Case Studies Move to the Forefront in Spiritual/Pastoral Care Research

The Association of Professional Chaplains (APC) has recognized the value of case studies by announcing five webinars on the subject led by George Fitchett DMin PhD BCC and Sr. Patricia Murphy PhD BCC. The series is entitled, "Advancing Chaplaincy with Chaplain Case Studies." The APC announcement reminds us that case study was very important to Anton Boisen, a founder of modern chaplaincy. His case studies provided him with insights into the different ways that religion influences mental health. Boisen used these insights to understand his own struggle with mental illness and to inform the spiritual care he provided to others. The article points out that “despite their important role in the beginning of modern chaplaincy, until recently there have been few published chaplain case studies.” (“Advancing Chaplaincy with Chaplain Case Studies,” 5 Sessions, Sept. 16, 2014 – May 12, 2015. APC Webinar Journal Club IV e-mail, August 5, 2014.)

Pastoral Care Knowledge Base of Case Studies to Be Published by Judson Press

In a similar effort to look more carefully at case studies, the Spiritual Care Knowledge Base has been removed from the ACPE Research Network website (and its most gracious hosting by Network coordinator John Ehman). Why? So it can be published by Judson Press! This move will give the collection much wider use by clergy, seminary professors, pastoral counselors, lay visitors, CPE supervisors, students, administrators, and researchers. Here are the titles and publication dates.

- The Pastoral Caregiver’s Casebook: Ministry in Relationships (Spring, 2015)
- The Pastoral Caregiver’s Casebook: Ministry in Crises (Spring, 2015)
- The Pastoral Caregiver’s Casebook: Ministry in Health (Fall, 2015)
- The Pastoral Caregiver’s Casebook: Ministry in Specialized Settings (Fall, 2015)

330 actual spiritual/pastoral care cases—each with a critique, italicized words and phrases suggesting effectiveness, and in most instances literature references—will provide second opinions on difficult situations as well as examples for seminarians, CPE students, lay visitors, administrators, the media, and the general public. In addition, practitioners can self-supervise by using the format to write up and critique their own work, preferably with trusted colleagues. Finally and perhaps most important of all, the collection offers a beginning point for repetition studies that can determine genuinely evidence based care best practices that will help enable our discipline to survive and thrive in the pay-for-performance milieu by increasing the quality of our work and by communicating our value in bottom-line-specific language.

A Peek into The Pastoral Caregiver’s Casebook, Volume 1: Ministry in Relationships

Volume One, Ministry in Relationships, has three sections: Interpersonal Relationships, Intrapersonal Relationships, and Ultimate Relationships. The titles to these cases indicate the breadth and depth of professional pastoral/spiritual care in general, and also the great potential for critiquing and improving the
quality of one’s own work by being able to refer to this material. Here are the first five case titles for each section:

Section One, “Communion as Dementia Breakthrough,” “Confronting Hostility to Good Effect,” “Controlling Spouse,” “Death of an Inmate’s Spouse,” and “Differing Religious Beliefs at a Terminally Ill Patient’s Bedside.”

Section Two, “Acceptance of the Patient’s Spirituality,” “Agenda Dissonance Surmounted,” “Appropriate Confrontation Enabling Care,” “Appropriate Self-Disclosure with a Behavioral Health Patient,” and “Chaplain and Staff Burnout.”

Section Three, “Abandonment by God amid Family Violence,” “Abandonment Feelings and Anger with God,” “Activating Faith Resources in Depression and Grief,” “Addressing the Doubts of a Dying Patient’s Husband,” and “Agitated Patient Calmed and Assured Concerning Anger at God.”

Here is the first case from Section One of Volume 1. Be sure to note the italicized phrases suggesting effectiveness.

Communion as Dementia Breakthrough

Description of the client’s circumstances and the spiritual care offered:

A female church member began arriving at church often looking unkempt. On other occasions, she would put on someone else’s coat when leaving. Finally, after she got lost and was reported standing in the road trying to figure out how to get home in the dark, her family had her diagnosed as a dementia patient. She was placed in a nursing home Alzheimer’s ward. Her Baptist pastor, notified of her location, went to give her Communion.

At first she was concerned and didn’t know who he was, but when the pastor told her where she was and where he was from, she responded with recollection. He asked if she would like Communion and she said yes. When he gave her the elements, she began to weep with joy and verbally thanked Jesus. As the pastor left, she again grew confused.

Description of what the practitioner, upon reflection, considers most appropriate:

Touched, the pastor reflected much on the presence of a spiritual connection even when the body and mind are unresponsive. He was helped by a fellow minister’s comment about the dynamic of God’s Spirit bearing witness with our own spirits “that we are children of God.” This experience led the pastor to persist in ministering to shut-ins by providing Communion whenever possible.

Background information that the practitioner considers useful:


(Excerpted from John J. Gleason, The Pastoral Caregiver’s Casebook, Volume 1: Ministry in Relationships (Valley Forge, PA: Judson Press, forthcoming 2015). Reprinted by permission of the publisher. To preorder, call 800-4-JUDSON or visit www.judsonpress.com.)