

# CONFERENCE PROGRAM

## 'Do we have a case?'

International conference on case study  
research in chaplaincy care



Prison



Health Care



Military



Community Care

With lectures from: prof. dr. George Fitchett, dr. Steve Nolan, dr. Jacques Körver,  
prof. dr. Gaby Jacobs and prof. dr. Jan Willem Veerman.



**UCGV**

University Center  
for Chaplaincy Studies



**PThU**

Amsterdam Groningen



TILBURG UNIVERSITY

School of Catholic Theology



Vereninging van  
Geestelijk VerZorgers

AMSTERDAM, THE NETHERLANDS  
FEBRUARY 25-26, 2019



## Welcome Message from the Conference Chair

On behalf of the conference committee, we offer you a warm welcome to Amsterdam. The conference is a first in two ways. It is the first international conference on case study research in chaplaincy care. We are pleased to see that in several countries there are those who like us have responded to the 2011 call by George Fitchett to write and research case studies in chaplaincy care. We are excited about the opportunity to spend two days with you looking at the initial results and reflections. We hope to move the methodology and output forward so that we can better understand what chaplaincy care is and so better make our case.

The conference is also the first international research conference to be organized by the University Center for Chaplaincy Studies. The UCGV was founded in 2018 as a collaborative venture of Tilburg School of Catholic Theology (Tilburg/Utrecht) and the Protestant Theological University (Amsterdam/Groningen) in the Netherlands. Both offer theological master programs in chaplaincy care and have researchers on staff with expertise in chaplaincy studies, ethics and social sciences. The Dutch Case Studies Project is a major project of the UCGV that combines the expertise of both partner faculties in the fields of health care, primary care, military chaplaincy and prison chaplaincy. The director of the UCGV is dr. Jacques Körver.

Your host institution for the conference is the PThU. The Amsterdam location occupies a wing of the VU University building, reflecting the cooperation of the VU and the PThU in theological education and research. The UCGV and the VU collaborate as well in a major research project in palliative care in primary settings. We would like to thank all of you for being here to take part in this special conference. We hope you will have fruitful discussions and valuable encounters. May our case be strengthened!

### **Martin Walton & Renske Kruizinga**





## PRACTICAL INFORMATION

**Venue address:** Protestant Theological University (PThU) First floor of the VU main building, De Boelelaan 1105, 1081 HV Amsterdam

**Social Media:** twitter account UCGV, #UCGVconf

### Questions regarding your presentation and WIFI:



Niels Den Toom

### Questions regarding practical issues:



Roos Mulder



Esther Colijn



Ramon Goosen

## INTERNATIONAL CONFERENCE ON CASE STUDY

**09:00 - 09:30** Registration

**09:30 - 09:45** Opening by prof. dr. Martin Walton

**09:45 - 10:15** Key Lecture by dr. Jacques Körver  
*'Do we have a strong Case? Taking Stock of the Dutch Case Studies Project on Chaplaincy.'*



**10:15 - 11:00** Key Lecture by prof. dr. George Fitchett  
*'The State of the Art in Chaplaincy Research: Needs, Resources and Hopes.'*



**11:00 - 11:20** Coffee Break

**11:20 - 12:05** Key Lecture by dr. Steve Nolan  
*'Lifting the Lid on Chaplaincy: A First Look at Findings from Chaplains' Case Study Research.'*



**12:05 - 13:00** Lunch Break

## RESEARCH IN CHAPLAINCY CARE Day 1

*13:00 - 16:35 Parallel sessions*

### **Session 1 (Conference Room)**

*Chair: Martin*

**13:00 - 13:35** Nika Höfler

**13:40 - 14:15** Katherine Piderman

**14:20 - 14:55** Marja Went

### **Session 2 (WG Room 2)**

*Chair: Renske*

Cate Desjardins

Tjeerd van de Meer

Lindsay Desmet

**15:00 - 15:20** *Coffee Break*

### **Session 3 (Conference Room)**

*Chair: Niels*

**15:20 - 15:55** Corinna Schmohl

**16:00 - 16:35** Eric Bras

**16:40 - 17:00** Plenary Roundup

### **Session 4 (WG Room 2)**

*Chair: Jacques*

Harrie Bols

Wirpsa & Pugliese

**17:00 - 17:30** *Drinks*

**18:00 - 21:30** Social Evening

## INTERNATIONAL CONFERENCE ON CASE STUDY

**09:00 - 09:30** Registration

**09:30 - 09:45** Opening by dr. Renske Kruizinga

**09:45 - 10:30** Key Lecture by prof. dr. Gaby Jacobs

*'The Use of Narratives in Collaborative Research.'*



**10:30 - 10:50** Coffee Break

**10:50 - 11:35** Key Lecture by prof. dr. Jan Willem Veerman

*'Researching Practices. Lessons from Dutch Youth Care.'*



**11:35 - 12:05** Squaring Round

Roundtable conversations on matters of methodology

**12:05 - 13:00** Lunch Break

## RESEARCH IN CHAPLAINCY CARE Day 2

*13:00 - 15:35 Parallel sessions*

### **Session 5 (Conference Room)**

*Chair: Niels*

13:00 - 13:30 Jacqueline Weeda

13:35 - 14:05 Frieda Boeykens

### **Session 6 (WG Room 2)**

*Chair: Jacques*

Carmen Schuhmann

Katherine Piderman

*14:05 - 14:30 Coffee Break*

### **Session 7 (Conference Room)**

*Chair: Martin*

14:30 - 15:00 Paul Galchutt

15:05 - 15:35 Loes Berkhout

### **Session 8 (WG Room 2)**

*Chair: Renske*

Myriam Braakhuis

Kloppenburg, Jaggan,  
van Hemert

*15:35 - 16:00 Coffee Break*

**16:00 - 16:30 Lecture by Niels den Toom MA**

*'Oneself as Another. Combining the Roles of Chaplain  
and Researcher in the Dutch Case Studies Project.'*



**16:30 - 17:00** Plenary Roundup

**17:00 - 17:30** Drinks

## SUMMARY KEY LECTURES Day 1

**Dr. Jacques Körver** - *Do We Have a Strong Case? Taking Stock of the Dutch Case Studies Project on Chaplaincy.*

In this lecture I will focus on some features of the Dutch Case Studies Project on Chaplaincy, especially on those features in which this project differs from research elsewhere. We work with a fixed format, a fixed structure for the reflection in which the chaplain who has written the case study speaks in the third person about himself, in research communities that are divided per field of activity, with a fixed group of participating chaplains for a period of four years, and with regular feedback to stakeholders. I also want to reflect on the objectives of the project, and how this research could contribute to identifying interventions in chaplaincy and strengthening their effectiveness. In addition, I discuss some themes and questions that have arisen during the project. In what way is comparison possible between the different case studies? What is the influence of the research community on the choice of case studies, the way in which they are expressed and the 'own language' that gradually develops in the community? What can be said about the representativeness of the results? Should theoretical models appear inductively in the reflection or does the chair / researcher take the initiative to introduce some models? And what can be said about the role of the participating chaplains as co-researchers?

**Prof. dr. George Fitchett** - *The State of the Art in Chaplaincy Research: Needs, Resources and Hopes.*

I will briefly begin with a look at some important milestones in chaplaincy research from the past 20 years and ask what factors contributed to this progress and what lessons can we draw from it for the next phase of our journey. Next I will review the brief history of chaplain case study research and summarize our accomplishments. Following this I will review my initial description of three ways to use case studies and ask how we are doing with each of them. Regarding using case studies for research there is currently little formal, published use of case studies for research but there is evidence of their potential. For example, my chapter in the 2018 book provides an initial illustration of using existing cases to study outcomes and inter-faith care. The existing cases can also be used for research about many other topics (e.g., the use of ritual in chaplaincy care). There has also been the intentional collection of case studies to explore specific topics in chaplaincy care (Wirpsa, Pugliese - chaplains' role in decision-making). The Dutch CSP is a further example of the intentional use of case studies to identify best-practices in chaplaincy care. So far there is no published evidence available about how cases are being used for the education of chaplains and chaplains in training or the education of non-

## SUMMARY KEY LECTURES Day 1

chaplaincy healthcare colleagues. These are areas for future research. In closing I will mention some future directions in case study research. Some directions are implied in what I will have previously noted, e.g., the use of case studies to explore topics in chaplaincy care. We should also move from open invitations to more intentional recruitment of cases. The outline of future cases should be modified as needed to fit future projects. We need to develop and maintain a searchable archive of cases. We also need to find a new publisher.

**Dr. Steve Nolan** - *Lifting the Lid on Chaplaincy: A First Look at Findings from Chaplains' Case Study Research.*

The question of what it is that chaplains do has, in recent years, been explored by several groups of researchers (Mowat & Swinton 2005, 2007; Handzo et al 2008; Massey et al 2015). In this presentation, I will suggest that chaplains' case study research is in continuity with this research interest, but that it makes a distinctive, practice-based contribution that addresses the question from the perspective of the bedside. I will discuss the value of chaplains' case study research as practice-based research that builds theory, specifically with regard to the question of what chaplains do. I will highlight how the case studies both confirm and confound the widely held theory of chaplaincy as a religious practice. I will highlight data that suggests chaplaincy care has factors that are both in common with and distinctive from the psychotherapies, and I will highlight five common and five specific factors. I will argue that, although chaplaincy care is not the same thing as psychotherapy, the data can be read in a way that theorizes chaplaincy care as a form of dynamic pastoral therapy: a highly specialist form of psychospiritual care that relies upon practitioner knowledge, skill, insight and character quality. As such, chaplaincy care deserves to be regarded as an holistic therapeutic intervention in its own right. I will conclude by suggesting that initial findings from the case studies resonates with findings from other research into what chaplains do, and underscores the fact that the greater percentage of chaplains' work is non-religious.

## SUMMARY KEY LECTURES Day 2

### **Prof. dr. Gaby Jacobs** - *The use of Narratives in Collaborative Research.*

Practitioners, lecturers and researchers increasingly collaborate in professional workplaces or communities of inquiry with the aim to renew practices and to build and to share knowledge. Many examples exist now from the fields of education, healthcare, social care and technology, amongst others. These collaborations have multiple aims, including professional development of practitioners, practice development and knowledge development. Research questions address matters that are relevant for professional practice and the research is a joint endeavor of researchers, lecturers and practitioners as co-researchers and co-developers within their own practice. In this lecture some good examples will be presented. The focus will be on the role of narratives in collaborative research projects. I will address different forms of narratives, the notion of narrative-based evidence and the role of narratives in developing self, knowledge and practice. I will also address the question what makes these collaborations inspirational and successful? And what is the role of narratives in 'good collaboration'?

### **Prof. dr. Jan Willem Veerman** - *Researching Practices. Lessons from Dutch Youth Care.*

My presentation is based on my research experiences in Dutch youth care, which includes mental health care, child welfare and social work. There are some striking parallels between recent developments in youth care and chaplaincy care. In both areas the need is felt to deliver evidence-based care, in which evidence from research needs to inform the care. The need to conduct ongoing evaluation of practices is also felt, which means that practitioners should be involved in research. A number of lessons can be drawn from the research. These lessons have to do with the (1) definition of evidence-based, which encompasses more than evidence from research, (2) the impossibility of the randomized controlled trial as the gold standard, (3) the need for an effect ladder with different levels of evidence, (4) the positive effects of getting feedback on outcomes, (5) the movement from evidence-based interventions to common core elements of these interventions, (6) the distinction between common elements and common factors and (7) the aggregation of knowledge from case studies. A common theme in these lessons is that it concerns research that starts in practice and aims to hit the road to evidence-based practice through the collection of practice-based evidence. Even if we will never come here in the end, it is not bad at all.

## SUMMARY KEY LECTURES Day 2

**Niels den Toom MA** - *Oneself as Another. Combining the Roles of Chaplain and Researcher in the Dutch Case Studies Project.*

In addition to the many roles chaplains have, in recent years the role of researcher has become important. Chaplains study their own practice and thus transform into so-called researching chaplains. Initial reflections signal that this is a fruitful combination. One can imagine pitfalls as well. How does one combine both the role of chaplain and researcher? How can one distinguish both roles, if at all? Does one make different decisions in the accompaniment of clients when one views their case from a research perspective? Does it affect the relations with clients if chaplains express their wish to study the accompaniment process as a case for research? The present contribution aims at clarifying in detail the relation between researcher and chaplain. In order to do so, it focusses on the way that participants in the Dutch Case Studies Project are researchers and how they experience the combination of roles. Methodical remarks and theories about research and chaplaincy will be connected to the issues. Is there a difference between a chaplains and a researcher and, if so, where does this become visible?

## SUMMARY PRESENTATIONS Day 1

### **1.1 Nika Höfler (GER)** - *Describing Effects of Healthcare Chaplaincy: a Study in Self-perception of Chaplains' Contribution to Spiritual Care.*

How do healthcare chaplains working in German hospitals and nursing homes perceive and describe their contribution to a culture of spiritual care within (otherwise often secular) health care? The project aims to collect and evaluate chaplains' narratives describing effects of their work and presence from their personal experience. Starting with the chaplains' perspective, we hope to find praxis-based categories to describe effectiveness of pastoral care. We want to find out how chaplains describe their own spirituality between professional role, personal experience, and challenges within healthcare institutions. Analyzing self-described effects of chaplains' contribution to healthcare settings and patient centered care, we hope to identify aspects of personal beliefs and practices of professionals in pastoral care. Based on the research approach taken by Fitchett G., Nolan S. (ed.) *Spiritual Care in Practice* 2015, an expert discussion took place to generate an invitation for a call for papers: All healthcare chaplains within the area of both Protestant churches in Germany were invited to write a case report on one experience that describes best their work and its effects, leaving it to the participants to focus on patient- and family-related pastoral care, pastoral care to members of other professions, to ethics consultations, institution etc. We were able to collect almost 40 reports, which are currently being evaluated along standards of qualitative research. Data collection is done at the University of Münster. The cases were anonymized for analysis, following ethics standards for research. Analysis will be done within a research group; methods and results will be discussed both within the research setting and among healthcare chaplains.

### **1.2 Katherine Piderman (US)** - *"Why Did God Do This to Me?"*

The case study is about a chaplain's relationship with Angela, a 17-year-old girl with spinal cord injury during inpatient rehabilitation. In this presentation, the author will provide a longitudinal overview of Angela's physical, emotional, and spiritual reactions to her plight during her rehab stay and the chaplain's approach to ministry with her. Verbatim excerpts from several encounters and the chaplain's inner reflections will be used to illustrate the unfolding pastoral relationship. A framework for interpreting the relationship that develops between Angela and the chaplain will be discussed. Those in attendance will have the opportunity to 1) experience another chaplain's approach to ministry and compare it with their own and 2) learn how this case study was constructed and consider strategies to promote writing and publishing.

## SUMMARY PRESENTATIONS Day 1

### **1.3 Marja Went (NL)** - *With an Open Mind for the Unexpected.*

Working as a prison chaplain, one has a lot of individual meetings with prisoners, counseling, meetings in (Bible) groups and services. But there are also a lot of unexpected meetings and talks. The most important thing, in these short meetings, is that people can feel seen and heard. Sometimes such a meeting leads to more (short) meetings (planned or unplanned), sometimes it is just once. By working in this way the pastor feels herself inspired by Womanist Theology and the Presence Approach. This kind of chaplaincy starts with being there, with an open mind making yourself available, to see and hear the other person. The chaplaincy is not only successful when a concrete problem is solved. It is about relationship and respect. For some people life is simply surviving or struggling. Not every story, not every counseling has a 'happy end'. Sometimes there is not a direct solution to the problem, but still it is important to be seen and to be heard. And also to see and to mention where people find the strength to survive. Not alone but together with other people and "with God on their side". Sometimes the pastor can help to make connections between people. Questions that arise are: why and when does the pastor take time for these meetings? What is the importance of these unexpected meetings for chaplaincy care in a prison?

### **2.1 Cate Desjardins (US)** "*God has my Back now*": *A Chaplain's Case Study of Young Adult making End-of-life Decisions.*

The case describes an encounter between the chaplain, who served in a large pediatric academic medical center, and a patient with a life-limiting disease. The patient experienced spiritual struggle related to trust in God and being asked to make end-of-life decisions for himself. This case stands out because of the patient's robust use of chaplaincy services in his decision-making process, the importance of scriptural guidance, and the interdisciplinary approach to decision-making taken by the entire medical team. This case illustrates that some highly religious patients may be using faith/spirituality in ways invisible to the medical team prior to work with a chaplain, and that use of faith may be causing both internal distress as well as conflict between the patient and medical team. Over the course, the chaplain was able to respond to the patient request to incorporate reading of scripture which helped introduce the need for considering end-of-life decisions in a relationally-skillful manner, and clarify the patients' religious beliefs and translate those beliefs to the team, with the result of the patient arriving at faith concordant end-of-life decisions.

## SUMMARY PRESENTATIONS Day 1

### **2.2 Tjeerd vd Meer (NL)** - *Is MacDonald's freedom?*

For young people who live in residential and closed youth care, the core value of our open society, freedom, is a challenge. As a spiritual counsellor I provide a sanctuary for those young people in that setting to come to grips with that. What does freedom mean when you are confined? Together we think about their life in hope to find trust and courage to carry on from the ashes they were put up with. Ralph (15) was put by a judge in a closed group for his safety, aggression issues and skipping class too much. He had not been to school for over a year and did not want to go back because of the many migrations his mother had made after her divorce with his father. He was in care for over a year before he asked me to have a talk with him. Richard (17) was fighting drug abuse and a restrictive home environment when he came to a residential setting to be trained in self-support and living independently. I was asked by his coach to support him because of his loyalty to his restrictive religious family and his wish to shake off those strict values and feel free. These two Case Studies, each in its own way, challenge our societies fundamental value of freedom. I will show what dilemmas we are talking about and what spirituality has to offer to children and institutions dealing with these challenging dilemmas.

### **2.3 Lindsay Desmet (BE)** - *What are we learning about case studies research?*

Based on the work of Fitchett, Nolan, Walton and Körver, we started in 2017 to work with a small research group of four chaplains, a process supervisor and an observer or analyzer. The purpose of this research group was to start in our daily practice and to end with some interventions and outcomes that we could share with our colleagues. We asked our chaplains to write a case study about an encounter with a patient that made clear what they do as a chaplain. Afterwards we asked the chaplains to reread their own case study and the dialogue in the research group by reflecting on four questions: Who am I as a chaplain in this case study? What have I done? What is the basis, the background or motive for my intervention? What has happened by the patient, family or others? In a final session we bundled the case materials and formulated our desired and actual outcome. We discovered that formulating our outcomes, does not harm our unique identity of being a chaplain. On the contrary, the outcomes emphasized our specific way of working with patients and their family. Most of the time the final outcome was about a transformation or a changing spectrum by the patient, which was also the underlying intention of the chaplain from the beginning. Our research group provided nine interventions with related outcomes.

## SUMMARY PRESENTATIONS Day 1

### **3.1 Corinna Schmohl (DE)** - *"You've Done Very Well" On Courage and Presence of Mind in Spiritual Issues.*

Although it is not unusual to be called ad hoc onto a ward where one is not on regular duty, there are special challenges for the pastoral caregiver. For example, one might not be familiar with the staff or with the medical focus of the unit. This study (on multiple visits over the course of a long day) demonstrates vividly that the reason a chaplain is called may not always match the real need of the patient and/or of the persons who are close to that patient. Questions that seem to have nothing to do with pastoral care may have a spiritual core or may imply suffering from feelings of futility, of spiritual pain and unresolved religious issues that often remain largely ignored in practice, despite the "total pain" concept in palliative care. The courage to address spiritual issues explicitly, for example, by offering a ritual in pastoral care, can be crucial in making positive changes possible. It may help to foster dialogue between the professional groups involved and in dealing with patients and their relatives. It may also facilitate collaboration and encourage a more precise understanding of the importance of spiritual accompaniment during hospital stay from all professional parties involved, and so 'help them gain a meaningful appreciation for what we contribute to the care of patients and their families' (Fitchett 2011: 15). Pastoral care represents a knowledge of non-feasibility and mystery of life, and the great importance of relationship and connectedness in life and in dying (Klessmann 2017). Being there and "dwelling on" the situation (Nolan 2012:72; Basset 2017: 202) is an important accomplishment that also nurtures our own spirituality. Further research could contribute to strengthen our sense of coherence, internal resources and spirituality.

### **3.2 Eric Bras (NL)** - *How do you think I feel? A Case of Reframing, Images and Humour.*

Two examples of cases in which reframing and the use of images and humour play a central role. The first case is about a young woman in her forties who is undergoing dialysis while she is waiting for a new kidney. By having tattoos and in choosing the images for those tattoos she thinks about her situation and tries to find meaning. The second case concerns an elderly woman, who gets the news that doctors found metastasis in her liver, only a year after a difficult operation which required long recovery. By having a good laugh and by trying to ridicule her situation, she tries to find lightness.

## SUMMARY PRESENTATIONS Day 1

### **4.1 Harrie Bols (NL) - *Some Things Never Change.***

The case describes a home visit to Marcel, a soldier who, due to physical, psychological, and social problems, is allowed time off from work during the last two years before his official retirement. It is a representative case for the military context. In this context, much is asked of employees. What do you want? What are you able to do? What makes sense? Physically, Marcel is not well. Maybe working in the military has been too heavy. The work has changed too; it is difficult for Marcel to adapt. He often feels lonely, even amidst colleagues. More and more often, Marcel stays at home, too ill to work. His supervisor tells him that it is ok. Marcel is grateful to have such a supervisor. He does not need to work but still receives his salary; he is always welcome. But he has the feeling he no longer fits in. And he is angry. Angry with his body that does not function the way it should, angry that working in the army has changed so much. He is also sad that his working life ends like this. There is uncertainty: how to go on from here? Marcel does not expect anything from me. No solutions, no advice. We talk, we laugh. Marcel reminisces, curses, is silent. He is happy that I keep dropping by from time to time.

### **4.2 Jeanne Wirpsa, Karen Pugliese (US) - *Chaplains as Partners in Medical Decision Making: Case Studies in Healthcare Chaplaincy.***

Our set of case studies focuses on one specific, and often underrepresented, area of chaplaincy care – support of the medical decision making process and key factors in communication with the medical team about how and when decisions are made. The set of case studies depict and analyze three interventions that support the larger outcome of facilitating medical decision making and identifies potential questions for future research. Does the involvement of the chaplain in the medical decision making process lead to value-concordant care and decisions? Does early involvement of the chaplain where there are high stakes decisions to be made lead to less aggressive care at the end of life or impact length of stay? What kind of interdisciplinary education of the healthcare team leads to increased integration of the chaplain into shared decision making? To what degree do other members of the medical team welcome chaplains' involvement in medical decision making? Should chaplaincy case studies follow a proscribed format, or would varying formats allow for unique insights into chaplaincy care? Does isolating a specific dimension of care promote or make more difficult the task of drawing out unified themes for hypotheses or conceptual framework development? Finally, is it possible to maintain the integrity of the thick narrative of story while “abstracting from the particular?”

## SUMMARY PRESENTATIONS Day 2

### **5.1 Jacqueline Weeda (NL) - *What does Participation in CSP mean for Your Professionalism?***

In the Dutch Case Studies Project we agreed on saying 'this caregiver' when we discuss our own interventions. This evokes hilarity and slip of the tongue, but it helps us to get closer to the professional character of the intervention. The professional character is also reflected in the sharing of our sources of knowledge and wisdom. We collect critical issues and use well-considered theory, such as the theory of presence. We want to elevate listening to an art. We listen to the content of delusions and psychoses and we develop our mind to skillfully jump along with the associative language of clients. Yet it seems as if the most essential part of our interventions regularly withdraws from our descriptions and words. Sometimes we cannot see for ourselves what the meaning of our diligence to a person is, of our supply-oriented approach instead of the demand-oriented approach that is dominant in care. We cannot see the scope of the loyalty we show in doing so and the sincere interest we want to have in people. A client put it as follows: The most precious aspect of spiritual guidance is the humane aspect, acceptance of the person in question. My plea is that we will always see spiritual caregiving in a broader sense than the most extensive list of critical issues we can make and that we will never be tempted to base our efforts on evidence-based outcome.

### **5.2 Frieda Boeykens (BE) - *What are Chaplains learning by Producing Case Studies?***

A small research group with four chaplains, a moderator and a researcher worked on four different case studies based on the format by Walton and Körver. The findings of the moderator are presented here. It was the moderator's task to transfer the narrative foundations to data that can be analysed and interpreted. The research group encouraged the participating chaplains: to take a closer look at one's own professional practices by describing a case study; to engage into a common jargon, unique to the profession of a chaplain; to become aware of personal conceptual frameworks. The methodology of our case study introduced chaplains to a certain view on professionalism. The learning outcome the chaplains gained from this research was: taking their stories to a meta-level that incorporates their own practices and personal stories and at the same time transcends them. Working with case studies in a research team, following a systematic method, provides a tool for systematic data collection, analysis and interpretation. Within the context of healthcare and the demand of a much more evidence based way of working, this increases the status of this profession.

## SUMMARY PRESENTATIONS Day 2

### **6.1 Carmen Schuhmann (Theo Pleizier) (NL) - *Broadening the Perspective: From Single to Multiple Cases.***

In the Dutch Case Studies Project, a respectable number of case studies is collected and the question how to use combinations of various cases for chaplaincy research has come up. How can we compare various cases in light of the central research question of the project and what research questions may be addressed on the basis of the collected cases? In the research community of military chaplains, these questions emerged at an early stage. On the one hand, we felt that we needed to address more thoroughly the methodological question of what a single case says about the practice of military chaplains. On the other hand, discussing single cases led to new questions that require a multiple case approach. As the case descriptions are written in a specific format and consist partly of an evaluation or analysis by the research community of an original description by one chaplain, they do not constitute the straightforward kind of data that we often collect. What kind of research questions can we address using the cases that are collected? How can we use the material? Should we start to use specific sampling strategies (within research communities, or for the overall project)? What methods of analysis are appropriate? This presentation is meant as an invitation to a dialogue concerning these questions.

### **6.2 Katherine Piderman (US) - *Hear My Voice: A Chaplain-Led Spiritual Legacy Pilot Study for Patients with Advanced Diseases.***

This study was conducted at Mayo Clinic in Rochester, 98 interviews of participants' spiritual life journeys were collected. Each patient was interviewed by a board certified chaplain using a semi-structured interview guide. The interviews were recorded and transcribed verbatim, and then made into a unique spiritual legacy document (SLD) for each person. Qualitative methods were used to assess spiritual themes within the interview texts. Quantitative measures of quality of life (QOL), spiritual well-being, and spiritual coping were administered at enrollment and two follow-up time points. Preliminary results indicate improvement in some aspects of QOL and spirituality. This presentation will provide an overview of the Hear My Voice study, including demographics, interview questions, and methods used to analyze and report responses in two recent publications, 1) a qualitative article regarding 19 patients with brain tumors and 2) a case series summarizing the spiritual journey of five elderly people. Approaches to mining the interviews for subsequent manuscripts will also be discussed, with emphasis on matching the author's objectives with making important and novel contributions to the literature.

## SUMMARY PRESENTATIONS Day 2

### **7.1 Paul Galchutt (US)** - *Story Matters: Patient as Person.*

Among the many challenges encountered in writing my case, the process of member checking or respondent validation was perhaps the most difficult. It was the waiting and not knowing if the immediate family of the person whom I wrote would provide permission for the publication of the case. Another challenge encountered was seeking to honor his voice in his absence both in the reconstruction of our dialogue as well as in the spirit of, in this case, his character and how he made sense of his illness, treatment and life as a part of his story as it unfolded. My learning through the writing of this case also possessed dimensional aspects. First, the process of creating a case necessitated having a purpose with a point or two to be made. For me, the primary point of my case is that narrative is the air breathed by spiritual care providers and the way in which most patients and families make sense of and deliberate about concerning serious illness. In this way, chaplains are significant partners on the nonlinear, but narrative path of decision making. The outcome is often drenched in meaning. Another important dimension of my learning is that cases are an ideal way for spiritual care providers to teach and learn from each other that is nonthreatening and provides easy access as no knowledge of statistical method and analysis is required.

### **7.2 Loes Berkhout (NL)** - *Interdisciplinary Working in Chaplaincy.*

A health care chaplain often works in a field with a variety of other (conversational) specialists, under which psychologists and social workers. Some typical features of conversations with health care chaplains are: the actual topic of conversation, the position of the health care chaplain and the position of the conversation partner. All that seems rather clear but in reality, during the conversations, I often get the feeling: "Am I operating on the terrain of another specialist? Is this still health care chaplaincy?" Participation in the case studies project has given me on the one side the chance to observe conversations of colleagues and on the other side to evaluate those conversations together based on the question: "What 'happens' in this conversation?". That leads to new insights, for example about different vocabulary used by different specialists for the same phenomenon, as well as a large amount of relevant literature. In this talk I would like to discuss the development I was going through during the case study project, on the basis of the following aspects: subject (or topic), position of the health care chaplain, position of the conversational partners in respect to each other, and language.

## SUMMARY PRESENTATIONS Day 2

### **8.1 Myriam Braakhuis (NL)** - *Professional Proximity - Finding a Balance between Relation and Content within Spiritual Counseling.*

There is much research about what chaplains do, but somehow it often remains vague what chaplains are actually doing during their counseling. One question in particular seems to keep us busy: what is the effect of a chaplains' work? This might be due to the tendency within chaplaincy to focus on a trusting relationship with clients. How important this may be, putting a lot of effort in building a relationship also carries several risks. In this presentation, I will shed light on the risks involved in giving too much attention to the relationship within spiritual counseling. My point of view is that a chaplain should always be goal-oriented, next to being focused on a trusting relationship with the client. Those two components of counseling, being goal-oriented and building a trusting relationship, can be combined within the concept of "professional proximity". I hope to discuss with you how this concept of professional proximity can help us to be more aware of choices during counseling and how this can improve chaplaincy practice.

### **8.2 Geerhard Kloppenburg, Soerish Jaggan, Martin van Hemert (NL)** - *Prison Chaplaincy in the Netherlands: a Case in Denominational Work.*

In our presentation we aim to present the following items. The legal background for prison chaplaincy in the Netherlands: the seven so-called recognized denominations working in prison. Characteristics of the method of working as prison chaplains: dual, paritair, denominational, integral, seven services. Added value & friction points in working from a denominative background. More than terminology: our identity, i.e. are we representatives of our tradition or are we spiritual care givers? Cooperation among chaplains from the various backgrounds. What we learn from participating in the research group (which we will illustrate with examples from case studies we presented in the research community). Knowledge about each other's background (as we discovered in discussing various case studies). Growing awareness about our own background. Growing awareness of our personal way of working. Knowledge about (differences in) other's conception of the responsibilities of a (prison) chaplain (as we discovered in discussing various case studies). The added value of denominational working (because of the limitations of people in detention). The uniqueness of prison chaplaincy compared to chaplaincy in other fields (function of 'safe area', professional confidentiality, not reporting, not officially participating in treatment plans). Is the format of the Case Studies Research Group adequate for describing prison chaplaincy?



Conference Program Day 1					
What	Who	Starts	Ends	What	Who
Registration	Roos & Ramon	9:00	9:30		
Opening	Martin Walton	9:30	9:45		
Key Lecture	Jacques Körver	9:45	10:15		
Key Lecture	George Fitchett	10:15	11:00		
	<u>COFFEE BREAK</u>	11:00	11:20		
Key Lecture	Steve Nolan	11:20	12:05		
	<u>LUNCH BREAK</u>	12:05	13:00		
<i>Parallel sessions 1 &amp; 2</i>	<i>Conference room</i>			<i>Workgroup Room 2</i>	
Session 1	Chair: Martin			Session 2	Chair: Renske
Presentation 1.1	Nika Höfler (GER)	13:00	13:35	Presentation 2.1	Cate Desjardin (US)
Presentation 1.2	Katherine Piderman (US)	13:40	14:15	Presentation 2.2	Tjeerd vd Meer (NL)
Presentation 1.3	Marja Went (NL)	14:20	14:55	Presentation 2.3	Lindsay Desmet (BE)
	<u>COFFEE BREAK</u>	15:00	15:20		
<i>Parallel sessions 3 &amp; 4</i>	<i>Conference room</i>			<i>Workgroup Room 2</i>	
Session 3	Chair: Niels			Session 4	Chair: Jacques
Presentation 3.1	Corinna Schmohl (GER)	15:20	15:55	Presentation 4.1	Harrie Bols (NL)
Presentation 3.2	Eric Bras (NL)	16:00	16:35	Presentation 4.2	Wirpsa, Pugliese (US)
Plenary roundup	Martin Walton	16:40	17:00		
	<u>DRINKS</u>	17:00	17:30		
Nieuwe Poort		18:00	20:00		
Boat tour		20:30	21:30		

Conference Program Day 2					
What	Who	Starts	Ends	What	Who
Registration	Ramon & Esther	9:00	9:30		
Opening	Renske Kruizinga	9:30	9:45		
Key Lecture	Gaby Jacobs	9:45	10:30		
	<u>COFFEE BREAK</u>	10:30	10:50		
Key Lecture	Jan Willem Veerman	10:50	11:35		
Roundtable discussion	with key lecturers	11:35	12:05		
	<u>LUNCH BREAK</u>	12:05	13:00		
<i>Parallel sessions 5 &amp; 6</i>	<i>Conference room</i>			<i>Workgroup Room 2</i>	
Session 5	Chair: Niels			Session 6	Chair: Jacques
Presentation 5.1	Jacqueline Weeda (NL)	13:00	13:30	Presentation 6.1	Carmen Schuhmann (NL)
Presentation 5.2	Frieda Boeykens (BE)	13:35	14:05	Presentation 6.2	Katherine Piderman (US)
	<u>COFFEE BREAK</u>	14:05	14:30		
<i>Parallel sessions 7 &amp; 8</i>	<i>Conference room</i>			<i>Workgroup Room 2</i>	
Session 7	Chair: Martin			Session 8	Chair: Renske
Presentation 7.1	Paul Galchutt (US)	14:30	15:00	Presentation 8.1	Myriam Braakhuis (NL)
Presentation 7.2	Loes Berkhout (NL)	15:05	15:35	Presentation 8.2	Kloppenburg, Jaggan, v Hemert (NL)
	<u>COFFEE BREAK</u>	15:35	16:00		
Presentation	Niels den Toom	16:00	16:30		
Plenary roundup	Martin Walton	16:30	17:00		
	<u>DRINKS</u>	17:00	17:30		