

## THE ORERE SOURCE

Abstracts from Pastoral Care and other Health Care Journals

### Introduction

"The Power of Partnership" was the title given the joint annual conference of the Association of Professional Chaplains (APC), and the National Association of Catholic Chaplains (NACC). Sub-titled "Spiritual care for the new millennium" it was held late February/early March in Charlotte NC. A gracious southern city, as with many other American cities, the populace fled to the suburbs in the 50s and 60s leaving the centre of Charlotte rather deserted. However with the current booming US economy, the city is experiencing a resurgence of rebuilding in its heart. Fine old buildings are being joined by some equally striking government and business structures in and around the city centre.

Some conferences frankly, I find are rather dull and the question arises: what in this city itself is interesting? Not so at this conference. The breadth and depth of the worship, speakers and workshops was enough to leave one more than stimulated and revitalised. Dr Harold Koenig was one of three keynote speakers. He is an associate professor of psychiatry and Director of the Centre for the Study of Religion/Spirituality and Health at Duke University Medical Centre in Durham NC. He spoke about his efforts, in collaboration with many others, to identify the linkages between religion and health. Watch for his most recent book which is in press: *Religion and Health: A Century of Research Reviewed* by Koenig, McCullough and Larson. (Oxford University Press.)

There were over forty workshops, covering a wide range of topics. To give you a sense of the variety of thinking which US chaplains are presently engaged in, I shall describe four which I chose to attend. The chaplains of High Point Regional Health System in High Point NC presented the results of their multi-year project that they have been developing. They wish to ensure that spiritual care is provided to all the patients in their system who need it. They have defined what they mean by "spiritual need", the nursing staff do the screening of all patients upon admission in order to identify spiritual needs, and

the chaplains have developed a range of pastoral care responses that can be offered when they respond. They have also put in place a system for fully documenting what they do so that it is clear to other staff exactly what the chaplains are seeking to accomplish when they provide ministry. There were approximately 1100 persons at the conference. Around 70 had been expected for this particular workshop, and over 140 came. They were treated to a well-presented exposition of a comprehensive pastoral care program. The thorough care of their planning and implementing of this style of pastoral care is reflected in the materials that they have put into print. (See in the abstracts below.)

A different kind of presentation was made by the chaplain and co-ordinator of health ministries from the Guthrie Health Care System of Sayre PA. They described their work in creating a model for partnership in health ministry between a hospital system and eight churches of various denominations in their community. Cynics have claimed that some hospitals create these kinds of programs to simply enlarge their "market share". In my judgement, this program represents a genuine attempt to foster wellness in the community as a whole, and the chaplains have been in the forefront of this effort.

"Spirituality and law enforcement". I saw puzzled looks as some persons heard the topic of this workshop. It was the report of some work that presents a unique and valuable contribution both to the field of pastoral research and also to pastoral practice. Gary Patton has managed to do some research and at the same time to provide pastoral care to police officers. His research asked three questions: How is spirituality affected by continuous exposure to crime, danger, suffering and violence? Does a state of spiritual wellness assist veteran police officers in coping with the stress in their lives, and if so, how? What interventions are suggested by analysis of the data to provide a holistic approach to counselling with police officers? Patton's research method allowed him

to ride with officers, to come to understand them, and to minister to them all at the same time.

The above descriptions are a small glimpse of the rich variety of ministries that were presented. Others included: the ministry of an army chaplain to Kosovar war refugees; the spiritual needs of children in a paediatric hospice; training volunteers in chaplaincy; ethics dilemmas at the start and at the end of life; music and wellness; "blending the art and science of ministry on a coronary care unit"; journaling and grief. I left wishing there were three of me, because for every workshop I attended there were several I could not attend.

The outlines of these workshops have been published in book form. The amount of detail about each presentation varies considerably – the ones I have described being at the detailed end. Copies of the conference book (310 pages) can be obtained at a cost of \$ (US)10 plus \$2.50 for postage and handling from: The Association of Professional Chaplains, 1701 E Woodfield Rd (Suite 311), Schaumburg IL 60173

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**Gary L. Albrecht, Patrick J. Devlieger**  
**The disability paradox: high quality of life against all odds**

**Social Science & Medicine**

**Vol. 48 # 8 (Apr 1999) pp. 977-988**

This paper reports findings concerning a commonly observed paradox: why do many persons with serious and persistent disabilities report that they experience a good and often excellent quality of life when to many observers, these persons seem to live an undesirable daily existence?

One hundred fifty-three persons with disabilities were asked questions about their situation, and how they thought of themselves. Analysis of the interviews revealed that all believed that good quality of life depends on finding a balance between body, mind and spirit in the self, and on making and keeping a satisfying set of relationships within the person's social context and their environment. The authors develop a "balance theory". They argue that a good quality of life, despite adverse conditions, reflects a reconstituted balance between body, mind and spirit. They also emphasise that it is fundamental to address disability in terms of "salutogenesis" (positive adaptation) rather than "pathogenesis."

**Albert Bandura**  
**Swimming against the mainstream: accenting the positive in human nature**

**www.BioMedNet**

**Vol. 70 (21 Jan 2000) pp. 1-7**

Excerpts from a lecture in which psychologist Bandura argues that the field of psychology is "plagued" by a chronic negativity concerning human development and functioning. "We are more heavily invested in intricate theories of failure than in theories of success." He highlights examples which show the triumph of the human spirit, and then points to several factors that play a role in these triumphs. They include a sense of self-efficacy, and strong role-models. In the excerpts here he looks at the relationship between psychology and biology, and argues against the reduction of human behaviour to the purely genetic. Find at the BioMedNed website called HMS Beagle.

**Randolph C. Byrd, with John Sherrill**  
**The therapeutic effects of intercessory prayer**  
**Journal of Christian Nursing**

**Vol. 12 # 1 (Winter 1995) pp. 21-23**

Most readers will be familiar with the now landmark research study conducted by Byrd researching the healing effects of prayer. In this article, the project is given a human face. We learn why Byrd did the research (it was in response to a chance remark in a hospital hallway in 1982) and the response of one of the leading physicians in his coronary care unit.

Also the work of his wife in arranging for the intercessors all across the U.S.

Byrd's struggle was to integrate two Randolph Byrds - one, the objective scientist, the other, a believer in the power of prayer. He believes that he has done so through this experiment. The original article was published in the Southern Medical Journal.

**Alexander B. Cairns**  
**Spirituality and religiosity in palliative care**  
**Home Healthcare Nurse**  
**Vol. 17 # 7 (Jul 1999) pp. 450-455**

Cairns believes that spirituality and religiosity can serve a "healthful function" in palliative care. It is this belief that he expands in this article. He defines spirituality as something that "concerns the connect- edness with self, others, environment and the Other." Religiosity "describes postures and acts done alone or in company with others that preserve practices and spiritual understandings." Religion "refers to religiosity shared, usually publicly." Within these definitions, Cairns describes what he believes hospice care-givers can do to support spiri- tual practices in that setting. For chaplains too!

**Lynn Callister, Sonia Semenic, Joyce C. Foster**  
**Cultural and spiritual meanings of childbirth -**  
**Orthodox Jewish and Mormon women**  
**Journal of Holistic Nursing**  
**Vol. 17 # 3 (Sept 1999) pp. 280-295**

A descriptive study of the women in two different cultural groups of women holding codified belief systems relating to childbearing: Canadian Orthodox Jewish and American Latter-Day Saint (LDS) women. For these women, childbearing and chil- draising have particular significance, and the study was undertaken to help educate nurses so they could value and acknowledge the cultural and spiritual dimensions of the childbirth experience. The study was done in such a way that the complexities of the behaviour of these women, including their beliefs is carefully preserved. The author's words in their con- clusion could apply to chaplains, as well as to nurses, for whom the words were initially intended: "Helping women to integrate the childbirth experi- ence into the framework of their lives, with sensitiv- ity to their religious belief systems, has the potential to promote self-actualisation, successful adaptation to motherhood, family relationships, & personal spiritual growth.

**James Ciment**  
**Procedures on dying patients are wrong, study**  
**concludes**

**British Medical Journal**  
**Vol. 320 # 7228 (15 Jan 2000) pp. 1-2**

Report of a study first printed in the New England Journal of Medicine describing research which re- vealed that doctors are divided about the ethics of the following question: is it right to conduct a train- ing procedure on the body of a dying person? The case example involved the insertion of a femoral vein catheter, to be done when the patient was clearly dying, and in way that did not compromise attempts at resuscitation. Two hundred thirty-four trainee doctors were asked if they would approve of such a practice. Two-thirds said no, and one-third said yes. The study also reported that the practising of catheter insertion in this situation is a relatively common one.

**Marco Cinnirella, Kate M. Loewenthal**  
**Religious and ethnic group influences on beliefs**  
**about mental illness: a qualitative interview**  
**study**

**British J of Medical Psychology**  
**Vol. 72 # 4 (Dec 1999) pp. 505-524**

What is the nature and the effects of religiously- based beliefs about the causes and cures of mental illness in different cultural and social groups, say, Pakistani Muslims, Indian Hindus, Afro-Caribbean Christians? To answer this question, the authors did in-depth interviews with 52 urban women from those communities in England. They found that there was a wide divergence of responses, which they see as support for the belief that mental health services should be more ethnic-specific.

**Peter Diggory, Marion Todd**  
**Advance directives: questionnaire survey of NHS**  
**trusts**

**British Medical Journal**  
**Vol. 320 # 7226 (1 Jan 2000) pp. 24-25**

The results of a survey of 463 NHS trusts to deter- mine what provision has been made by them for persons to complete advance directives and whether or not the wishes expressed by a person would be honoured. The results are depressing to say the least. Only 37 trusts reported they had developed policies for using these directives. Seventy did not even in- tend to develop policies! It is a situation in which chaplains whose understanding of their ministry

includes being an advocate for patients could become usefully active.

**Clare Dyer**

**Baby to be tested for HIV against parents' wishes  
British Medical Journal**

**Vol. 319 # 7211 (11 Sept 1999) pp. 658**

Early in September 1999, a High Court judge in London gave permission for a 4-month old baby to be tested for HIV against the wishes of her parents. Her mother has the virus and is breast feeding the child. The order will only permit testing, and a new hearing will be needed should the child need to be treated. It is rare, though not unprecedented that a child will be treated against the wishes of their parents. A comment of the judge did catch eyes of the lawyers involved. The judge said he could not order the mother to stop breast feeding her child.

**George Fitchett**

**Selected resources for screening for spiritual risk  
Chaplaincy Today**

**Vol. 15 # 1 (1999) pp. 13-26**

Fitchett describes six instruments developed to do spiritual screening that he suggests might be the bases for the development of an instrument to identify persons at spiritual risk. An appendix contains the six instruments. They are: Index of religiosity (Ellen L. Idler), Brief RCOPE (Kenneth Pargament), Spiritual Injury Scale (Gary Berg), Spiritual Values Inventory (Stancil), FACIT-Sp-12 (Centre on Outcomes, Research and Education), and, Spiritual Inventory Status Ver.2 (Fitchett and Gibbons). This article follows another in the same issue also by Fitchett which introduces the concept of spiritual risk, what it is and why it is important.

**Leslie Gelling**

**The role of hope for relatives of critically ill patients: a review of the literature  
Nursing Standard**

**Vol. 14 # 1 (22/28 Sept 1999) pp. 33-38**

What is "hope" and what is it specifically for the relatives of persons admitted to an ICU? For Gelling, it is important that the needs of family members are attended to, in addition to those of the patient, hence her paper. She explores the nature of hope and then discusses ten key dimensions or factors which she says need to be considered in responding to relatives' feelings of helplessness: future orientation, time frameworks, cognitive restructuring, support, concomitant losses, energy, beliefs,

disease, decision-making, humour. Gelling describes each in turn, drawing on theories from others which are particular to each of the ten concepts. She offers specific suggestions. For example, her strategies to help cognitive restructuring are: the provision of honest and accurate information about prognosis, diagnosis and treatment; not overemphasising the chances of recovery; the painting of a truthfully bleak picture; and, ensuring that the family knows that, even if the patient is making good progress, they may deteriorate.

**Linda Gunderson**

**Faith and healing**

**Annals of Internal Medicine**

**Vol. 132 # 2 (18 Jan 2000) pp. 169-172**

Gunderson reviews many of the recent studies in the medical literature which have examined the relationship between religion/spirituality and health. She repeated quotes Richard Sloan, who in an article he wrote in early 1999 was highly critical of suggestions that religion may be linked to health. Gunderson simply states that "Although some researchers agree that a link exists between religion and health, they continue to speculate about its origin." She notes that there is a trend toward "intertwining" religion and health. The article raises serious questions that will need to be considered by those who are attempting to understand the nature of the religion/health linkage, whatever that might be.

**Gordon J. Hilsman**

**A spiritual pathway for prior grief  
Chaplaincy Today**

**Vol. 14 # 2 (1998) pp. 38-41**

Continuing the contributions in an issue largely devoted to pastoral care pathways, Hilsman describes one of the twelve pathways that have been developed in his hospital. This one is intended to be a guide in the provision of pastoral care for patients who have unresolved grief from a loss that precedes, and which may be quite unrelated to the reason for their hospitalisation. Hilsman presents the elements of a spiritual pathway, describes why he believes that grief is a spiritual issue, the benefits of a spiritual pathway approach, and the implications this approach to pastoral care has for the training of chaplains.

**Michael J. Mahoney, Gina M. Graci**  
**The meanings and correlates of spirituality: suggestions from an exploratory survey of experts**  
**Death Studies**

**Vol. 23 # 6 (Sept 1999) pp. 521-528**

Since the mid-1980s, there has been a growing divergence in the general understandings of the terms religion and spirituality. So what exactly do people mean when they use the term spirituality? The goal of this study was to ask two groups, one a group of experts in death studies and the other a group of experts in spiritual studies to find if there were areas of convergence and divergence between the meanings that could be found within the two groups. The authors decided the members of the editorial boards of the journals *Death Studies*, and *Omega* would be the death studies experts. The spirituality experts were participants at two conferences on spiritual intelligence co-sponsored by the Fetzer Institute, and the Institute of Noetic Sciences. Mahoney and Graci claim that their results are preliminary. They found that spirituality seems to include: charity (a sense of service); community; compassion; forgiveness; hope; learning opportunities; meaning; and morality.

**David J. Manks**

**Mending broken fences and healing broken hearts – an address given to the annual general meeting of the Barwon Paediatric Bereavement Program**

**Ministry Society and Theology**

**Vol. 13 # 2 (Nov 1999) pp. 37-44**

In his talk, Manks describes the value of post-disaster pastoral ministry in communities devastated by natural disasters. He describes three components which he believes should be included in pastoral work: information (ensuring that people know as fully as possible what is happening), resources (for men as well as those setting up living situations), and caring empathic support. This last he describes in greatest detail, basing his thinking in the narrative theories of White and Epston (Narrative Means to Therapeutic Ends).

**Olive McKendrick**

**The ladder of truth: the story of a mother and her son**

**British Medical Journal**

**Vol. 319 # 7206 (7 Aug 1999) pp. 371**

A true story from a paediatrician, recounting a mother's conversation with her 6-year old son who had cystic fibrosis, and who had just experienced the

death of a friend of about the same age with the same disease. Christopher asks his mother if he will die. The mother's response is the basis for McKendrick's contention that "truth is not just the opposite of a lie, nor is a truth necessarily the whole truth. It is more like a ladder." He explains what he means for those of us in the health professions who are asked this and similar questions about death and dying.

**Brett Morgan**

**What are we looking for in theological reflection**  
**Ministry Society and Theology**

**Vol. 13 # 2 (Nov 1999) pp. 6-21**

Theological reflection is still routinely included in the training and formation programs of clergy. This paper is the report of a survey using the qualitative research method known as "phenomenography" to examine what ministers-in-training think they are doing when they are asked to engage in theological reflection. This approach is somewhat unusual. Heretofore, in research studies, it has been the educators who have been asked to describe what they think they are trying to accomplish by means of this exercise.

Morgan found that they described the activity they had been asked to do in one of five ways: as a set of procedures to be followed; as a means of developing insight; as a means of informing future action; as a way of practising a consistent way of understanding and action in the light of a particular theological perspective; as a way of learning how to critique one's activity. Morgan concludes by discussing the implications of his findings for those who guide others in the practice of theological reflection.

**Tony Sheldon**

**Belgium considers legalising euthanasia**  
**British Medical Journal**

**Vol. 320 # 7228 (15 Jan 2000) pp. 137a**

Report that a group of senators in the upper house of the Belgium parliament have proposed that euthanasia should be removed from that country's criminal law. Physicians there are divided.

**Author Unknown**

**Take your partners for the dance**

**British Medical Journal**

**Vol. 319 # 7212 (18 Sept 1999)**

In this editorial, the author makes commentary on the current moves to introduce a hot debate in the UK concerning the nature of the doctor-patient relationship. The "shared model" now seems to be in the ascendancy, according to the writer, challenging the old and current paternalistic model. Other contributors in the same issue discuss the opportunities and the problems that will accompany this change. It will be an alteration that will not be easy for either doctors or patients to make, and there will be opportunity for pastoral care to both patients and physicians.

**Patricia Urquhart**

**Issues of suffering in palliative care**

**International Journal of Palliative Nursing**

**Vol. 5 # 1 (Jan/Feb 1999) pp. 35-39**

This article explores a variety of understandings of the nature of suffering. Urquhart describes suffering from several perspectives - its relationship to pain, loss of control, quality of life, hope and also spiritual suffering. However, despite this later description of spiritual suffering, Urquhart seems to consider suffering purely as a mental and emotional phenomenon. She suggests that with compassion, empathy and acceptance nurses can begin to alleviate their patients suffering. She seems unaware that research has shown that many persons look to identified spiritual and religious leaders for such help and that they do not consider "secular" persons able to provide spiritual care. The author is a staff nurse in a hospice ward in Scotland.

**Janice L. Wakefield, R. David Cox, Janet S. Forrest**

**Seeds of change: the development of a spiritual assessment model**

**Chaplaincy Today**

**Vol. 15 # 1 (1999) pp. 41-50**

A narrative description of the process of development and introduction of a pastoral care department's psycho-social/spiritual screen. The screen is now included in the formal assessment of all hospitalised patients. The questions which have been developed are used by nursing staff during their initial nursing assessment at admission. The screen automatically triggers referrals of patients to pastoral care if a person is identified as needing pastoral care

assessment and intervention. The screen itself has been well received, tested and proved reliable and is now used by all nursing staff in the authors' hospital. The entire system has been commented on most favourably by JCAHO reviewers. In addition, in their article, the authors describe how they worked to effect a major process change in their hospital. Copies of the screening instrument are included in the article's appendix.

**Alison Whitby**

**Mrs Fisher: a case of ministry for spiritual risk**

**Chaplaincy Today**

**Vol. 15 # 1 (1999) pp. 27-29**

This article is Whitby's reactions to a paper by George Fitchett (Spiritual risk and spiritual care) in which he defines and discusses the concept of spiritual risk. Whitby describes moving from fuming, frustration and resistance to gratitude when she read it! I suspect that her reactions will be representative of many chaplains when they are first confronted with the challenge to assess spiritual risk. Much of the second half of her article is a verbatim which shows the potential value of this approach to pastoral care. Whitby is an Australian CPE supervisor.

**Sue Wilkinson, Celia Kitzinger**

**Thinking differently about thinking positive: a discursive approach to cancer patient talk**

**Social Science & Medicine**

**Vol. 50 # - (- 2000) pp. 797-811**

It is commonly believed that "thinking positively" about one's health will affect one's person's mental health and welfare, perhaps even physical health, maybe even their morbidity. Wilkinson and Kitzinger are not certain it is that simple. Their research looked at how people talk about their illnesses, specifically, studying women who had been diagnosed with breast cancer. They report here that what a person says about their illness and how they are living with it is not necessarily "an accurate report of an internal cognitive state." They describe such conversation as a special kind of talking, characterised by both vagueness, variability and generality. The reason for the author's research is to caution those studying how persons cope with illness to be more exacting as they listen to people's verbal reports. The importance for chaplains is to be aware of the special nature of this kind of patient talk, remembering that it is a form of coping which may not reflect all the person is thinking or feeling.