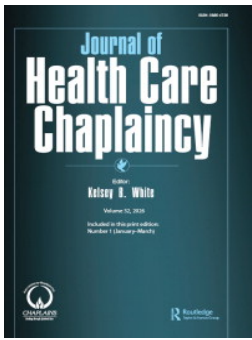


Pathways to inner peace: A meta-analysis of case studies on methods in chaplaincy

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Pathways to inner peace: A meta-analysis of case studies on methods in chaplaincy

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ABSTRACT

This study explores the extent to which chaplains employ structured methods in their practice in view of home-based chaplaincy in the Netherlands by conducting a secondary analysis of 40 case studies from the Dutch Case Studies Project (2016–21). Findings indicate that chaplains employ a broad range of interventions, among which two structured methods were identified: The Diamond Model and mindfulness. Both methods support clients in coping with vulnerability and making life decisions using different theoretical and spiritual approaches. It was found that both methods were applied flexibly, reflecting a balance between professional discretion and methodological integrity. Overall, the findings suggest that chaplains aim to integrate interventions, maintaining a balance between structured methods and relational presence, ultimately striving to foster inner peace through varied theoretical and spiritual approaches.

KEYWORDS

Case studies; chaplaincy; interventions; methods; peace; spiritual care

Introduction

The “black box” of chaplaincy has gradually opened in the last decade (Fitchett, 2017). For example, in the past years, goals of chaplaincy have been identified in chaplaincy literature (Visser et al., 2023), assessment models were developed (Galchutt, 2024; Labuschagne et al., 2025), practices of chaplaincy were described (Walton & Körver, 2018), and outcomes were assessed (Desmet et al., 2024; Snowden & Telfer, 2017).

In relation to chaplaincy interventions, various studies have mapped chaplains’ activities. Studies from the New York Hospital setting showed that a relatively large part of chaplains’ visits (60%) consisted of religious or spiritual activities, while 30% was dedicated to emotional support (Handzo et al., 2008; Handzo et al., 2008). Another study inventoried a taxonomy of chaplaincy interventions (Massey et al., 2015), leading to

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several lists of interventions and goals that can be combined in many different ways. In the Dutch Case Studies Project (CSP), it appeared that although chaplains talk about their work in terms of presence instead of interventions, they make use of a “broad palette of methods and models” (Walton et al., 2025, p. 308). Chaplains’ interventions are derived from various theoretical sources and disciplines, and chaplains are often not aware (anymore) of the theoretical underpinnings of their interventions (Den Toom, 2022; Ragsdale & Desjardins, 2022).

The variety of interventions raises the question of how these interventions cohere in chaplaincy care. It also gives rise to the question of how a method differs from an intervention. It seems plausible to describe an intervention as a single interference, often within a single client encounter. A method, however, implies a systematic combination of interventions that show coherence between goals, interventions and outcomes. In the present article, we understand a method as a basic and systemic pattern of actions to attain a certain goal. In other words, a method is a structural application of certain interventions in relation to a goal or a value. It can be argued that methods can have different levels of coherence or standardization, indicating that structural is not necessarily standardized.

In the past decade, several methods have been developed and researched. Shields et al. (2015) report on their assessment model of Spiritual Assessment and Intervention Model (Spiritual AIM). Kruizinga et al. (2019) have conducted a randomized controlled trial on the Life In Sight Application (LISA-method), which uses a digital application to reflect on important life events and life goals in relation to the experience of contingency. Another example is the Dutch method “In Dialogue with Your Life Story,” consisting of six sessions particularly focused on clients in a palliative situation, which integrates narrative approaches, rituals, and imagination (Foppen et al, 2025; Wierstra et al., 2023, 2024). As these methods were developed, implemented, and studied simultaneously, it raises the question of what methods are already present in the repertoire of chaplains.

The present study focuses on chaplaincy in home-based care. In the Netherlands, people over the age of fifty or in a palliative situation have the right to receive five consultations with a chaplain at home. This article aims to explore how chaplains use methods in their practice in home-based care. It includes the question of what interventions are used systematically and how they are employed. Insight into the use of methods can contribute to our knowledge of chaplaincy practices, the way theories are employed and the development of a research-informed profession. In particular, methods might be promising to develop outcome research. The research question that guides the present article is: What methods can be found in chaplains’ care practices in home-based care? In preparation for that, case studies from the Dutch Case Studies Project were selected ($N=40$) and analyzed to identify methods with practice-based evidence. After providing a broader description of the identified interventions, two methods, the Diamond Model (Leget, 2017) and the use of mindfulness, are explored in greater detail.

Method

Materials

The study consists of a secondary analysis of the 2016–21 Case Studies Project from the Netherlands (Walton & Körver, 2018) in which chaplains from various fields of work (e.g., hospital, prison) described and analyzed their interventions with their colleagues and an academic scholar on the basis of a structured and detailed case format (Walton et al., 2025). The secondary analysis is part of a larger research project on chaplaincy care in homebased care situations. Within the latter, one of the goals was to identify and describe methods for homebased care situations. We performed a qualitative meta-analysis (cf. Patterson et al., 2001) on 40 case studies that described contact moments between chaplains and clients that meet the criteria to receive spiritual care in homebased care in the Netherlands. The study was part of a bigger research project (“Knowledge Workplace on Meaning and Spiritual Care”) on chaplaincy in homebased care situations in the Netherlands and aimed to identify methods that are suitable for homebased care situations.

The selected case studies consisted of: background information of the chaplain and the client(s); context; indication for an intervention; analysis of the question(s) of the client; contact discourse (this also included explicit descriptions of verbal and non-verbal cues of the client, for example, what did the chaplain see, hear, etc.); goals; results; communication with other health care professionals; and reflections of the chaplain, client, and other involved professionals (Walton et al., 2025). Case studies described the process of chaplains’ care for clients, varying from descriptions of a one-time encounter to a care process of several years.

Selection of case studies

A selection was made from the 101 case studies the CSP produced. As clients are eligible for homebased chaplaincy care in the Netherlands when they are older than 50 years old and/or in a palliative situation, these criteria were used for the selection of case studies. This resulted in 52 case studies from various working fields (e.g., homebased care, nursing homes, hospital). After an initial analysis, 12 case studies were excluded as the particular situation could not be transferred to a homebased care situation (e.g., due to a strong institutional influence within the case study, or to advanced dementia which is uncommon in homebased care), resulting in 40 case studies. The case studies represented chaplains from a variety of age, working fields, and worldview backgrounds, such as Christian, Humanist, Buddhist, and Institutionally Non-Affiliated. The latter refers to chaplains who do not feel affiliated with a single worldview Institution (e.g., Roman Catholic Church, Humanist Association, etc.) or any worldview institution at all (Ten Napel-Roos et al., 2021) (Figure 1).

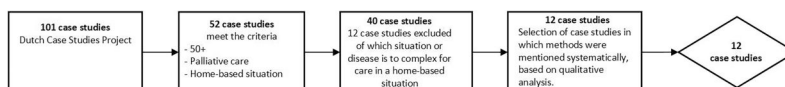


Figure 1. Procedure for selection of case studies.

Table 1. Summary of chaplain methods in the selected case studies (N=12).

Intervention	Frequency (# of case studies)
Worldview-related reframing	8
Using the Diamond Model (<i>ars moriendi</i>)	4
Drawing from sources of strength	4
Moral counselling	3
Exercising Mindfulness	2

Analyses

As the case studies were generated using the same research design, the meta-analysis focused on “meta-data-analysis” (Patterson et al., 2001, p. 11). The written case study reports were analyzed in Atlas.ti. Author NdT conducted a preliminary analysis of 40 case studies, employing a combination of inductive thematic analysis (Clarke & Braun, 2018) and a deductive structural analysis. The structural analysis distinguished between setting, conditions, goals, interventions, and outcomes. In the analysis, NdT aimed to identify patterns across the case studies that indicated the use of a method in which interventions were used consistently throughout the several code groups or segments of the case study reports, were reported in more than one case study, and were preferably supported by theoretical literature. Five possible methods were identified across 12 case studies: *ars moriendi* (the art of dying), worldview-related reframing, exercising mindfulness, moral counselling, and empowerment (see Table 1). MvZ analyzed the 12 selected case studies again as a second assessor, based on the preliminary coding scheme of NdT. Then, the codes were discussed and reviewed with the other researchers AD, SR, AV, and CS, and if necessary, finetuned and adapted. Another round of analysis followed, using the revised coding scheme. This process was repeated several times until all researchers agreed on the codes used. While the final coding scheme was more elaborate, in this article we only present the goals, contents of the methods, process of working with the methods and outcomes.

Ethical considerations

The original CSP was assessed by the Medical Research Ethics Committees United, in which a substantial number of Dutch hospitals participate. The committee did not consider that the research fell within the scope of the Law Medical-Scientific Research with People (WMO) as registered under the number W18.064. The usual guidelines for ethically sound research were followed. Chaplains were asked to obtain informed consent from their clients and to give it themselves.

Results

In the 12 case studies, a vast number of actions were reported. These ranged from incidental remarks such as observations about the environment (e.g., observing and responding to a Madonna and crucifix in the room), to more methodical ways of

working such as applying conversation techniques (e.g., summarizing, questioning), or engaging in a ritual with the client.

In all case studies, multiple interventions were employed throughout a care trajectory. To illustrate, in one case study, a chaplain used the model Dimensions of Human Experience (Van Deurzen, 2002) during the first meeting with a client who wanted to optimize her remaining time in the face of terminal illness. The model incorporates values in the domains of physical, social, personal, and spiritual realities. Accordingly, the chaplain discussed those domains with the patient to determine aims in the limited time still available to the patient. During other contacts with the patient other interventions were used, such as the use of art (e.g., a painting and a poem) (Vos et al., 2025).

Five possible methods were found that illustrated a degree of consistency throughout the several code groups or segments of the case study reports, were reported in more than one case study, and were preferably supported by theoretical literature: *ars moriendi* (Diamond Model), worldview-related reframing, exercising mindfulness, moral counselling, and empowerment. Only *ars moriendi* and exercising mindfulness were sufficiently clearly described. Although worldview-related reframing is supported by theoretical literature (Capps, 1990), reframing seemed to indicate more of a moment in the counselling, rather than providing a coherent perspective on counselling. Moral counselling has been described in literature (e.g., De Groot & Van Hoek, 2017), but was employed very differently in only two case studies. Empowerment, at last, seemed to be more of an approach than a method, including interventions such as “searching for a client’s resources,” acknowledging, advocating, and so forth. As the case studies in which the Diamond Model (referenced to as DM 1–4) and mindfulness (referenced to as M 1–2) were employed showed coherence between goals, interventions, and outcomes and are supported or guided by theory, these two interventions are elaborated upon.

Method I: Diamond model

Goals

The aim of chaplains who work with the Diamond Model is to increase “inner peace” and “inner space” for clients in palliative care, which “helps to focus more on what one can control ... and at the same time, it offers space for accepting things that happen without you being able to do anything about it” (DM1). They hope that clients can accept feelings of vulnerability as part of their autonomy and that they will be able to say goodbye from life itself and their loved ones.

Short summary of the method’s theory

The Diamond Model focuses on enlarging inner space: “A state of mind in which one is able to experience a number of thoughts, emotions, impulses, feelings and so on, without identifying with them or being swept away by them” (Leget, 2017, p. 49). The model was developed in the context of palliative care and helps clients to review their lives, cope with their situation, and prepare for a good death. The method distinguishes five areas of tension: me—the other; doing—undergoing; saying goodbye holding—letting go; life review remembering—forgetting; and hope knowing—believing. Each

field of tension is accompanied by certain questions. The chaplain discusses these with the client, looking for more inner space within the areas of tension. Although the Diamond Model is presented as a model for understanding clients, and does not prescribe concrete steps, in its actual use, the model bears characteristics of a method: the goal of the method, inner peace, provides direction and recognizable steps are taken consistently through the case studies.

Process of working with the method

This section illustrates how chaplains work with this method. In the introduction and assessment during the first contact, the chaplains use the Diamond model to explore the spiritual needs of the client. Subsequently, the five areas of tension are addressed to varying degrees during care contacts. For example, when attending to the area of authenticity, there is a lot of focus on the self and the relationship with others. The chaplain listens to the client who regrets that she has not ended her relationship with her husband earlier, as she feels distance from him during her illness. The chaplain explores whether the client still wants to change something in the relationship. When concentrating on the area of coping, dealing with suffering and making choices regarding treatments play a central role. The chaplain examines whether a client wants to undergo another series of chemotherapy, knowing she would not want to continue at any cost. The chaplain discusses the existential and ethical questions concerned with this issue. In the area of saying goodbye, the chaplain and client consider ways how to let go, for instance by making practical funeral arrangements, but also by prioritizing what is important in the remaining time. The area of life review involves drawing up a life balance, and in the area of hope, the meaning of life and death are discussed.

The order and attention to the five areas of tension are determined by the needs of the client. Consequently, not all five areas are explored in every contact. For instance, one of the chaplains uses the model to assess what is at stake for the client and only discusses two areas of tension from the Diamond Model (DM3). Nevertheless, all areas are addressed at least once in the four case studies. The model is used as a common thread in the counselling contacts, sometimes intentionally, for example, by exploring (some of) the five areas of tension with the client in a contact. Other times it is used implicitly as a listening grid or assessment model through the various contact moments or as a 'model to reflect on the previous conversations and to explore which areas of tension are still vivid' (DM2). Often, the Diamond model is combined with other interventions such as reflecting on existential themes (e.g., vulnerability) or the use of arts (poems, paintings, music, etc.). One of the chaplains refers to the model but only emphasizes inner space as a goal for the care provided (DM4).

At least as important as discussing areas of tension, was *how* this was accomplished and the chaplain's attitude to create space. Although it is not officially part of the method itself, it was observed that the chaplains who work with this model often used humor and silence in this regard.

Outcomes

After employing the method, the clients experience an enlarged inner space, more clarity, and more meaning in life. Caroline, for instance, feels less depressed after the chaplains' care

(DM1). She reports to the nurses that the conversations with the chaplain have helped her, and the nurses recognize more “acceptance” of the palliative situation (DM1). The clients experience comfort and peace and regain sources of strength. There is more acceptance of the dying process or general “acceptance” (DM2). Another client reports that she experienced the care as ‘spiritual nourishment’ and indicates that she could say goodbye now. A nurse also reports that the visits of the chaplain “helped to take away some fear” and that he was like a buttress (DM1). Finally, for one client, talking about his belief in the afterlife has led to being able to let go of loved ones more easily (DM3).

Method II: Mindfulness

Goals

Chaplains who work with this method also aim at “creating rest and inner peace” (M1) for their clients in general. They hope that clients will be less occupied by thoughts and emotions and will gain more relaxation, clarity, and acceptance of the situation (M2). In specific situations, they also use the method to “tap into a deeper well from which silence and compassion can emerge” (M1). The chaplains also hope that the clients will “build up more confidence in their own abilities” (M1).

Short summary of the method’s theory

Mindfulness is understood as being present with conscious, open and non-judgmental attention in the here and now with every experience that presents itself. This attitude is acquired in different ways, such as through Buddhist training as a step on the Eightfold Path to enlightenment (Koenig, 2023), or through a standardized method in mental health care such as in Mindfulness-Based Stress Reduction (MBSR) (Woods, 2021) or Mindfulness-Based Cognitive Therapy (MBCT) (Segal et al., 2013). By practicing mindfulness, people can learn to look more consciously, and with more space, at their own thoughts, feelings, and physical sensations (including pain). This can provide more inner peace (Shapiro et al., 2024). In the case studies, mindfulness is used in an organic, client-following way.

Process of working with the method

During the first meeting, the chaplain explores the situation with the clients. The reason for the contact is discussed and the chaplain structures the narrative of what happened before (such as an operation, hospitalization, euthanasia process, illness). The chaplain follows the clients attentively and tailors the working method to the emotional state of the clients. The two chaplains who use mindfulness describe that they use specific techniques at specific moments during their contact with the client. When the chaplain notices that the clients are overwhelmed by emotions, for example panic, the chaplain provides a meditation using a breathing exercise from the MBSR training (M1). In the other case study, the chaplain notices that the client lost her trust in her own body. In response, the chaplain suggests using another meditation and breathing exercise to let the client distinguish between her fear and herself (M2). When the psychiatric client indicates at the beginning of the second encounter that she is sad and dreads the

conversation, “the chaplain proposes to be silent for some minutes, to turn inward... - they specifically pay attention to their breathing” (M2). In both case studies, the exercise consists of three steps:

1. Focusing on the current experience: What is the client observing at the moment? What are one’s thoughts, feelings, and physical sensations?
2. Focusing on breathing: The breathing movement is tracked, with each inhalation and exhalation.
3. Extending attention from breath to the body as a whole.

One of the chaplains puts this exercise on paper for the client and gives it to her as “homework” to practice in between sessions. In the conversations that follow, the chaplain practices this breathing exercise with the client. The breathing exercise is used during the conversations to create a moment of peace and quiet when talking becomes too intense, emotional, or exhausting and to gain new insights (M2).

During the conversations, the chaplain remains a structuring and reflective interlocutor who adopts a non-judgmental attitude: Nothing the client said is right or wrong; everything is allowed. When the client has to make a certain choice and does not yet have an answer to it, the chaplain offers a meditation to discern what to do. Instead of talking about it further, silence is sought, and attention is given to the feeling that the decision evoked. The chaplain asks the client to first focus on the breathing, and thus become more aware of the body. Then the chaplain presents the choice, and ask the clients what sensations are brought about where in the body. Time and space are taken to become aware of what the client feels, and what thoughts present themselves. Also, at other times when insight and self-clarification are desirable for the client, the chaplain alternates the conversation with meditations, for example, aimed at the body or the heart. The client is always invited to self-experience by silently examining their physical sensations, thoughts, and emotions.

One of the chaplains who applies mindfulness is affiliated with Buddhism. For this chaplain, the mindfulness intervention is closely related to three basic guidelines from the tradition: (1) Not knowing, with curious, open attention; (2) Acknowledging what is there, without judgement; and (3) Acting lovingly from the heart (M2). In the case studies, the chaplain does not make this explicit but she states that if the client also has (affinity with) a Buddhist philosophy of life, the Buddhist-trained chaplain can elaborate on and discuss the content of these principles during the guidance.

Outcomes

After employing the method, the chaplains observe more “physical relaxation” (M1), and the clients look “more relaxed and at ease” (M1). Also, one client experiences more confidence as her “gaze” was opened, to “focus on other periods of panic and anxiety and could remember that she had been through that, too” (M1). The clients feel that they are being taken seriously. For another client, steps are taken toward the future and choices are also made regarding death wishes and an approaching end of life. Due to the contact with the chaplain, in which mindfulness plays a major role, the client “based on the peace, felt the space to take on life again” (M2).

Discussion

The results show that chaplains make use of a variety of interventions. Two of those interventions can be described as methods, in which goals, methodical actions, and outcomes are congruent. The case studies show that the methods are employed in a client-following and person-centered way and do not follow a standardized protocol. Based on the findings, the following four issues are elaborated upon.

First, the analysis of case studies indicates that chaplains, sometimes more than they think, use many methodical actions and interventions in their care for people. The richness and diversity of interventions align with the general outcomes of the Dutch Case Studies Project (Walton et al., 2025) and fit the image of chaplaincy as using a pluriform professional body of knowledge, including theories, unconscious, and tacit knowledge, among others (Muthert et al., 2019). Among the various interventions, five possible methods were found of which two were more robust, suggesting that employing methods is not common in chaplaincy. One (partial) explanation is that methods have only recently been developed within chaplaincy. While chaplains seem to use many interventions in various ways and combinations, the underlying or cohering idea is not always visible, which may be called *methodological bricolage*. The term bricolage is used to refer to the late modern practice of creatively combining different elements from different religious traditions (cf. Altglas, 2014). The metaphor also seems appropriate to describe the combination of diverse methods and interventions within spiritual care. It is likely that these unique combinations of interventions reflect the personal style of the chaplain, in which her training and experience, and probably her spiritual background plays a role. Combining interventions pertaining to various theories and domains aligns with Walton's (2014) idea that the use of multiple methods can prevent reductionism. The use of bricolage might also indicate that the power of chaplaincy lies within both common factors and the chaplain-client relationship and specific factors, such as *ars moriendi* (Nolan, 2019). However, it remains important to reflect on the theoretical and worldview-related assumptions in the various methods and their coherence. Also, bricolage and diversity may complicate the recognizability of the profession and may hinder the gathering of scientific evidence. In advancing chaplaincy research and practice, it may be good to develop recognizable and coherent methods while acknowledging the value of bricolage.

Second, the fact that the Diamond Model (*ars moriendi*) is now discussed aligns with previous research which has shown the relatively high prevalence of this theory and method within Dutch chaplaincy (Den Toom et al., 2023). Interestingly, this method was employed rather loosely and not in a rigid structure. Positively, the loose application leaves professional discretion to the chaplains, meaning that they have the ability to attune their methods to the particular situation based on their professional evaluation thereof (Den Toom, 2022). Also, a method may be altered to serve the higher goal of chaplaincy, instead of the method's internal goal. Nevertheless, the internal balance or integrity of a method may be lost. This raises the questions of to what extent a method should prescribe chaplaincy care in detail and what professional discretion is permitted or needed.

Third, interventions mentioned, such as conversational techniques, reframing, and narrative interferences, were mentioned more often than the two described methods.

Yet, in the case studies, it was hard to identify coherence between goals, interventions and outcomes concerning, for example, narrative interventions. It leads to the question of whether working with the client's narrative is less methodical, or that the level of description within the case studies was not refined enough to identify those narrative methods. Further research might focus more closely on the narrative skills and methods within chaplaincy, drawing from theory proposed by others (cf. Ganzevoort, 2011).

Fourth, it is interesting to see that in both methods, chaplains aim at a degree of inner peace or inner space for the client, but from very different perspectives. In the *Diamond Model*, the space or balance is advanced by reflecting on life, looking back and valuing what is most important for someone with an eye to the future. Space in this model seems to include the finding of a sustainable balance between the various extremities in life. The mindfulness method, rather than focusing on thinking, highlights bodily awareness and being in the here and now. Peace in this method is a state of awareness for what is present, which avoids too much thinking and which needs to be practiced. The two methods and their theoretical backgrounds are not mutually exclusive and may complement each other in their different strategies and views on how to come to peace or space. Nevertheless, peace, inspired by a Buddhist tradition, may be different from inner space described in the (Christian) Diamond Model. It shows that the goals and values in chaplaincy are closely intertwined with the various worldview perspectives on those goals and values. It is therefore important in research on chaplaincy methods, to include reflections on the conceptual meanings and worldview dimensions implied in the methods.

This study had strengths and limitations. The inductive analysis, for example, provided the opportunity to see how the methods were actually applied by chaplains and combined with other interventions. Another strength was the variety of contexts of case studies, which may increase the transferability of results. However, the findings are not representative of chaplaincy as a whole, as the findings are based on the secondary analysis of twelve case studies of which in six case studies the two described methods were applied. A second limitation was that the study was conducted in the Netherlands, which may limit the transferability of the findings to other countries and requires research in other countries. Third, one limitation was that clients provided feedback only in a limited way (Walton et al., 2025). In future studies on chaplaincy methods, clients' experiences should be more involved. Finally, whereas the format of the case study provided the opportunity to compare the case studies, there was still diversity in the depth of the description and concreteness, limiting the comparability.

We conclude that although chaplains increasingly use methods, without losing sight of the importance of relational work and presence within chaplaincy. Few studies have focused on the employment of methods in chaplaincy. The present study indicates that chaplains combine interventions in many ways, which can be typified as methodological bricolage. Two methods were described in more detail, showing that chaplains work with these methods in a loosely, yet coherent manner. Finally, it was found that both methods pursued a form of inner peace, mediated in various ways.

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