sciences but also in areas far removed, so that nowadays it is not uncommon for a funeral director to offer ‘a bit of meaning-making’ besides the coffee and cake.⁶¹ In this phrase ‘meaning-making’ itself has been promoted to a metaphysical reality. If there is one concept that is used to denote a dimension on which spiritual caregivers pretend to be experts, it is meaning-making. It functions as a concept intended to leave open the question of *how* people construct meaning in their lives, and thus seems to give room to a whole range of religions, world views, and less explicitly articulated positions. But is it working?

Speaking in this way about a dimension for which, elsewhere and in the past, terms such as ‘chaplancy’ and ‘care of souls’ were used seems more inclusive, but the overview is offered from a great distance to people’s actual experiences. ‘Meaning’ is something that you do or do not perceive, rather than something that you ‘make’ or ‘construct’. This is why it is a good idea to explore the philosophical background of the paradigm that delivered the concept of meaning-making.

Although the classical text of social-constructivism, by Peter Berger and Thomas Luckmann, has the title *The social construction of reality* it is in the tradition of phenomenology.⁶² Thomas Luckmann was a student of Alfred Schutz, who himself built on the philosophy of Edmund Husserl. Luckmann and Berger argue that world views are the product of a *dialectical* process of externalization

61 Like the funeral director, the council official who at the (proverbial but largely imaginary) kitchen table interviews a citizen who wants to apply for Wmo (*Wet maatschappelijke ondersteuning*, Social Support Act) funds, is also supposed to ask after the person’s efforts in constructing meaning – with occasionally harrowing consequences. Vicky Hölsgens, “Gebroken verhalen aan de keukentafel. Over zingeving in de Nederlandse verzorgingsstaat” (PhD Universiteit voor Humanistiek, 2020).

62 Peter L. Berger and Thomas Luckmann, *The social construction of reality : a treatise in the sociology of knowledge*, New ed. ed. (Harmondsworth [etc.]: Penguin, 1971). Cf. Peter L. Berger, *The sacred canopy* (New York: Doubleday, 1967).

(i.e., projections of inner representations in the outside world), objectivization (the process in which these projections start to appear as objective reality) and internalization (the subject appropriating this social reality). Yet, the moment of *construction* is paramount here. In the reception of this model within the social sciences this prominence has been emphasized even more, something that is legitimate and fruitful within the limitations of for instance cultural sociology: it helps to understand how people see the world.⁶³ However, this approach has now become current outside cultural sociology as well, even reaching into professional and everyday life – as if this has become a truth claim about the whole of reality: ‘the world is what we make it’.

An example close to home: from an adapted social-constructivist perspective, Meerten ter Borg throws a clear light on the question of how issues of meaning are treated in modern culture.⁶⁴ Next, he has translated this approach to the professional domain of the spiritual care. His observation that questions of meaning are answered in all sorts of different ways, or snuffed out before they are asked, is followed by a plea for professional spiritual care: spiritual caregivers ‘solve meaning-making problems as meaning-making problems, and not as something else.’⁶⁵

The concept of ‘meaning-making’ has indeed become a central idea. It has been useful for the emancipation away from church contexts, but has been replaced by subordination to a functional framework. Of course, speaking of meaning-making can be limited to the metalanguage *about* spiritual care, but if this language dominates the definition or the situation the question arises how much space is left for a professional attitude that respects the mystery, and for the client’s perception as it presents itself.⁶⁶

63 Cf. Dick Houtman, *Op jacht naar de echte werkelijkheid. Dromen over authenticiteit in een wereld zonder fundamenteën (oratie Rotterdam)* (Amsterdam: Pallas Publications, 2008).

64 Meerten B. ter Borg, *Een uitgewaaierde eeuwigheid. Het menselijk tekort in de moderne cultuur* (Baarn: Ten Have, 1991)

65 Meerten B. ter Borg, *Waarom geestelijke verzorging? Zingeving en geestelijke verzorging in de moderne maatschappij* (Nijmegen: KSGV, 2000).

66 Similarly, this also holds for qualitative research: “[...] we may hope to come close to the experiences of the sacred, of the ‘really Real’, but we, being in the research process, will also perform ‘an epistemology of estrangement’: religion will be for us always also a stranger.” André F. Droogers and Anton van Harskamp, eds., *Methods for the study of religious change : from religious studies to worldview studies* (2014), 187.

The philosophical movement of phenomenology starts from the individual's immediate experience. What is important then is *not* to instantly subject this experience to existing conceptual frameworks. (Mental health care, in as far as it is focused on recovery and adequate functioning, assumes that it is clear who you are; the care of souls does not.) What threatens to be lost in diagnoses and treatments because it is so essential and at the same time so elusive, may be exactly as close to a definition of the soul as we can get in this lecture.⁶⁷ In imitation of Wilhelm Dilthey, who is seen as the founder of the humanities but who also made an important contribution to phenomenology, the Dutch philosopher Gerard Visser writes: 'Perception, in the sense of an inner sensory seeing, is the germ of the life of the soul'.⁶⁸

Gerard Visser, erstwhile Associate Professor of cultural philosophy at Leiden University, offers a detailed reflection on the poem 'Nic darowane' ('Nothing's a gift') by Wislawa Szymborska. *Vis-à-vis* the metaphysical position affirming the existence and knowability of the soul, and the naturalist viewpoint denying the existence of the soul and explaining 'soul' from nature, he posits the phenomenological viewpoint which does not deny 'the soul' but considers it unknowable. In his exploration of this third position, leaning on a sizeable chunk of the history of western philosophy but especially Martin Heidegger, Friedrich Nietzsche, and the Rhineland mystic Meister Eckhart, he sketches two approaches to the self that can be found in both sociology and perspectives on mental health and spiritual care, plus an approach that has rather disappeared from view.

A first way of looking at individuality is to focus on the way in which it can be separated from its surroundings (*singularity*). The ultimate boundary the individual person will be confronted with is death (Heidegger) – the one boundary that really confronts us with the question of the meaning of life (Karl Jaspers).

A second way to look at individuality is the *unicity* of the self. What it comes down to in life is to affirm who you already are (Nietzsche). Care for the soul means surrendering to one's own, unique life history.

⁶⁷ I am attracted to Visser's statement: "In its human core, the soul is not an intellectual and productive substance, but an affective and receptive resonance." Visser, *Niets cadeau. Een filosofisch essay over de ziel*, 142.

⁶⁸ Visser, *Niets cadeau. Een filosofisch essay over de ziel*, 64.

The third way concerns the *unity* of the self, an approach in which both previous perspectives are merged, and which Visser, in imitation of Meister Eckhart, links to the soul: the acceptance that ‘life’ just happens. The soul is not an intellectual substance that provides meaning to whatever happens to us, but the receptivity to life itself.

Max Weber, who thought that sociology should not only look for ‘external’ explanations but should also try to understand people’s ‘inner’ perceptions, worked in the footsteps of Dilthey. In Weber’s work, for instance in *Das antike Judentum*, his sympathy for the Old Testament prophets becomes clear.⁶⁹ He sketched their charisma, social criticism, and inner world view very sympathetically, however clearly he saw the attendant dangers, and however great an affinity he himself, as a diplomat, had with rational governance and the craft of the politician.

In a Weberian sociology of soul care there is, on the one hand, amazement at how Christian solicitude about what ultimately concerns humans sets a living example, is secularized, expands, and is again invented in spiritual care for people from all denominations and none. On the other hand, this amazement makes clear that not much is left of the care of souls in its strictest sense if it is subjected to thinking in terms of functional rationality. Care of souls is about the whole of life itself, as expressed in the names of both the earlier ‘bureaus’ and the current ‘centers’. Actually, there is no more apt characterization of what spiritual care represents than a typical opening sentence: ‘How are you really?’

⁶⁹ Max Weber, *Gesammelte Aufsätze zur Religionssoziologie III* (Tübingen: J.C.B. Mohr (Paul Siebeck), 1988 [1921]).

6.

Thank you

‘Thank you, how are you?’ is the short answer. To conclude, I would like to dedicate some more words to that gratitude. Fortunately, the former Executive Board has been persuaded by the KSGV board that it would be a good thing if at least the chair held by Jos Pieper would be reinstated. In this way the attention for public mental health, which Rien van Uden was already promoting in Tilburg, would be continued. And so the theological school also made some room for sociology. Thanks to Marcel Sarot for his role as dean to both the approving and appointing authorities.

How curious it is how in the Netherlands nowadays the handling of spiritual distress is organized. As a professor I would like to strengthen research into the actual and possible role of religion and worldviews in this. I will also continue to do broader research into the often underexposed role of worldviews in our culture. Prospective PhD students are welcomed. The past few months I realized how much two people have formed me: Meerten ter Borg and Coen van Ouwerkerk. Both are no longer among us. The first was my own supervisor in Leiden, or as he put it: I was his journeyman. From him I learned to reason. The second was my promoter. His probing way of thinking was also contagious, but had a significantly longer incubation period with me.

At the Theological Faculty of Tilburg I had the great pleasure to get further initiated in theology, especially by the members of the systematic department. I hope that students at the current Tilburg School of Catholic Theology will also have the same ‘discovery experiences’ as I had with them. The Department of Practical Theology and Religious Theology has rejoiced in the arrival of fresh and enterprising new colleagues. I hope that you will take and get room for new impulses in education and empirical research.

Without all kinds of past and present support from colleagues, student assistants, staff for cleaning, catering and security, I wouldn’t be able to stand here today, and without being embedded in a vibrant university community, I wouldn’t be willing to stand here. So, thank you to all those who normally populate the campuses.

Here in the auditorium we are now forced to be with only a few colleagues, and a few good friends and relatives, my extended family. With you I feel at home.

Nico, you introduced me to both sociology and theology. I picked Peter Berger's work from your KTHA study books. Because you had taught me the basics of theology while mopping up the store and doing the dishes, I was able to talk to the theologians in Leiden and complete the part-time study in Tilburg in full time.

Leonie, I can say with certainty that this lecture could not have been made without you. In Baden-Baden you gave feedback on the synopsis, in Drenthe you commented on a new chapter every day, and then you were curious about what the whole thing would look like a few weekends later. After the job application, you followed the route to the oration with absolute confidence. And then I didn't say the most important thing.

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