Lifting the lid on chaplaincy: A first look at findings from chaplaincy case study research

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What do chaplains do?

Three-stage ‘process model’

1. seek out people who require their services
2. identify (or assess) the nature of the person’s particular need
3. respond to that need through forms of spiritual practice

some of which are informed by the chaplains’ theological and spiritual tradition, but others that call for chaplains to expand on and move beyond this core knowledge base (Mowat and Swinton 2007, 33)

What do chaplains do?

Seventeen types of intervention

• Eight general / not specifically religious
  - crisis intervention
  - emotional enabling
  - ethical consultation/deliberation
  - life review
  - patient advocacy
  - counselling
  - bereavement
  - empathic listening

• Nine religious or spiritual in nature
  - hearing confession
  - faith affirmation
  - theological development
  - performing a religious ritual
  - providing a religious item
  - offering a blessing
  - praying
  - meditation
  - other spiritual support

CHAPLAINS’ CASE STUDIES

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What do chaplains do?


prayer – most common
(although performing religious rites was rare)

emotional enabling
and life review – most frequent non-religious interventions
What do chaplains do?

One hundred item list

- 33 identifiably religious/spiritual care
- only 18 items require a religious figure

Fully two-thirds could be delivered by a person with no faith affiliation

None of the items rated in the top ten by importance were specifically religious

What do chaplains do?

One hundred item list

1. Active listening (5);
2. Demonstrate caring and concern (4.9);
3. Provide a pastoral presence (4.8);
   Preserve dignity and respect (4.8);
   Collaborate with care team member (4.8);
   Build rapport and connectedness (4.8);
   Establish a relationship of care and support (4.8);
8. Demonstrate acceptance (4.7);
   Provide emotional support (4.7);
   Provide support (4.7)

What do chaplains do?

Practice-based evidence

(un)Scientific value of case study research

1. knowledge is context-dependent

2. not possible to generalize

3. may have value in generating hypotheses

4. biased towards researcher’s preconceptions

5. difficult to summarize

Practice-based evidence
‘research is simply a form of learning’

Phenomenology of on human learning points to way expertise is built on the foundation of context-dependent knowledge

Human learners develop from rule-dependent beginners to independent experts (‘virtuosos’ – Bourdieu) because of experience with thousands of individual cases.

Practice-based evidence

(uns)Scientific value of case study research

1. knowledge is context-dependent
   context-dependent knowledge is all we have
2. not possible to generalize
   generalizing is possible (e.g. Galileo)
3. may have value in generating hypotheses
   cases provide research strategies
4. biased towards researcher’s preconceptions
   more biased toward falsifying preconceived notions
5. difficult to summarize
   human life is difficult to summarize

Practice-based evidence

‘theory-building case study research’

‘a theory is ... a growing and changing way of understanding’ – a living document

- principles supply intellectual tools for practice
- practitioners interpret and apply theory
- modify, elaborate or critique the theory
- this is theory-building
- case studies interrogate theory

to compare each of many theoretically-based statements with one or a few observations. It does this by describing the case in theoretical terms.... At issue is the correspondence of theory and observation (Stiles 2010, 93).

Chaplaincy theory

Chaplaincy is essentially a religious practice or the practice of a religious professional.

Chaplaincy theory constructed in terms of theology – ‘thorology’

Chaplaincy integrated into ideas of church and mission – located as a religious practice.

## CHAPLAINS’ CASE STUDIES

### Initial findings

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<tr>
<th></th>
<th>USA</th>
<th>UK</th>
<th>Australia, Canada, Germany, Iceland, Israel, The Netherlands</th>
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</thead>
<tbody>
<tr>
<td><strong>Chaplains’ gender:</strong></td>
<td>15 female</td>
<td>12 male</td>
<td>1 mixed team</td>
</tr>
<tr>
<td><strong>Recipients’ gender:</strong></td>
<td>13 female</td>
<td>12 male</td>
<td>1 transgender</td>
</tr>
<tr>
<td><strong>Chaplains’ faith:</strong></td>
<td>25 Christian</td>
<td>2 Jewish</td>
<td>1 mixed team</td>
</tr>
<tr>
<td><strong>Recipients’ faith:</strong></td>
<td>16 Christian</td>
<td>4 Humanist/ Jewish</td>
<td>2 Culturally/ SBNR</td>
</tr>
</tbody>
</table>

Hospice/Palliative Care
Initial findings

Diversity of spiritual need addressed by chaplains

- Emerging identities constructed over-against religious and cultural formation
- Death rituals perform multiple identities
- Inner conflict between adult rationalism and underdeveloped emotional life
- Existential transitions: welcoming new life and navigating dying and death
CHAPLAINS’ CASE STUDIES

Initial findings

Whatever we may mean by the term ‘spiritual need’

• No agreed model of spiritual assessment discernible across the cases

• No common understanding about what ‘spirituality’ might mean

• Common and consistent factor runs through all cases: relationship
Initial findings

Common or Specific factors?

- Five factors **common** to chaplaincy and therapies
- Five factors **specific** to chaplaincy
- Examples are paradigmatic and evidenced in many of the cases
CHAPLAINS’ CASE STUDIES

Initial findings

Common factors: ‘Angela’

- Assessment
- Build rapport
- Active listening
- Use of self

Initial findings

Common factors: ‘Angela’

- Assessment
- Build rapport
- Active listening
- Use of self
- Core attitudes
  - Unconditional positive regard
  - Empathic understanding

None of the trials which have come upon you is more than a human being can stand. You can trust that God will not let you be put to the test beyond your strength, but with any trial will also provide a way out by enabling you to put up with it.

1 Corinthians 10:13:

Initial findings

Specific factors: ‘Mrs Pearlman’

- Affirming the divine or supporting transcendence

Initial findings

Specific factors: ‘Yesuto’

• Affirming the divine or supporting transcendence
• Working with belief or life philosophy

Initial findings

Specific factors: ‘Hans’

- Affirming the divine or supporting transcendence
- Working with belief or life philosophy
- Creating and conducting ritual

CHAPLAINS’ CASE STUDIES

Initial findings

Specific factors: ‘David’

- Affirming the divine or supporting transcendence
- Working with belief or life philosophy
- Creating and conducting ritual
- Being-with (presence)

Initial findings

Specific factors: ‘Daisy’

- Affirming the divine or supporting transcendence
- Working with belief or life philosophy
- Creating and conducting ritual
- Being-with (presence)
- Supporting the institution

A ‘new’ model of chaplaincy?

If we weren’t already predisposed to think that chaplaincy care is delivered by religious professionals – and perceived, therefore, to be a religious intervention – what categories would we use in order to speak about chaplaincy care?
Much essential chaplaincy care makes direct and effective use of factors common to psychotherapies:

- Assessment
- Build rapport
- Active listening
- Use of self
- Core attitudes

What specifies chaplaincy is broadly spiritual rather than narrowly religious

- Affirming transcendence
- Working with life philosophy
- Creating ritual
- Being-with
- Supporting the institution
Discussion

Chaplaincy has the form of psychological therapy

- Not the same as saying chaplaincy is psychotherapy
- Not the same as saying chaplains should position themselves as psychotherapists

Chaplaincy has the form of psychological therapy.

- Not the same as saying chaplaincy is psychotherapy.
- Not the same as saying chaplains should position themselves as psychotherapists.

“Evidence of unconscious as well as conscious material at play, in the patient, in the chaplain him/herself, and between the two of them.”

Pastoral counselling demands an ‘agnostic posture’.

(Lawrence 2018)
Chaplaincy care is a highly specialist form of psychological therapy that can be understood in terms of what it has in common with the psychological therapies but that makes a specific and distinctive contribution to psychospiritual wellbeing.
In conclusion

We need more cases

- written by religious and non-religious chaplains
- reporting on care that is religious and non-religious

We want MORE!

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