

THE ORERE SOURCE

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Amy L. Ai, Christopher Peterson, Terrence N. Tice, Bu Huang, Willard Rodgers, Steven F. Bolling

The influence of prayer coping on mental health among cardiac surgery patients - the role of optimism and acute distress

J of Health Psychology

Vol. 12 # 4 (Jul 2007) pp. 580-596

Recent research results concerning the influence of prayer on the health and well-being of patients has led to conflicting results, much to the consternation of various teams which have been trying to understand the relationship (if any). Ai and Peterson (plus others) are one of a small number of groups who have been working to unravel the relationship; they have already published six papers on the subject. This new paper takes them in an interesting new direction.

The starting research question has been: can prayer have a positive effect on health outcomes? The research results until now have been both yes and no. In the world of science, this is taken to mean that one answer is correct and the other is not, and the search then starts to identify the reason for the difference. But this group began to wonder: what if both answers are correct?

Enter Mr. Hegel (as in George Wilhelm Friedrich) and his dialectic-contradictive principle. Historically, empirical research has followed the example of classic logic, which engages in a linear way of thinking, leaving ambiguities to the field of philosophy and religion. Ai and her team are here suggesting that, rather than trying to rule out the ambiguities, researchers should try and retain them, thus "providing empirical evidence for the complexity inherent in faith as part of human nature." (p. 582) Accordingly, they set out "to test Hegel's principle in a novel approach that could simultaneously demonstrate two sides of the same coin, prayer coping, when a

life-or-death issue was put on the operation table." (p. 582)

To do this, they created a new model for understanding the effects of prayer as working through simultaneous and counterbalancing pathways. They made two sets of outcome-predictions relating to specific factors linked to each of the two pathways. Having created their model, they then followed 481 patients who were first interviewed face-to-face, with telephone follow-ups to 89% of that group two days after their surgery, and a second telephone follow-up with 70% at 36 days after their surgery. They describe the details of what they asked during these contacts.

The paper has very detailed findings, and also an extended discussion as to how the authors think their findings might be understood.

They found, in brief, that: 1. The model they proposed at the start "is a good fit to the data." 2. The study supports earlier findings that personal prayer is very commonly used as a means of coping by cardiac surgery patients. 3. The positive effect of prayer is mediated by optimism. It is not just prayer on its own that is useful. 4. Another implication of the model is that prayerful coping is "perceptively based on a trustable relationship with some spiritual power, rather than (it having) mere utility purpose." 5. Optimism not only mediates a potential effect of prayer-usefulness, it has a counteracting effect on stress in cardiac patients. 6. The model provides insights into an undesirable link between faith factors, and poor mental health, a link that chaplains have tended to ignore until recently.

(Comment: This is an extremely important paper which warrants taking time to wrestle with. The reader has to understand both philosophical and psychological concepts. The paper has the potential to change pastoral practice because it encourages chaplains to have a fuller understanding of the

importance of the positive dimension in their ministry for providing care in ways that encourage patients' strength traits and resilience.) (101 refs)

Ellen Beckjord, Bruce E. Compas
Sexual quality of life in women with newly diagnosed breast cancer
*** **J of Psychosocial Oncology**
Vol. 25 # 2 (- 2007) pp. 19-36

What is the effect of a cancer diagnosis on the quality of life for breast cancer survivors? That question was the focus of this research study. The report includes the replies to this question which was asked of 191 newly diagnosed women. Sixty percent reported that there had been a disruption in their sexual quality of life. The figure was even higher for those who had undergone chemotherapy treatment, were younger, had higher stages of the disease, who reported they had been having more depressive symptoms at the time of their diagnosis, and if they underwent a total mastectomy.

The detailed findings suggest that sexual QOL is a multidimensional construct with different aspects differently affected by different variables. (Comment: The variety of factors affecting the quality of life of these women will alert chaplains of what to be aware of as they minister to them.) (29 refs)

Celeste Biever
Uproar flares over Alzheimer's tags
New Scientist
Vol. 194 # 2604 (19 May 2007) pp. 14

Should a very small chip of silicone, actually a radio frequency identification (RFID) chip, which contains medical information and history be implanted in patients by their doctor? If you were involved in an accident and taken, unconscious, to an emergency department, your history would immediately be fully accessible. Or if you were an Alzheimer's patient impaired to the point where you could not give your own history, a chip would ensure you received appropriate medical care because a doctor would be able to access your history.

The implantation of such chips is the controversy which, as described by Biever is being played out today, most actively at the moment in Florida. Privacy-advocates talk about "the violent and invasive act" of implanting a person who does not have the ability to consent as being akin to rape. Others allude to the "mark of the beast" in the book of Revelation. (Comment: Surely the

issue is worthy of higher level discussion than this!) (0 refs)

Theresa L. Blakley
Murder and faith: a reflected case study of pastoral interventions in traumatic grief
J of Pastoral Care & Counseling
Vol. 61 # 1-2 (Spring/Summer 2007) pp. 59-69

Blakley's husband-pastor was murdered in an unexpected and violent way in December 1999. One year later, Blakley still felt her emotions were out of her control. She describes the ways in which she was helped to move toward healing, especially through the help of a parish minister whom she knew, but not well. As she describes, he established an alliance with her, created a sacred space in which she could fully tell her story, facilitated a cathartic recounting of what had happened, and then, pivotally, helped her reach for insight.

Out of her experiences, she offers pastoral care notes on traumatic grief from a loss resulting from a murder. (28 refs)

Beverley A. Caley
Surgeons and robots
Cure: Cancer Updates, Research & Education
Vol. 6 # 4 (Summer 2007) pp. 32-39

Chaplains are well acquainted with "minimally invasive surgery" because patients now speak about it often, that is, if they have not been discharged so quickly post-surgery that the chaplain did not see them. This article graphically describes just what this surgery is, the current capabilities and the potential that this approach has for faster recovery times, shorter hospital stays and less risk of complications.

da Vinci is the increasingly popular robot in the U.S. for a number of different reasons. For example, take traditional prostate surgery; surgeons make an 8-10 inch incision. da Vinci makes 5 1-2 cm incisions. Subsequent to the traditional procedure, erectile dysfunction occurs about 26% of the time, but just 3% of the time with da Vinci.

(Comment: You can obtain a free subscription to this excellent publication at: www.curetoday.com You qualify as a caregiver.)

Diane J. Chamberlain
The experience of surviving traumatic brain injury
J of Advanced Nursing
Vol. 54 # 4 (May 2006) pp. 407-417

This paper from South Australia presents the results of a study describing the experience of surviving traumatic brain injury (TBI), as related to the author by sixty persons one year after their

injury. Chamberlain describes a critical discovery - "an individual and invisible experience," one that is common to all of these persons. It is a reality that makes healing and resolution of their grief problematic. Furthermore, very little has been written on the subject. The discovery is that, commonly, the greatest amount of healing needed for the person is not immediately obvious, because it is interior to the person. It is the needed healing of the self.

However, the aim of her study was not just to learn how experiences of self within survival and recovery were described by survivors of TBI. She also wanted to learn how individuals were making meaning of their experience of surviving. The most common themes in their narratives were: regret and grief within the self; the insensitivity of health professionals; the stranded self; and the recovery in self. This latter concerned stories that the survivors reconstructed when they saw their current lives.

Chamberlain illustrates the themes with heart-breaking quotes from the persons she interviewed.

(Comment: Because of the reality of "invisibility," the fact that so much of what needs to be attended to is invisible, chaplains will find this paper a useful exploration. The staff expectation concerning these patients is that once they have been treated and discharged from hospital, they will move on with their lives. This attitude in healthcare professionals may be appropriate for persons whose wounds or broken bones have healed. Recovery from a TBI tests our ability to fully understand and support wholistic recovery because a key area of healing in "invisible." In passing it is noteworthy that there is no mention of the role or contribution of spirituality or religion in the article.) (36 refs)

Deborah Creamer

Including all bodies in the body of God: disability and the theology of Sallie McFague

***** J of Religion, Disability and Health**

Vol. 9 # 4 (- 2005) pp. 55-69

A critical introduction to the theology of Sallie McFague, one of today's most important theologians working on "embodied theology." Creamer points out that embodiment theologies, including the thought of McFague, have tended to assume a "normal" body, failing to pay attention to body uniquenesses, including the experience(s) of disability. For this reason, Creamer suggests that McFague's model of the world as the "body of God" provides a potentially valuable way of considering the nature of God and

the world in light of the human experience of limitations.

As she sets up a dialogue between McFague's theology and experiences of disability, she shows how theological reflection on disability can strengthen McFague's own arguments and can offer new images and possibilities for theological development. (32 refs)

Becky B. Crouse

An entrustment service for families participating in open adoption

Chaplaincy Today

Vol. 23 # 1 (Spring/Summer 2007) pp. 32-34

Open-adoption is a relatively recent occurrence in the US, having become more established over the past 20 years. By definition, these are adoptions in which both the birth parents and the adoptive parents have some knowledge of each other, the exact nature of an adoption varying depending on the comfort level of all involved.

After a brief introduction to the general subject of open-adoption, Crouse presents the liturgy she created where birth family members (mother, maternal grandmother, maternal aunt) were present, as were the adopting parents, and the hospital social worker. The liturgy includes: the opening words, "praise and presentation," family sharing, musical sharing, words of commitment, blessing, a prayer and benediction. (0 refs)

Nina Eikens

Who'll win the life saving kidney?

www.radionetherlands.nl

Vol. - # - (31 May 2007) pp. 2 p

De Grote Donor Show, as it is known in Holland, The Great Donor Show. The show works like this: there is a terminally ill 37-year-old woman, identified only by the pseudonym Lisa, who is placed before a panel of people, all of whom need a donated kidney. During the program, Lisa will ask them questions about their lifestyle and their personal histories, and she will converse with their family and friends. Audience members will be able to send her advice via text-messaging, and then at the end of the show she will decide who should get her kidneys when she dies.

The program was actually broadcast on 1 June 2007 on the Dutch public TV broadcaster BNN, stirring up great controversy both before and afterwards. The program appeared to break no laws, but did cause considerable distaste in many people, not only in Holland but across Europe.

Three days after the airing, the whole affair was revealed to be a hoax, but a hoax with a purpose. It

had generated over 50,000 responses asking for information about organ donor cards.

The full story at:

http://en.wikipedia.org/wiki/The_Big_Donor_Show

(Comment: So, did the end justify the means?)

Charles P. Farrar

The right time for me

J of Pastoral Care & Counseling

Vol. 61 # 1-2 (Spring/Summer 2007) pp. 139-141

An essay from the hospital world on the nature of time and waiting, on learning how to live "in relationship with the passage of time as thought it were an inscrutable but ultimately trustworthy ally." Farrar reports a woman telling him: "God may not come when you want him, but he is always on time." (0 refs)

Kevin J. Flannelly, Kathleen Galek, Helen P. Tannenbaum, George F. Handzo

A preliminary proposal for a scale to measure the effectiveness of pastoral care with family members of hospitalized patients

J of Pastoral Care & Counseling

Vol. 61 # 1-2 (Spring/Summer 2007) pp. 19-29

The authors describe how they have created an instrument which can be used to assess the level of family satisfaction for the pastoral care they received from a chaplain. It is an attempt to more fully understand the effectiveness of the work of the hospital chaplain, and part of a larger effort by the group at The Healthcare Chaplaincy program in New York to more fully research aspects of the care they provide.

They began with a search in the U.S. National Library of Medicine's Medline and using their selection criteria, they found 13 articles which could assist them. Analysis of the 13 studies led to the creation of a proposed pastoral care scale. That scale was then critiqued by chaplains, whose comments are included. The instrument will now be tested with family members. (53 refs)

Donna Hoffert, Christine Henshaw, Nyaradzo Mvududu

Enhancing the ability of nursing students to perform a spiritual assessment

Nursing Educator

Vol. 32 # 2 (Mar/Apr 2007) pp. 66-72

All chaplains perform a spiritual/religious assessment as they start their care of a new patient. Nurses are also now seeking to be able to this to,

and are being encouraged to do so in their training, as this article describes.

The purpose of this study was to examine the effectiveness of a program designed to help make nursing students more comfortable performing a spiritual assessment. The program focused on the barriers to comfort in doing assessments, and was taught as a 90-minute seminar called "Spirituality in Nursing." It was presented to junior nursing students as part of their first clinical nursing course. A key philosophical value in the seminar. "The seminar advocated a shift from performing a spiritual assessment as a way of doing, to a way of being through caring." (p. 67) Spirituality was defined for the course as "a personal sense of meaning, value, purpose and interconnection." A method of identifying and assessing such characteristics was to recognize sources of hope, strength, joy and relationships. The assessment tool they use in their seminar was created by Catterall et al and was first described in 1998. In part, our summary of their paper at that time states: "The writers were also surprised to discover that the method for spiritual assessment need be no different from that used for pain assessment. They also found that perhaps the best way to help promote the spiritual well-being of patients is to support their beliefs, and not look for problems to correct." When a patient questions the meaning of life this may not demonstrate a problem but signify the next step on his/her spiritual journey." (p.165) (See Catterall, Cox, Greet, Sankey, and Griffiths, "The assessment and audit of spiritual care" in the International J of Palliative Care. Vol. 4 # 4 (Jul/Aug 1998) pp.162-168.)

(Comment: This paper has potential value for new chaplains who are still learning how to do assessments. Also to chaplain-educators seeking resources in designing assessment seminars.) (35 refs)

Gail E. Johnson, Richard H. Johnson

Implicit and explicit memory: implications for the pastoral care of persons with dementia

***** J of Religion, Spirituality & Aging**

Vol. 19 # 3 (- 2007) pp. 32-53

The pastoral care giver (PCG) wishing to provide ministry to persons with dementias encounter special challenges because of the problem of memory loss. They soon discover that the usual language-based means of providing pastoral care can be frustrating both to themselves and to the potential recipient. By experience, PCG's have found that the use of music, sensory stimulation, story and symbol can significantly improve a pastoral relationship with a demented person.

In their article, the Johnsons - a psychologist and a minister respectively, describe the difference between "implicit" and "explicit" memory which increases our understanding of dementia, but also our ability to provide more effective pastoral care. As they conclude: "...implicit memory can make the person loved and care for, while the language-based techniques of explicit memory cause recurrent frustration and embarrassment." (p. 53) (11 refs)

Logan C. Jones

The Psalms of lament and the transformation of sorrow

J of Pastoral Care & Counseling

Vol. 61 # 1-2 (Spring-Summer 2007) pp. 47-58

Jones describes how the psalms of lament can be used as a resource for pastoral care, providing depth and meaning in times of grief. He points out that, ultimately, this group of psalms can radically transform sorrow. His thinking is based in Walter Brueggeman's schema: orientation/disorientation/new orientation, which Brueggeman has proposed as a way of recognizing the depth of human existence. Jones sees these psalms as examples of honest engagement and dialogue with God within a covenantal relationship where hurt and pain are acknowledged before God rather than denied or avoided.

He concludes with a useful section on the use of this approach in clinical pastoral education. (29 refs)

Allan M. Josephson

Depression and suicide in children and adolescents: a spiritual perspective

Southern Medical J

Vol. 100 # 7 (Jul 2007) pp. 744-745

Depression: "an enduring mood change with associated changes in important aspects of daily functioning such as attention, appetite and sleep." Josephson, a psychiatrist working mainly with adolescents, describes what this can look like and what can be done to help a young person with these symptoms. He highlights the importance of family, both in creating the conditions in which a child can easily become depressed and suicidal; and the contribution the family can make to the child who is being treated and restored.

This is just one of a large number of articles in this issue which focus on suicide in different age groups in the population, with a special awareness of spirituality in each group. They are all part of this Journal's Spirituality/Medicine Interface Project. (8 refs)

David D. Klipper

What I wish I'd known: initial insights about oncology chaplaincy

Chaplaincy Today

Vol. 23 # 1 (Spring/Summer 2007) pp. 19-23

How does oncology chaplaincy differ (if at all?) from other types of chaplaincy? Klipper, who is relatively new to this particular field of chaplaincy explores the unique spiritual care of this population, the tension between patients' inner feelings and self-image, as well as the potential for the chaplain to identify with individual patients. He also describes specific issues which arise in ministering to patients who are undergoing outpatient treatment, including suggestions about praying with cancer patients.

Klipper writes with a notable level of self-revelation about what happens (and has happened) to him in this ministry. (0 refs)

Harold Koenig

Religion and remission of depression in medical inpatients with heart failure/pulmonary disease

J of Nervous and Mental Disease

Vol. 195 # 5 (May 2007) pp. 389-395

A study to examine the extent to which religious involvement impacts the time-period until there is remission of depression in older patients (50+ years) suffering from either heart failure and/or chronic pulmonary disease. In-patients who were 50 years or older with CHF/CPD were examined to see if they were depressed using a structured psychiatric interview. Of 1000 patients so identified, 87% were followed-up and data on the course of their depression was obtained at 12-24 weeks after their hospitalization.

Koenig found that patients who were involved in group-related religious activities experienced a shorter time to remission of their depression. Although numerous religious measures were, by themselves, unrelated to depression outcome, the combination of: frequent religious attendance, prayer, Bible study, and high intrinsic religiosity, predicted a 53% increase in the speed of remission. There was little relationship between religious denomination and remission of depression. The findings applied to both major and minor depressions. Koenig is cautious about his findings and the way they might be used. He reminds other doctors that they should encourage their patients to seek deeper support from their religion "if this is the patient's inclination." He continues: "it would be inappropriate to encourage (non-religious) patients to become more religiously involved, because there is no research showing that becoming religious for

mental health reasons alone has any mental health benefits." (p. 394) (33 refs)

Mark G. Kuczewski

Talking about spirituality in the clinical setting: can being professional require being personal?

American J of Bioethics

Vol. 7 # 7 (Jul 2007) pp. 4-11

This is a "going-out-on-a-limb" paper. Kuczewski, notes that religion/spirituality talk in a clinical setting can be a source of conflict, because such language comes from a world that, in the case of many doctors is an unfamiliar one since the majority are not religious. The result is a distance between the patient who speaks religious language and the doctor who does not. What is a patient to do? Or is it the medical professional's responsibility to do something different?

Kuczewski believes religion/spirituality talk by a patient should never be a barrier between a patient and their doctor or psychiatrist. He suggests that it must be the clinician who makes the adjustment when talking with a patient. He believes that there are two approaches that might be taken. First, using patient-centered interviewing techniques which are now being taught in medical schools. Second, and this is the out-on-a-limb suggestion, Kuczewski suggests that in cases where there is misunderstanding or conflict, the way forward may involve the physician disclosing their own religious or spiritual worldviews. He states: "I believe that both these approaches are supported by rich models of informed consent such as the transparency model (first proposed by Howard Brody) and (the clinician should) identify considerations and circumstances that can justify such personal disclosures."

There is an example of what Kuczewski means by this in a case that was considered by the ethics committee in his hospital. Several responses critical of Kuczewski's proposal follow the article.

(Comment: In my judgment, his case does not truly illustrate what he is proposing, unless certain important facts were omitted from the case study.) (30 refs)

Simon S. Kwan

Clinical efficacy of ritual healing and pastoral ministry

Pastoral Psychology

Vol. 55 # 6 (Jul 2007) pp. 741-749

Kwan is interested in the relationships between ritual, religion, spirituality and health. Having carefully defined these terms, he asks his focus question: How does ritual work to change one's health? He answers this question with the help of a careful exploration of the nature of ritual, following the descriptions of the anthropologist Victor Turner. The central reason for the power of ritual, according to Turner is because "participants are baptized directly in the creative force of nature alive...." Kwan suggests that it is our innate self-healing capacity that is released by healing rituals, "ritual is able to excite the human capacity for self-healing, and it can reframe suffering situations or even boundary situations by altering the various dimensions of human life that are relevant to one's holistic health." (p. 747)

Kwan is associated with the Divinity School of Chung Chi College, The Chinese University of Hong Kong. (37 refs)

Chun-Fu Lai, Tze-Wan Kao, Ming-Shiou Wu, Shou-Shang Chiang, Chung-Hsin Chang, Chia-Sheng Lu, Chwei-Shiun Yang, Chih-Ching Yang, Hong-Wei Chang, Shuie-Liong Lin, Chee-Jen Chang, Pei Yuan Chen, Kwan-Du Wu, Tun-Jun Tsai, Wang-Yu Chen

Impact of near-death experiences on dialysis patients: a multicenter collaborative study

American J of Kidney Diseases

Vol. 50 # 1 (Jul 2007) pp. 124-132

Papers in the peer-reviewed literature concerning near-death experiences (NDE) are still relatively rare, even though they were brought to the attention of the American public in 1975 with the publication of *Life After Life* by R.A. Moody (NY: Bantam Books). Since then, Dr Bruce Greyson has also published a number of foundational articles, 4 of which are cited in this paper.

It took a multi-center project to get enough people who would talk about their NDEs. (710 dialysis patients produced 45 who had had them). The experiences themselves were different from those reported by U.S. patients - awareness of being dead, "tunnel experiences" for example, were uncommon.

However, as in the US, persons who had had an NDE reported they were now kinder to others, and more motivated in their living.

Dialysis chaplains will be encouraged by this paper to be listening for NDE experiences from patients. Other research has revealed that patients do not talk to just anyone about such an event, for fear they will be considered "crazy" and a psychiatric consultation arranged. (30 refs)

Steven Laureys

Eyes open, brain shut

Scientific American

Vol. 296 # 5 (May 2007) pp. 84-89

Up in the neuro-ICU, life gets increasingly challenging with every passing Increasing numbers of people who have suffered traumatic brain damage are admitted. But which ones will recover? A person may survive the acute trauma, but if the damage is severe they slip into a coma. The question then becomes: will the person recover and what will recovery look like? The case of Terry Schiavo put the spotlight on such situations.

Laureys who leads a coma research group has written this overview article which clearly and succinctly presents what is understood about coma, and the vegetative state. He shows how the two main components of consciousness can be completely dissociated, with wakefulness being intact, while at the same time awareness - which includes all thoughts and feelings - is lost. A person can be awake, but not aware.

The wakeful patient has sleep/awake cycles. At times the person seems to be awake, their eyes open and they wander, while at other times they keep their eyes shut and appear to be asleep, although they may open them and stir if someone touches or speaks to them.

Chaplains who provide pastoral care to such patients and their families will gain a clearer understanding of what is happening and of the (sometimes) great difficulty involved in determining who may regain consciousness and who will not. (3 refs)

Mary H. Leenerts, Cynthia S. Teel

Relational conversation as method for creating partnerships: pilot study

J of Advanced Nursing

Vol. 54 # 4 (May 2006) pp. 467-476

While this article is a piece of research conducted for the benefit of nurses, one section of it has potential interest for chaplains who wish to better understand how they communicate with patients, and includes descriptions of some ways in which they might become more effective in their pastoral skills.

The study contains the descriptions of four communication skills to illustrate what the authors call "relational conversation." There are four specific skills needed for such conversation: (1) listening with intent (2) affirming emotions (3) creating relational images, and (4) planning enactment. Each of these skills is described in detail and there is a list of the supporting litera-

ture which describes each skill in greater detail - 15 papers in all.

The intent behind such conversations is to help a person more effectively manage their self-care. (40 refs)

Ray M. Merrill, R. Justin Brown, Stephen Alder, Randy K. Baker, A Dean Byrd, George L. White, Jr Joseph L. Lyon

Psychological disorders among children and the parents of children undergoing cancer workup

***** J of Psychosocial Oncology**

Vol. 25 # 3 (- 2007) pp. 1-18

A cancer workup alone is sufficient to markedly increase the level of anxiety and/or the risk of depression in children, and also in their parents. This paper reports a study which used the medical claims data of a health insurance company which provides health care coverage for employees of the Church of Jesus Christ of Latter-Day Saints. Most of the insured are LDS. For the period of the study, 222 children were found who had had a cancer workup.

The findings show that a significant number of children experience anxiety/depression simply by undergoing an initial workup. The same is also true for their mothers. Further, if one or both the parents suffer from anxiety/depression, the child is more likely to also have the same response to the workup.

(Comment: Chaplains often do not extend their ministry into outpatient clinics. Here is a clear indicator of the need for pastoral support in such settings.) (34 refs)

Sylvia Mohr, Christiane Gillieron, Lawrence Borrás, Pierre-Yves Brandt, Philippe Huguelet
The assessment of spirituality and religiousness in schizophrenia

J of Nervous and Mental Disease

Vol. 195 # 3 (Mar 2007) pp. 247-253

These authors (two psychiatrists, a theologian, a psychologist in Switzerland) describe their creation of a "clinical grid" which they have devised in order to be able to assess the religious coping of schizophrenic patients. They have developed a semi-structured clinical interview that is harmonious with a variety of spiritual beliefs (pathological or not, linked to different religious traditions etc) as well as various types of religious coping in which different religious faith systems are used. They report that the grid has a high level of reliability across different users, and that it seems to have good validity as a construct.

As they note, religion is central in a high proportion of the population, and 60% of the 115 outpa-

tients interviewed said that they used religion "extensively" to help them cope with their illness, making it important that psychiatrists be able to talk comfortably about religious matters. The six questions developed for the assessment have proven useful for a broad spectrum of religious beliefs, even pathological ones. They allow an interviewer to better understand the subjective belief-life of the person, their public or "collective dimension" life, the synergy of their beliefs with psychiatric treatment, and level of comfort talking with a psychiatrist about religious matters.

The questions used, with its scoring system, are included in an appendix. (29 refs)

Kevin D. O'Rourke

**Artificial nutrition and hydration and the Catholic tradition
Health Progress**

Vol. 88 # 3 (May/June 2007) pp. 50-54

Forgoing life-sustaining interventions (such as artificial nutrition and hydration) is not a form of suicide, or euthanasia.

O'Rourke, a professor of bioethics in the Stritch School of Medicine in Maywood just outside Chicago takes the reader through a discussion of the use of artificial nutrition and hydration (AHN) in end-of-life decisions. He is a Roman Catholic priest, and so he summarizes the teaching of that church regarding the use and forgoing of life support. He presents the different opinions within the Catholic community in regard to the use of ANH, and then presents a theological framework for evaluating the use of ANH and other life prolonging interventions. Finally, he discusses the use of advance directives as they relate to ANH.

O'Rourke is writing about an area of bioethics that he has studied and written about for many years. He writes clearly and with fairness to the positions of other ethicists who do not agree with his views. If you wish to review the ethics issues associated with AHN, this would be a useful place to begin. (37 refs)

Roy F. Olson

**Psychiatric chaplaincy: a thirty-year retrospective
Chaplaincy Today**

Vol. 23 # 1 (Spring/Summer 2007) pp. 11-18

Olson has been a psychiatric hospital chaplain for 30 years, and in two distinct settings. Both are faith-based institutions. The first was the chemical dependency unit at Lutheran General Hospital in Evanston Illinois, where he worked

for 15 years. The second is in a free-standing psychiatric hospital which has 8 in-patient units, and 9 partial hospitalization programs.

In his article, he describes and contrasts the two models of ministry which he has engaged in - a therapist model, and a spiritual-care model. He also describes a 3rd model which he sees paralleling the 1-to-1 model seen in general hospital pastoral visitation.

Olsen then discusses his preferred choice from chaplaincy roles he has identified out of his 30 year's experience. He discusses the implications of the significant decline in average length of stay; the treatment of "dual-diagnosis" patients; the inclusion of spirituality in psychiatric treatment; and the cause of psychiatric illness.

In his conclusion, he states in part: "However the psychiatric chaplain's role may be defined, the mission is to create a space in the various treatment programs where the spiritual dimension of patients' lives may be addressed, to attempt to reactivate spirituality where it has been dormant, to introduce it where it has been absent, and to sustain and encourage it where it has been an active part of their lives." (p. 17)

Olson's observations reflect the seasoned insights of a chaplain whose insights into psychiatric chaplaincy are a valuable contribution to the pastoral literature. (10 refs)

Jill Peltzer, Mary H. Leenerts

**Spirituality as a component of holistic self-care practices in human immunodeficiency virus-positive women with histories of abuse
Holistic Nursing Practice**

Vol. 21 # 3 (May/June 2007) pp. 105-114

Peltzer and Leenerts state that they wrote this article to articulate the need for a holistic theory of self-care for women with HIV, a theory that describes and places spirituality as a primary component in their model of self-care. They suggest that by making spirituality integral to self-care, nurses (and other healthcare professionals) will better support and educate women who are HIV positive within a holistic perspective.

They begin with some frightening figures about the increase in the number of women in the U.S. who are HIV+. This number nearly tripled between 1985 and 1996. Women account for 27% of the persons who are newly diagnosed with the disease. Almost 80% of the women diagnosed were infected through heterosexual contact. In 2004, African-Americans who are approximately 12% of the U.S. population accounted for half of the HIV/AIDS cases diagnosed. Almost 80% of the

women in the country who are HIV+ are either African-American or Hispanic.

Research has shown that this group of women is typically out of contact with themselves, their own bodies, their own needs. They describe the possibilities for a holistic concept of self-care as a method of connecting to self through spirituality.

P. Brent Petersen

Eye of religion - Working with Mormons (Latter-day Saints)

Southern Medical J

Vol. 100 # 7 (Jul 2007) pp. 757

Want to know what may be at the core of a Mormon's (LDS's) religious belief system? Here in one page, Petersen, himself a Mormon, describes the essence of the LDS faith and outlook on the world. Useful as a reference page in the office, and for distribution to nursing/medical staff.

Mark Popovsky

A spiritual issues discussion group for psychiatric in-patients

J of Pastoral Care & Counseling

Vol. 61 # 1-2 (Spring/Summer 2007) pp. 119-128

A description of a weekly spiritual issues discussion group which is co-led by the author, and open to psychiatric in-patients in a New York hospital. It has been running for the past 7 years. The group is open to persons of all faiths, and strives to allow participants to explore the many relationships between their beliefs, past experiences, mental illness, and spiritual lives. Popovsky describes how the group runs, the goals of the group leaders, and some ways of responding to the challenges that arise when leading such groups.

The article also looks at the professional literature which has reported similar groups. Popovsky also has suggestions for further study. (7 refs)