

Learning from Case Studies in Chaplaincy

Towards Practice Based Evidence & Professionalism

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Eburon
Utrecht 2020



UCGV

University Center
for Chaplaincy Studies

ISBN 978-94-6301-281-2

Eburon Academic Publishers
www.eburon.nl
info@eburon.nl

Cover design: Textcetera, The Hague
Graphic design: Studio Iris, Leende

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Chapter 1.

Introduction

Researching Living Human Encounter

Martin Walton

Why did I
give you a coat
when you said
I feel so cold
and not
the sun
(*De Bruijn, 1992, p. 26*)

The poem above is very brief. Although it begins as a question, it lacks a question mark. In all its succinctness the poem does tell a little story. A feeling was expressed to which another responded by offering a coat. The effect is not reported, but there was apparently some reason to reconsider and to ask why a coat was given and not the sun. That suggests that some other need appeared that could not be addressed by the gift of a coat. That opens up the possibility that “sun” in this case does not just refer to the sun, but is a metaphor for something else. If that be the case, then the utterance of feeling cold may not be a statement about physical temperature. It might refer to some emotional or existential experience. The sun may refer to some offering of warmth or light. Whether the sun will suffice where the coat did not, is left open. The image of sun is so great that it may be a response to an almost endless experience of feeling cold. The story seems to stop there, but more than just a question the poem has become narrative material for further reflection.

We could read this poem as a metaphor for an encounter in chaplaincy care. It then contains, implicitly or explicitly, several characteristics of a case study as they have been developed in recent years in chaplaincy care. A need, feeling cold, is expressed and assessed by another. An intervention is offered in the form of a coat. The outcome, or lack of one, is reason for reassessment and some larger care plan. A possible second intervention is to give a “sun.” The encounter is documented in written form and reflection begins. A first matter for consideration is whether the initial assessment and intervention were adequate and what kind of outcome

they induced. Consequently, one might ask what led to the reassessment and what might be the expected outcome from the second intervention that is taken into consideration.

We could also read the poem itself as a way of offering recognition for the fact that the experience of “feeling cold” is, for the person who expresses it, too vast to be met by anything less than the sun itself. In that case the poem itself is not just a reflection, but an intervention in the form of offering recognition. Or the poem could express the self-reflection of the chaplain who feels that offering something small like a coat is inadequate and thus expresses the desire to offer more, or who realizes that he or she wants to offer more than can reasonably be given. All these readings of the poem are like different doors to the case, raising questions without question marks. They point to elements of a case study that can aid the imaginary chaplain to further reflect upon the encounter, describe it and turn the poem into a full-fledged case study.

Case studies in chaplaincy care

What is a case study in chaplaincy care? In the Dutch Case Studies Project (CSP), we understand a case study to be an informative and methodical description in which the accompaniment process and the contribution of professional chaplaincy care are demonstrated and argued with the intent of identifying criteria or characteristics of good practices. The inspiration for the project came from the 2011 call by George Fitchett to produce and publish case studies in chaplaincy care for the sake of developing research material (Fitchett 2011). A further impetus was provided by the collections of case studies published by Fitchett and Steve Nolan (Fitchett & Nolan, 2015; Fitchett & Nolan, 2017; Fitchett & Nolan, 2018). Halfway through our four-year project, we saw the number of published and publishable case studies growing. We also saw differences in the way case studies were written; for example, in the descriptive approaches, in the way the relation of practice and theory was addressed and in the concreteness of reported outcomes.

The excitement about the emerging field of case study research along with the concerns about how the research was developing led us to convocate an international case study research conference for the sake of synergy and reflection. The conference “Do we have a case?” on case study research in chaplaincy care was held in February of 2019 in Amsterdam. Host institution was the Dutch University Center for Chaplaincy Studies and its supporting universities, Tilburg School of Catholic Theology and the Protestant Theological University in the Netherlands, in collaboration with the Academic Advisory Board of the Dutch Association of Spiritual

Caregivers. The conference, which was the first of its kind on case study research in chaplaincy care, drew participants from six countries in Europe and from the United States. The volume at hand consists of contributions presented at the conference and includes case studies material, initial findings from case study research, reflections on methodology of the research and observations on the contribution of case study research to the professionalism of chaplains.

Although we speak of an emerging field of research, case studies in chaplaincy care are an old phenomenon. We might find the origin almost a century ago when Anton Boisen (1936/1971) coined the term “living human document.” The term may sound objectifying to us today, as if a person could be compared or reduced to a document. The intention, as Charles Gerkin (1984) reiterated in his revival of the term in the 1980s, was, however, subjectifying. The intention was to afford the inner world of a human being the same respect and the same close reading and intensive care as a holy text. The living human document is also a living holy document.

For educational purposes, Boisen began writing case studies and teaching others to do so. Teachers, students and practitioners have since been writing case studies in all sorts of training and educational settings. About twenty five years ago Bonnie Miller-McLemore (1996) commented on the manner in which the term the living human document could be individualized and isolated from context. She proposed the term living human web, in order to emphasize the network of relations in which persons find themselves. As there is no text without a context, so there is no human being without a web of relations and meanings.

In both instances, whether we speak of a document or a web, the focus of the case is on a person, a patient or some recipient of pastoral care, and specifically on the inner world and outward dynamics of the person in question. In training and educational settings there was often a shift of focus, from the living human document, to the way the pastor or chaplain interacted with the living human being in a care relation. The aim was to enable the student or chaplain to further develop his or her pastoral posture and repertoire.

The cases being developed in case study research, presume the living human document, discern the living human web, and even assume a well-developed posture and repertoire on the part of the chaplain. The immediate focus remains, as in educational settings, on the interaction between a chaplain and another person, in what we might call the living human encounter. The broader focus, however, is not on the person in care, not on the personal development of the chaplain, but on the development

of the profession of chaplaincy. That means that central to case study research is not just the assessment with regard to a living human document, not just the personal inner development and insight of a living human chaplain, but close attention to the actions and interactions, assessments and considerations, interventions and effects in and of chaplaincy care as a professional practice. What are the effective elements of that care? What are the outcomes?

For the reading of a living human document Gerkin could roughly rely on the analogy of text and reader. Reading a human web and discerning the context requires a more thorough social analysis. Reading the living human chaplain requires critical reflection and introspection. Reading the living human encounter in the context of professional chaplaincy confronts us with an almost exponential growth of complexity that reckons with all the various actors, backgrounds, contexts, settings, existential issues and cultural situations. In order to address the challenge of that complexity two strategies are available, complexity recognition and complexity reduction. The challenge of recognizing and accounting for complexity is addressed by thick description, for example in a narrative approach, or in the use of a format. Complexity reduction is realized by the focus on specific questions that are put to the material. In the simplest form the questions are what a chaplain does, for what reasons and with what effect?

One of the questions often asked is whether a case study with such a focus can adequately describe an instance of chaplaincy care, the living human encounter, the narratives, the mystery of an intimate and dialogical relationship. Can a case study capture the relational dynamics, the transcendent references and the essence of the care process? One way of responding to such questions is by asking another question. Can a chaplain in the spiritual care process really do justice to a person in care, to the living human document and to his web? Can a spiritual assessment or other analysis capture the essence and mystery of the other person and her situation? Can it tell us why the sun should be given rather than a coat? In all cases the answer is clearly "no." For holy things, whether holy documents or holy encounters, are not supposed to be captured. They are to be communicated. They are to be respected and read for the sake of communication on the crucial, critical and practical elements they offer for understanding another person, or for understanding chaplaincy encounters and care. Case study research is not about the essence of things, but about the crucial and constructive elements that support that essence.

Therefore, this book, just like the conference, is in utmost respect and indebtedness dedicated to all those documented and undocumented living, holy, human beings to whom we thank our profession and research.

This volume is composed and offered for publication in gratefulness to all those living human chaplains who share their stories and the stories of others.

Contributions to the present volume

A conference provides a variety of perspectives on a common theme, like different doors that lead into the same or similar houses. The contributions in this volume have been arranged in four overlapping categories. The first section sketches the development of case study research and addresses issues of research methodology. The second section also deals with methodology but moves at the same time towards initial findings with regard to case study research. Section three looks more closely at specific case studies, touches at times on method, but also identifies challenges and critical issues that arose in the exercise of case study research, particularly in research communities of chaplains. The challenges and critical questioning return in the fourth and final section but in relation to the effect that participation in case study research has on the professionalism for chaplains with regard to their practice and professionalism.

For those who wish to read selectively, a brief introduction of the individual chapters follows. Two matters are worthy of emphasis. The collage of doors in this volume is a reflection of the state of the research. It also parallels the research strategy of the CSP in first examining chaplaincy in the breadth, then moving to comparison in order to, in the third place, develop a focus. (Other strategies are possible as in the forthcoming volume of Wirpsa and Pugliese [2020] with case studies on the role of chaplains in medical decision making.) For that reason, it is perhaps better to speak of a state of the development than of a state of the art in case study research. However, significant progress is being made and we think that this volume contributes to that.

A second point has to do with the fact that several of the contributions in this volume have multiple authors. Shared authorship reflects the way research is understood and pursued in the CSP, in research communities of eight to ten chaplains under academic moderation, in the context of a larger project in which about 60 chaplains participate (or have participated). In the CSP a case is only “complete” when it has been described according to the shared format, when its contents have, if possible, been confirmed by others involved in the case and when the research community has offered comment and critical perspectives that are integrated into the case. Even though the original description of the case is from a particular, usually individual, chaplain, the case study is considered to be a shared product.

I. Methodology in case study research

In chapter 2, “The State of the Art in Chaplaincy Research: Needs, Resources and Hopes,” George Fitchett locates case studies research and its specific contribution within the recent history of chaplaincy research and offers several suggestions for next steps in cases studies research, with regard to the ways in which case studies can be used in research, a possible focus on rituals and identification of interventions and outcomes.

In chapter 3, “Putting Chaplaincy Research into the Picture. The Dutch Case Studies Project,” Jacques Körver introduces the Dutch Case Studies Project by situating it in the context of empirical research on what chaplains actually do and explaining how that research tradition, including Dutch contributions, led to a positive response among Dutch chaplains to participate.

In chapter 4, “Researching Practices. Lessons from Dutch Youth Care,” Jan Willem Veerman shares lessons learned from research on youth care in the Netherlands. A “good enough study” is one that uses methods and seeks types of evidence that are appropriate to the stage of research development in the field and that do justice to practice. Veerman orders various levels of evidence and various types of research, including RCT’s and case studies, in five levels of a research ladder.

In chapter 5, “Up and Down the Participation Ladder. The Use of Narratives in Collaborative Research,” Gaby Jacobs locates working with case studies, particularly in the CSP, on various levels of a participation ladder with which she clarifies various types of collaborative research. Also, she makes a case for the narrative approach taken in the case studies research as a key to unearthing information not available in another way. She ends by pointing to possibilities of broadening the collaboration and expanding the story, or stories, especially by the inclusion of clients of chaplaincy care.

In chapter 6, “The Science of the Particular,” Jacques Körver clarifies the development and format of the Dutch Case Studies Project and touches again on the nature of evidence that case studies provide. To that end he illumines several examples from case study descriptions in terms of naturalistic case studies and their characteristics: emic issues arising from the case itself, influence of context, attention to meaning and interpretation, holistic understanding and provision of detailed information.

II. From methodology to initial findings

In chapter 7, “Chaplains’ Case Study Research. Building Towards a Theory of Chaplaincy Care?,” Steve Nolan looks at the results of case studies in chaplaincy care up until now and identifies five factors that chaplaincy

care has in common with psychotherapeutic care: assessment, rapport, active listening, intentional use of self and challenge, and therapeutic attitudes such as positive regard and empathy, and five factors that are specific for chaplaincy care: reference to transcendence, working with beliefs and philosophies, employing ritual, ministry of presence, and

In chapter 8, “Comparing Multiple Case Studies of (Military) Chaplaincy Care. Methodological Issues,” Carmen Schuhmann and Theo Pleizier formulate three challenges that arise when multiple case studies are gathered for research: determining what counts as data in relation to singular and multiple cases; sampling with regard to context and focus; and methodological strategies for comparison. They also identify three patterns that were seen in case studies on military chaplaincy: issues of positioning in relation to military institutions, distinguishing the soldier from the human being, and “being known” as a chaplain.

In chapter 9, “Professional Proximity. Seeking a Balance Between Relation and Content in Spiritual Counseling,” Myriam Braakhuis notes that the emphasis on relationship, empathy and presence among chaplains runs three risks: lack of courage to confront clients, failure to address existential and spiritual themes and failure to observe relational boundaries. She offers the concept of “professional proximity” as an antidote.

In chapter 10, “Effects of Health Care Chaplaincy. A Qualitative Study with Case Reports,” Nika Höfler and Traugott Roser indicate how case studies in the context of a multi-method research project can be used to survey the perspectives of chaplains on their interventions and the resultant changes and how Grounded Theory can be used to analyze the material for the sake of developing theory that is as yet not present.

III. Case studies and critical issues

In chapter 11, “Personal Experiences in Writing a Case Study,” Paul Galchutt reflects on how phenomenology and narrative hermeneutics provided him with a framework to write a case study as research. He illustrates key elements of a case study (the point of the case, interdisciplinary context, background and relationship) with a story taken from his work in palliative care.

Chapter 12, “With an Open Mind for the Unexpected,” contributed by Reijer de Vries, Marja Went, Martin van Hemert, Soerish Jaggan and Gerhard Kloppenburg, begins with several case examples from Went of her working with (ambulatory) presence, Biblical stories and womanist theology in a prison setting. The examples illustrate the significance of brief, informal encounters in chaplaincy care and the role of denominational background. In addition, some particularities of prison chaplaincy are identified.

In chapter 13, “Is MacDonald’s Freedom?” Tjeerd van de Meer shows how two, at first sight very different, case studies from his work as a youth care chaplain, also have a common theme: the challenges that young people face in dealing with their identity, especially in relation to cultural and social notions on freedom. Getting a young man briefly out of the institution and going to MacDonald’s is a metaphor for those issues.

The case study in chapter 14, “Agreement is Agreement? Moral counseling in a Life-Threatening Dilemma,” authored by Monique van Hoof, Hanneke Muthert, Jacques Körver and Martin Walton, describes how Van Hoof provided moral counseling to a young woman who was headed toward committing suicide because of a previous agreement with a fellow patient and friend who had done just that. Van Hoof patiently and systematically helps the young woman explore her own perspectives and values, and in doing so ends up offering care to the treatment team as well.

In chapter 15, “You Can Remove a Person from the War, But Not the War from a Person,” Gertjan Jorissen, Carmen Schuhmann and Theo Pleizier describe a case of chaplaincy care by Jorissen of a veteran with moral injury from his service in World War II and in the Dutch East Indies in the early 1950s. The case study shows how the chaplain clarifies the “contract” of care, develops themes of love and loneliness, using his expertise as a representative of both the military and religious life.

IV. Case study research and professionalism

In chapter 16, “What Does Participation in the Case Studies Project Mean for One’s Professionalism?” Jacqueline Weeda and Hanneke Muthert explore several common ingredients and critical issues that were identified by a case study research community of chaplains in mental health care. Common ingredients include abstinence from judgement, bridging periods of waiting, using rituals and developing imaginative forms. Critical challenges pertain to the nature of proximity and of goal orientation, determining a body of knowledge for chaplaincy and accessing narratives for research.

In chapter 17, “Interdisciplinary Work in Chaplaincy Care,” Loes Berkhout shows how participation in a case study research community helped her to distinguish chaplaincy care from the care she previously provided as a psychologist. She locates the difference not in themes so much as in approach. Language and endorsement (representing a transcendent dimension) play a significant role in that.

In chapter 18, “Towards a Distinct Professional Identity. What Chaplains Have Learned in Flanders Case Study Research,” Lindsey Desmet shows how chaplains in a case study project in Belgian acquired language

in which to communicate with other health care disciplines on interventions and outcomes, allowing them to clarify their distinctive contribution to care.

Chapter 19, “What Are Chaplains Learning by Producing Case Studies?,” views the same Flanders case study research project from the perspective of the moderator, Frieda Boeykens. She reports on the learning process of herself as supervisor and on the challenges encountered by the chaplains in moving into a research role: taking a meta-position on one’s own work, using a third person perspective, fostering a critical discussion culture and employing theoretical frameworks.

In chapter 20, “Oneself as Another. Combining the Roles of Chaplain and Researcher in the Dutch Case Studies Project,” Niels den Toom shares preliminary results from his meta-research on the Case Studies Project in which he interviews chaplains on how participation contributes to their professional practice. From an understanding from the participants as science-practitioners he describes four relations between the roles of chaplain and researcher: resemblance, difference, tension and reinforcement.

In the epilogue, chapter 21, “Developing the Case,” the editors of the volume, Jacques Körver, Renske Kruizinga, Niels den Toom and Martin Walton, go knocking on some doors in order to appraise in the various contributions to the volume, draw out significant aspects of the state of development of case study research and point to several issues on methodology (agenda, evidence, comparison, quality control), characterizations of chaplaincy and professionalization.

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I. Methodology in Case Study Research

Chapter 2.

The State of the Art in Chaplaincy Research

Needs, Resources and Hopes

George Fitchett

Two decades of spiritual care research and scholarship

In this chapter I will review the recent history of chaplaincy research with special attention to chaplaincy case study research.¹ I will also suggest next steps for that research. My thinking about next steps for chaplaincy research is shaped by what has been accomplished in this field, so I begin with a brief summary of those accomplishments and the lessons I take from them. Figure 1 lists some milestones in spiritual care research from the past two decades. This period begins with the first use of the term “evidence-based pastoral care,” in 1998 by Canadian spiritual care researchers Tom O’Connor and Elizabeth Meakes. It includes US spiritual care researcher Larry VandeCreek’s 1999 warning that chaplains were missing from the growing research and scholarship about religion and health. Several years later Art Lucas initiated the focus on outcome oriented chaplaincy care with his *Discipline for Spiritual Caregiving* (2001; the term “need, resources, and hopes” in the title of this chapter is taken from his work and refers to concepts in his spiritual assessment). Within a few years a growing body of research about, and sometimes by, chaplains suggested VandeCreek’s fears might not be realized. By 2008 the research was extensive enough for NHS Scotland to commission Harriet Mowat to undertake her groundbreaking and informative “Scoping Review.”

Figure 1. Milestones in research about spiritual care in healthcare

Year	Publication or event	Description
1998	O'Connor & Meakes, “Hope in the midst of challenge: Evidence-based pastoral care”	This article is the first published use of the term “evidence-based pastoral care.”
1999	VandeCreek, “Chaplaincy the absent profession”	In this article VandeCreek, a leading US chaplaincy researcher warned that chaplains were missing from the growing research and scholarship about religion and health.

1 This discussion reflects my limitations: I am far more familiar with research in the U.S. than elsewhere in the world and I am only familiar with research about spiritual care in health care contexts.

Year	Publication or event	Description
2001	Lucas, "Introduction to the Discipline for Pastoral Care Giving"	In this essay Lucas introduces chaplains to the idea of outcome-oriented chaplaincy care.
2008	Mowat, "The potential for efficacy of healthcare chaplaincy and spiritual care provision in the NHS (UK): A scoping review of recent research"	One of the first reviews of chaplaincy research.
2012	Cadge, <i>Paging God: Religion in the Halls of Medicine</i>	An in-depth look at chaplaincy practice at a US hospital.
2012	Cobb, Puchalski, & Rumbold (Eds.), <i>Oxford Textbook of Spirituality in Healthcare</i> .	A collection of essays about religion and health and spiritual care from an international group of authors.
2012	"Spiritual Care and Health: Improving Outcome and Enhancing Wellbeing," international conference in Glasgow sponsored by NHS Scotland	The 2-day conference brought together chaplains, other clinicians, researchers and scholars to hear the latest reports about spiritual care research and develop relationships that supported further collaboration.
2014	Myers & Roberts (Eds.), <i>An Invitation to Chaplaincy Research: Entering the Process</i>	A collection of essays to help chaplains understand and get started doing research.
2015	Morgan, "Review of Literature - Spiritual Health Victoria"	A review of over 400 research articles about spiritual care.
2015	Start of Transforming Chaplaincy (Fitchett & Cadge)	Initially a 4-year initiative to advance research literacy among US healthcare chaplains. It has become a center to support research literacy and spiritual care research (www.transformchaplain.org).
2017	Start of European Research Institute for Chaplaincy in Healthcare (ERICH), Leuven, Belgium	A research institute for chaplains to enhance spiritual care practice. ERICH works closely with the European Network of Health Care Chaplaincy (ENHCC) (www.pastoralezorg.be/page/erich/).
2018	Fitchett, White, & Lyndes, <i>Evidence-based Spiritual Care: A Research Reader</i>	A collection of 21 articles illustrating the range of recent research about chaplaincy care.
2018	Start of University Center for Chaplaincy Studies (UCGV), Netherlands	A collaboration of the Tilburg School of Catholic Theology and the Protestant Theological University to support research and scholarship about chaplaincy in many sectors (www.ucgv.nl).

A few years later (2012) an international team of editors (Cobb, Puchalski, & Rumbold) brought us a major overview of research and practice with their *Oxford Textbook of Spirituality in Healthcare*. The 2012 conference, "Spiritual Care and Health: Improving Outcome and Enhancing Well-being, International Conference," convened in Glasgow by NHS Scotland provided an important opportunity for spiritual care researchers from around the world to develop relationships that would become the

foundation for future collaboration. The year 2012 also saw the publication of sociologist Wendy Cadge's important ethnographic study of chaplains in a US hospital, *Paging God, Religion in the Halls of Medicine*. In addition to its important description of what hospital chaplains do, publication of the book brought Cadge, a scholar with a supportive but critical perspective on the strengths and weaknesses of the profession, to the attention of chaplains and their colleagues.

In the Fall of 2011, HealthCare Chaplaincy in New York City received a three-year grant from the John Templeton Foundation to support research about spiritual care in palliative care. Grants were given for six projects, some of which, such as the Chaplain Taxonomy (Massey et al., 2015), have had an important impact on the profession. Additionally, the project fostered relationships among a group of senior palliative care researchers, spiritual care researchers, other scholars and chaplains that again formed the foundation for future collaborations. A useful introduction to research for chaplains (Myers, 2015) was another product of this project. Researchers continued to keep track of the growing research in the field and in 2015 Australian colleagues at Spiritual Care Victoria (as of 2019 Spiritual Health Association. Ltd) produced a review of over 400 published studies (Morgan, 2015).

Wendy Cadge and I met in 2006 and in 2013 we began working on the proposal that became the Templeton Foundation funded Transforming Chaplaincy project. That 4-year project, launched in 2015, focused on advancing research literacy among US healthcare chaplains most notably by supporting 17 Transforming Chaplaincy Fellows to earn a Master's of Public Health or similar basic research degrees. Meanwhile Scottish colleagues were developing a patient-reported outcome measure of the impact of chaplain care (Snowden & Telfer, 2017). Conducting research with the Scottish PROM (see also chapter 4) has been an initial focus of the European Research Institute for Chaplaincy in Healthcare (ERICH) which was launched with the support of an anonymous donor at an international conference in 2017. The following year the Tilburg School of Catholic Theology and the Protestant Theological University in the Netherlands came together to form the University Center for Chaplaincy Studies (UCGV) which will foster research in spiritual care in many sectors in addition to healthcare. The UCGV works together with several universities in various research projects. These years also saw a growth in research literacy education for chaplains. Members of the Transforming Chaplaincy team published *Evidence-based Spiritual Care: A Research Reader* (Fitchett et al., 2018), a collection of 21 articles about spiritual care research that can serve as a textbook for chaplain research literacy programs.

While this is not a comprehensive review of the past two decades of chaplain research, hopefully it is sufficient to guide us as we ask what lessons can be drawn from these years as we plan for the future. I think three factors have been important in bringing us to the present moment in spiritual care research. The first factor is the commitment to develop a research-informed profession on the part of individual spiritual care providers and organizations with which they were affiliated and, in Europe, practical theologians. This includes chaplaincy researchers and their employers, leaders of professional chaplaincy organizations, and individual chaplains who understand and support the importance of research for the future of the profession and who have worked to develop their own research literacy. The second factor is partnerships. Doing research and advancing research requires teams, people with complementary knowledge and skills and people who bring critical perspectives about our ideas and efforts. These include other chaplains and chaplaincy researchers, and importantly non-chaplaincy research colleagues, non-chaplain advocates of spiritual care and funders. The third factor is the growth in chaplains with the background required to be involved in research. In 1999 when Larry VandeCreek lamented that chaplains were missing from religion and health research there were essentially no chaplains, in the US at least, with advanced education in research. Since then there has been important growth in the number of healthcare chaplains around the world with masters and doctoral level education in research. These chaplains play a critical role in advancing spiritual care research.

The development of chaplain case study research

In the first decade of the period just described, spiritual care research used qualitative and quantitative methods. As I read the two randomized clinical trials (RCTs) of chaplaincy care that had been published during that period (Bay et al., 2008; Iler et al., 2001) I began to wonder if we had the detailed information about chaplain interventions that was needed to support further RCTs of chaplain care. I looked in the literature to see if there were case studies of chaplain care that had such descriptions and was surprised to find there were essentially no published chaplain case studies. (See Fitchett, 2011, for some exceptions to this statement and for additional background to the development of chaplain case studies research described here.) As a result, in 2009 I convened a team of three US oncology chaplains to write case studies about their work. In 2011 we published the first case study (Cooper, 2011).

The case was accompanied by two responses. The first response, from a chaplain with experience in the oncology context (King, 2011), was

designed to model how chaplains can use case studies to discuss and debate the strengths and weaknesses of the spiritual care described in the case. The second response to Cooper's case was designed to show how to build the link between case studies and research (Canada, 2011). Specifically, in this response we wanted to do two things: a) to provide a theoretical framework for the spiritual care provided in the case, and b) to describe ways that the changes observed in the case could be measured. In addition, we published my essay about the importance of case studies for chaplaincy research (Fitchett, 2011) and an essay about the ethics of case study research (McCurdy & Fitchett, 2011). The following year a second case study was published (King, 2012), again with two responses (Maddox, 2012; Schlaugh, 2012). Figure 2 shows milestones in the development of chaplain case study research.

Figure 2. Milestones in chaplain case study research

Year	Publication or event	Description
2011	Fitchett, "Making our Case(s)"	Essay that describes the importance of case studies for chaplaincy research and education.
2011	Cooper, "Case study of a chaplain's spiritual care for a patient with advanced metastatic breast cancer"	First published chaplain case study.
2011	McCurdy & Fitchett, "Ethical issues in case study publication: 'Making our case(s)' ethically"	An essay describing the ethical issues that should be considered in publishing a chaplain case study.
2012	King, "Facing fears and counting blessings: a case study of a chaplain's faithful companionship a cancer patient"	Second published case study.
2013	Risk, "Building a new life: A chaplain's theory-based case study of chronic illness"	Third published case study. Describes intentional use of narrative theory to guide spiritual care and includes quantitative assessment of change in patient's depressive symptoms.
2015	"Making the Case on Chaplaincy & Spiritual Care," Conference in Utrecht, Netherlands	Organized by the Academic Committee of the Dutch Association of Spiritual Caregivers in the Care Sector and hosted by Tilburg School of Catholic Theology, this 3-day conference brought together chaplains, researchers and scholars to consider the important role of case studies for advancing chaplaincy care.
2015	Fitchett & Nolan, <i>Spiritual Care in Practice</i>	The first book of chaplain case studies. Contains nine cases describing spiritual care in pediatrics, mental health care and palliative care with critical discussion of cases by chaplains and other healthcare colleagues.