

## Review

George Fitchett and Steve Nolan (eds), *Case Studies In Spiritual Care. Healthcare Chaplaincy Assessments, Interventions & Outcomes*. London: Jessica Kingsley, 2018, 285 pp. (Pbk). ISBN: 978-1-78592-783-6, £19.99.

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*Case Studies in Spiritual Care* is a second volume of case studies in chaplaincy care edited and published by Fitchett and Nolan. The first volume *Spiritual Care in Practice* was published in 2015. They also collaborated on a special issue on case studies in the journal *Health and Social Care Chaplaincy* in 2016. The present volume is composed of the overabundance of submitted case studies for that special issue.

It was George Fitchett (professor and director of research in the Department of Religion, Health and Human Values at Rush University Medical Center in Chicago) who in 2011 issued a call for the production of case studies in chaplaincy care (“Making our case(s),” *Journal of Health Care Chaplaincy*, 17,1–2, 3–18). Steve Nolan (chaplain at Princess Alice Hospice in Surrey, UK and visiting research fellow at the University of Winchester, UK,) responded to that call and joined Fitchett in editing what is now their third collection. Although several case studies have been published singularly in journals, the major body of published case studies in chaplaincy care is to be found in their three collections.

The book is divided into four parts, the first two each with two case studies on chaplaincy care in paediatrics and for veterans, in keeping with the previous volume that grouped case studies around particular contexts

of care. New is the explicit focus on chaplains as ritual leaders in four case studies in various contexts in part three and on the chaplain as self-reflective practitioner in one case study from Nolan himself in part four. Each part is concluded, as was the case in the previous volume, with two reflections on the case studies, one by another chaplain and one by another care professional or practical theologian. The divisions are indicative but not clear cut: the first case study on ritual leadership is also a paediatric care case. The whole is preceded by an introduction from Nolan on methodology and there is an afterword from Fitchett on case studies and chaplaincy research.

Interesting elements are: the collaborative writing (Bryson, Nash and Nash) on a case study of a voluntary chaplain in the first case presented; that the two cases in veteran's care focus on transgender issues and sexual abuse by a priest, respectively, and that in both cases use is made of ACT interventions (acceptance and commitment therapy); and that in the first two cases on ritual leadership two different responses to a request for baptism are given.

With the reflections and with the afterword by Fitchett the editors have already organized critical discussion of the material, for example by Nieuwsma on the use of particular approaches such as ACT (acceptance and commitment therapy), or by Andersen on the question in whose interest the christening of a grandson at bedside of a patient on a palliative care unit (case study Ásgeirsdóttir) takes place.

Two other issues can be addressed here, the first being the reporting of outcomes. In his comments Evers points out that each chaplain "only mentions one outcome that is explicitly confirmed by the parents and the patient. ... Can you talk about an outcome if you are the only one who sees it this way?" (p. 75.) The topic of outcomes is picked up by Fitchett in the afterword, where he notices the difficulty chaplains have reporting observable and verifiable outcomes. Often intentions or relational aspects are named instead. "The cutting edge for professional chaplaincy is developing research that can help us know if our care is having its intended effects and that can help us communicate to the benefits of our care to healthcare colleagues." The book demonstrates and discusses the issue. The next step is to develop case studies that consistently name and confirm concrete outcomes.

A second issue is one of methodology. In the introduction Nolan understands case studies by chaplains as examples of auto-ethnography. His own case study in the volume is a valuable example of critical self-reflection. That gives it a different kind of focus than the other case studies that seem more directed towards the presentation of what are thought to be examples of good practice. More important than the issue of focus, however,

is the approach from auto-ethnography. Formally, the description is correct. Chaplains describe their own practices. But does auto-ethnography with its subjective bearings sufficiently stimulate chaplains to move beyond the focus on intentions and relational aspects for the sake of describing specific interactions and observable outcomes? Does it encourage them to complement their own perspectives with the observations and verifications of others? What other methodological perspectives are needed?

Chaplains need to “read” each other’s work, the living human encounter between client and chaplain. This book is an excellent opportunity to see capable colleagues at work, to enter into reflective dialogue with the chaplains and their commentators on the interactions and interventions, the observations and outcomes that make up that work. And especially for those interested in the state of the development of case studies research in chaplaincy care, this is vital reading.