

## BOOK REVIEWS

**Practical Theology and Qualitative Research**  
**Swinton, J. and Mowat, H.**  
**ISBN: 0 334 02980 5**  
**SCM Press**

Whenever I read a book review in these pages, I have to admit a certain reluctance to rush out and buy a copy. While these reviews often recommend just such a course of action, I usually ask myself if I really need this book for my work, and the answer is often, 'No'. I also find myself at the Editorial Board meetings of this journal, suggesting that we don't just review the books that are sent to us by eager publishing companies, but that we review the kind of books that we actually use in our practice as healthcare chaplains.

Such a book is John Swinton's and Harriet Mowat's book *Practical Theology and Qualitative Research*. Not only are its authors supremely qualified to write on these subjects (Swinton is Professor of Practical Theology at Aberdeen University, Mowat is the leading authority on Qualitative Research Methods) but they have done a magnificent job and produced a book that is both relevant and useful to those of us engaged in the work of chaplaincy.

The book deals helpfully with definitions of practical theology and qualitative research, and argues convincingly that these two phenomena are intrinsically related. The book asks us to take very seriously our call to reflect theologically upon our work, recognising that the particular and distinctive discipline we bring to healthcare chaplaincy is precisely our theological perspective. In other words, what Chaplains do is, in fact, qualitative research. We are already practitioners of action research methods.

This hypothesis is well illustrated with reference to previous pieces of research from Swinton and Mowat e.g. 'What do Chaplains Do?' and 'Religious Communities and Suicide'. There is a fascinating account of participatory research with marginalized people and a helpful chapter on researching personal experience (examining depres-

sion and spirituality) both of which have clear application to so much of our work. The chapter on the emergent church, although less directly related to healthcare chaplaincy, is none the less relevant.

My more critical voice would say something about diversity and inclusivity at this point. The book is written very much from the point of view of Christian Theology. This being my own background and training, I find it helpful. I don't think it necessarily precludes chaplains from other faiths or life perspectives making use of the book, indeed it would be most interesting to me to see what other faiths and life perspectives would bring to this conversation.

The sum of the matter is this. Here is a book that is highly relevant to our work and which encourages us to take very seriously the fact that we are already engaged in action research processes. It gives some very helpful indicators as to how we might progress our own research as practitioners of practical theology and illustrates the theory with a variety of cogent examples from the field. Go and buy it, use it in your work and, when you have done the research that it so helpfully encourages, send it to the journal where it will find a willing publisher!

*Iain Maccritchie*

**Palliative Care, Social Work and Service Users:  
Making Life Possible**  
**Beresford P, Adshead L and Croft S**  
**ISBN 1843104652**  
**Jessica Kingsley Publishers London and Philadelphia**

For those who are aware of the presence and influence of social work in palliative care but who have not spent the time to unpick the detail of their vast role this is the ideal starter for ten.

- There is a comprehensive history of the contribution social workers have made to develop the ethos and principles of palliative care.

- There is an extensive section which gives voice to the lived experience of service users following their journey through palliative care. This section is full of the actual words of the service users and at the end of each chapter a useful and precise summary is given of the most striking findings.
- The critical section develops the ongoing conversation between service users and healthcare professionals looking particularly at the themes of image, referral, interventions, and asking whether social work is a service in the shadows.

In her foreword, Dorothy Rowe makes reference to the 'most dangerous people in the world' as those who believe they know what is best for other people. Rather than thinking we know best our health care climate requires being patient centred and so we all must listen to the voice and perspective of those within our care. The strength of this book is that service users were asked their opinion about social work and gave it honestly and forthrightly.

The appendix describes the research process in all its depth and complexity. In itself this is a fascinating read and relevant for anyone who is considering pursuing some qualitative research.

This is a rare book because despite its long association with palliative care social work has a relatively small research base and little in print to convey its ethos and practice. The authors bring insight and energy to an area of care which too often is in the shadows.

*Ian Stirling.*

**Making it real: a practical guide to experiential learning**  
**Thistlewaite J and Ridgway G**  
**ISBN 1846190223**  
**Radcliffe Publishing Abingdon**

'Communication skills' is now a central component in the medical education landscape. In the past it was thought that communication skills just came naturally but recently there is clear evidence that it can be taught and that good communication is the basis for good care. From this perspective the au-

thors have developed an invaluable practical aid to educators whose task is to allow healthcare professionals to get to grips with essential communication skills within a safe and supportive environment. After all, no one wants to be in the position of 'breaking bad news' without having had the opportunity to rehearse the process.

Through the use of patient scenarios the authors explore basic communication issues such as information gathering; shared decision making; risk communication and informed consent. Gradually the book evolves towards more complicated scenarios such as breaking bad news and enters the uncharted territory of communication between healthcare professionals and professional appraisals.

While the book is aimed primarily at the medical profession the core communication skills and the strength of experiential learning has much to offer those healthcare professionals who are wrestling with how to teach the elusive skills of spiritual care. Perhaps experiential learning is a possible option.

*Ian Stirling*

**Raging with Compassion: Pastoral Responses to the Problem of Evil**  
**Swinton, J.**  
**ISBN 080282997X**  
**Cambridge: Eerdmans.**

John Swinton is currently one of the most prolific authors writing in the field of pastoral theology across the globe. This, however, does not dilute the quality and creativity of his latest work in which Swinton takes the issue of theodicy out of the purely rational and philosophical realms. He undertakes theological reflection on the problem of evil informed by the kind of wrestling and searching encountered at a bedside, a graveside or in a chaplain's office. The great strength of this former mental health nurse's approach to theology is that he does it from below up. Swinton utilises case studies from his own life and the narratives' of others to engage first in a searching and meaningful way with the complexity and contradiction that is the human experience of suffering. Then, and only then, he utilises the tools of the Christian tradition

to aid rigorous theological reflection. Like the good practical theologian that he is, Swinton's response to the problem of evil does not just remain a theological treatise. Instead, from his intellectual engagement evolves a suggested range of embodied individual and communal practices – practical theodices - which he describes under the headings of lament, forgiveness, thoughtfulness and friendship. In conclusion, Swinton has produced an important book which any healthcare or church worker would find challenging and stimulating to read. It would make a splendid resource to aid individual or group theological reflection on key issues which face chaplains and the people we work with and seek to support on a daily basis.

*Ewan Kelly*

### **A Multi-Faith Resource for Healthcare Staff.**

Published by NHS Education for Scotland

At first glance the Multi-Faith Resource for Healthcare Staff might seem to contain nothing new from the various guidelines that have already been developed within Health Boards and hospitals but its strength lies in that it brings together the best in these guidelines so that there is now a consistent and coherent resource available to all who work in the NHS.

The resource covers not only the major faith traditions of the Bahai Faith, Buddhism, Christianity, Hinduism, Islam, Judaism and Sikhism but also minority groups such as Pagans, Jehovah Witnesses, Church of Jesus Christ of Latter Day Saints, Brahma Kumaris and the Chinese Community which has its own traditions even though it is not one religious community. There is also a section on Humanism as a common belief system that NHS staff will encounter.

After a short but enlightening introduction to the beliefs of the different faith groups the resource speaks of the particular attitudes to healthcare staff and illness in general and then outlines in a simple and straightforward manner some of the religious practices which might be important for a person of that faith while in hospital or dealing with illness. Practical information about diet and fasting, wash-

ing and toilet, modesty and dress, birth and death customs as well as information about approaches to family planning and blood transfusion, transplants and organ donation ensures that this is a useful resource for all health care staff, particularly when faced with situations in which they feel insecure about their knowledge of the beliefs and customs of people of faith.

The format for each section is exactly the same so staff will become familiar with accessing it. Perhaps one controversial note is in the section on Islam where it states that it is not a religious requirement for girls to be circumcised. Some people would rather speak of genital mutilation when it comes to female circumcision and putting it in the section on Islam suggests it is associated with that faith whereas it is a tradition associated with some cultures and is practised by many faiths.

Staff using this resource can do so with confidence as each section has been checked by a member of that faith though it is wise in pointing out that individuals will relate to their own faith in various ways and may not always live up to the ideal as outlined in a book such as this. Perhaps the best advice is that when chaplains or other healthcare professionals are in doubt about any aspect of a person's faith they should simply ask.

Chaplains are now well used to thinking of themselves as concerned with spiritual care and are very clear that part of their duties is not to provide all religious care but to ensure that it is available to people of faith as they wish.

The list of national contacts at the end of the resource book will be useful in establishing local contacts. Although chaplains are not responsible for the religious care of those of faiths other than their own there will arise situations in hospitals and other parts of the NHS where some information about religious requirements will be needed. The present resource will be useful in meeting these needs and is a welcome initiative on the part of NHS Education.

*Isobel Smyth*