

BOOK REVIEWS

Dying, Bereavement and the Healing Arts
Bolton G (2008)
ISBN 9781843105169
Jessica Kingsley Publishers London

This is a thought provoking book which invites the reader to consider how art can be healing for the patient, the bereaved and the healthcare professional. It is a challenge to all healthcare professionals to push the boat out into what is for many unexplored territory and to benefit from integrating the creative arts into clinical practice. Drawing on a wide network of artists who explore the depths of humanity through music, image, and story Gillie Bolton maps the territory of therapeutic activity which is becoming more and more prevalent within palliative care.

At the outset the difference between ‘doing it’ and ‘experiencing art’ is clarified. Does the healing derive from rolling up one’s sleeves and putting paint to canvas, or words on paper or is it in the ‘wow’ factor, is it being blown away by an evocative image? None can fail to be moved by the story of Michele Petrone who painted his way through his cancer experience nor by the ability of Anne Lidzey to help patients approaching the end of their life visualise a beautiful world, a trickling stream winding its way through a deep woodland, to sustain them in their turmoil. The book is a treasure trove of such personal stories.

Some of the chapters such as that of ‘a death photographed’ appear provocative – and yet all aim to explore the reality of death with compassion and sensitivity. The photographs helped to define the patient’s identity and are a very personal documentation of diminishing time. Another chapter summarises the ever expanding work of Rosetta life which helps people create their own personal stories using a wide range of media, including the latest digital technology. Other chapters show how a theatre group and visual arts can stimulate professional development and are triggers for reflective practice. Elsewhere one encounters music-making in a children’s hospice or creative writing which helps us ‘to say the unsayable’ and work through one’s grief.

One of the authors contends that a story is hidden within all the arts – perhaps by making sense they make the most of their situation.

The common thread throughout the chapters is how being creative often sparks new leases of life in both patient and those who surround her. At the end of the day the book shows how the creative arts have hidden health benefits for patients, the bereaved and healthcare professionals whether that comes from looking at van Gogh, listening to Bach, writing a poem or moulding some clay.

One of the challenges facing Gillie Bolton was to translate the creative power of the arts into text and this does leave the reader with the frustration of wanting to engage first hand with the creative arts rather than read about them. However with a little patience the book uncovers real gems of clinical practice which shows clearly how the creative arts can enrich the last journey.

This is not a book that is intended to read from cover to cover, but designed to dip into a chapter at a time, to be mindful of its unique context and to make time to integrate the truths into one’s own life and practice.

Ian Stirling is Chaplain, Ayrshire Hospice, Ayr

Spiritual Healing with Children with Special Needs
Woodward, B
ISBN 978-1-84310-545-9
Jessica Kingsley Publishers

The book starts with an explanation of spiritual healing in lay-mans terms and then goes on to describe the approach taken in supporting children with special needs through curative education and the Camphill organisation. These brief chapters provide a necessary background to the detailed description of spiritual healing sessions for eighteen children who were treated by the author during a four year period. The children all had significant learning disabilities and poor communication skills. The purpose of spiritual healing was not to cure their disabilities but

to help them overcome some of the challenges of their disabilities using a spiritual approach. The author concluded that spiritual healing can be given to children with special needs although it was necessary to modify some of the techniques. His view was that it was often helpful and he implied that it should be more widely available. The author also highlighted the need to consider the child's views, involve their carers and be aware of other social and educational factors. The purpose of writing the book was to share the author's experience and increase awareness that spiritual healing can be used to help children with special needs.

From a medical perspective, there are many significant methodological limitations to the value of this work as scientific evidence. There is no explanation of how the author selected the particular cases that were included in this sample, there are no objective outcome measures to evidence change in the children, there was no comparison group of children who received individual attention but no spiritual healing and the children lived within a community involving various other therapeutic approaches. As a result, it is not possible to scientifically confirm any change in the children nor attribute this to the healing sessions. This book does not contribute any objective evidence to support the use of spiritual healing as an effective intervention in children and adolescents with learning disabilities. A quick look at the conclusion of the book could lead to unrealistically high expectations as to the likely outcome from spiritual healing. As with other new interventions, there is the possibility of carers using up valuable energy and finances looking for a cure while delaying acceptance of the child and their disability and optimising their development using established interventions.

I would anticipate that the book will appeal to a wide range of people and it gives information to assist in the understanding of the behaviour of children and adolescents with learning disabilities. It is also helpful in describing the approach to children and adults with learning disabilities within Camphill schools and communities. I found some aspects of the book thought provoking, particularly the idea of disability as a part of a spiritual journey. Current medical approaches combine biological, psychological and social models to help children with special needs who have difficulties. Spiritual factors are not

usually included and the book did make me think about this potential deficiency.

Heather Bullen, is a Specialist Registrar, Child and Family Mental Health Services, Royal Aberdeen Children's Hospital.

The potential for efficacy of healthcare chaplaincy and spiritual care provision in the NHS (UK): A scoping review of recent research.

Harriet Mowat

(January 2008, Mowat Research available at www.mowatresearch.co.uk)

I visited a patient the other day who was lying in bed in her pyjamas declaring she wanted discharged that afternoon. We spoke about her spiritual well-being and we prayed. At the end of the interview she declared that she was going to get showered and dressed and then she agreed with me that the doctors would probably see discharge as a process, rather than a single event. When I reported this visit briefly to the nursing staff they were particularly interested in the information that the patient was getting dressed. I left feeling that the patient was spiritually more at peace than she had been. I am sure when the psychiatrist saw her that afternoon her change of heart about discharge would be the most significant factor. What was the efficacy of the visit? How would I measure it? How can it compare to the efficacy of other chaplaincy interventions? Do we have the research to prove chaplaincy is effective? These are the questions at the heart of Harriet Mowat's extensive and hugely significant report.

This report, commissioned by Caring for the Spirit NHS Project which was led by NHS Yorkshire and the Humber, gives very useful insight into which research questions have already been answered, and which remain outstanding. The report is structured into five sections which build incrementally. It is well written, clear, concise and easy to read.

Mowat gives rightful place to the limitations of her study (there are only certain types of articles relating to efficacy currently in print) and also opens the doors to the possibilities beyond the study, section five being dedicated to what requires to be done next.

Efficacy relates to the intention of a given action or intervention. That often in chaplaincy we don't real-

ise what our intentions were until a session is over, and that we are equally frequently led by the patient-centred nature of our care to a completely different outcome from the one we intended can all be factored into good research. How many of us have received a call to pray with x only to discover when we arrive that there is a multitude of issues for x to discuss before we come to prayer, if we ever do? Chaplains do not need to feel that the unique elements of their care make it impossible to gather data and provide a research basis for their work, Mowat argues, rather chaplains need to question the scientific model of research and build models which accurately reflect their own experiences. Chaplaincy isn't going to build efficacy by becoming more scientific, Mowat asserts, chaplains need to become confident of their role, sure of what they do and certain of its benefits.

What chaplains do need to do is to research, and to report on that research. If I have one criticism of the report it is the end note. It seems to me that chaplaincy, certainly in Scotland, as a profession is not short of intellectual ability or of research skill. Nor is it simply a matter of confidence. There is a gap between the arts and humanity education which most of us come from and the needs of research it is true, but that is not enough to explain why chaplains have not been researching, that answer lies in a systemic and cultural milieu of expert opinion, hermeneutics and semantics rather than statistical analysis and reporting. We write what we feel is valued by our peers and what that peer group values is rapidly changing as the profession changes.

I recently read 'Chaplaincy research: a case study.' in the *Journal of Pastoral Care and counselling*, winter 2006, Vol 60, No.4. In this article Paul Bay reports that he did his first piece of empirical research after 30 years of chaplaincy. What he found was that this sort of research was exciting, finding evidence coming together to make clear conclusions was a satisfying and fulfilling process. Perhaps as well as confidence and skill chaplains need to catch some of that excitement to bring our high levels of academic skill into the empirical research arena.

If we do decide to travel that road then I am sure Mowat's report will be an invaluable guide and is a lasting piece of work to be read and re-read by those motivated, even excited, by research in the coming years.

Janet Foggie, Mental Healthcare Chaplain, Dundee

Slipstreams for Healing Souls

Scott, R

ISBN 13:9780281057719

ISBN 10:0281057710

SPCK

Pain is the focus of in many encounters in chaplaincy work and in this book Scott explores the diverse forms of pain and of healing for those who are cared for and those who do the caring. To do this she uses stories from her own experience as a nurse and a priest and relates them to 'retold' bible stories basing each chapter on different gospel characters who exhibit various aspects of brokenness and human pain. In this way she explores concepts such as self-awareness, human perception and distortion, the place of community and attitude of mind.

The 'Slipstream' of the title reflects the slipstream of the formation of flying birds which Scott uses as a metaphor for the healing space which we all require but is seldom found in modern society.

Those who have worked in the caring professions for some time will be familiar with much that Scott writes but to read it in a new way, to take time away from the business of wards or from our own formed ideas is refreshing.

When reflected practice is being encouraged within our profession to help the practitioner in their own spirituality and healing so that they are better equipped to facilitate healing for those in their care Scott's book is a comfortable read which reminds us of the importance of this practice.

Gillian Munro, Head of Department of Spiritual Care, NHS Tayside.

Spirituality, Ethics and Care

Simon Robinson

ISBN 978-1-84310-498-8

Jessica Kingsley Publishers, London and Philadelphia

The title of this book by Simon Robinson suggested to me that it is covering subjects that are of interest to the readers of this journal. I was initially a little sceptical of the claim on the back cover: "This book

is essential reading for social workers, healthcare professionals and church pastoral practitioners”.

Robinson takes a good look at what spirituality is and the factors that influence an individual’s spirituality. Robinson moves on to look at how an individual’s spirituality with all its complex building blocks shapes an individual’s ethics. The following chapters look at love and the ethics of care. The chapter on challenging faith explores this difficult area, again with excellent cases to lead the discussion. The book’s final chapter looks at the way justice in all its contexts can have an effect on care and caring relationships; be they personal or organisational.

Throughout the book Robinson uses case studies to illustrate and explore his themes to great effect. The discussion is clear and well structured. Each chapter ends with a concise summary- the conclusions then link in to the following chapter.

Unfortunately, this is a book that perhaps those who have most to gain from reading it are the least likely to read! Perhaps the lines on the back cover should read “This book **should be** essential reading for social workers, healthcare professionals and church pastoral practitioners”.

Robert Peel, Consultant Physician and Chair of Clinical Ethics Committee, NHS Highland.

Trust the Process: A History of Clinical Pastoral Education as Theological Education

Stephen D.W. King

ISBN-13:978-0-7618-3849-4

This is a book which rewards perseverance. In the opening chapter the material is dense, the reader has to contend with a rapid gunfire of names and theological positions and far too little analysis. However, if you do not let this initially over-condensed presentation of material put you off, there are great insights and rewards and the writing style improves throughout the book.

In 1899, William Rainey Harper called for need for ‘an infusion of clinical experience in theological education’ (p.14). I should expect he was not the first to make this plea and it is still heard in some theological colleges today. The answer to that call was Clinical Pastoral Education, or CPE, which is a

method of training pastors, in the early days all ordained ministers, in the business of applied theology; learning to listen and to live their faith in clinical settings, usually hospitals but in many other workplaces too.

The humanity of the early pioneers of the movement which was to become CPE is shown in their faults as well as their strengths; being more likely to be fired from their posts than fired with the Holy Spirit. Cabot, Boisen and Dunbar, to name but three, each fought to be the founder of a movement made in their own image. The Council for the Clinical Training Of Theological Students was founded in 1930 and split into two by 1935, (the New England Group being renamed the Institute for Pastoral Care in 1944), even then, within the council, different views vied for the ideological top spot. As the ideas behind ‘clinical training’ coalesced over time, by the 1940s standards were being drawn up which are still recognisable today, seeking to combine the need for an understanding of psychology and personality amongst theologians, and conversely for an understanding of faith in all its complexities amongst those from a psychological background. The book really begins to take off in the 1950s when the schisms and splits were reversed by moves towards unity. This unity was marked by the educational standards proposed by Paul Johnson being unanimously accepted in 1953 by both the Institute and the Council, each changing practice a little to come into line.

What was then set up was a system of basic CPE, advanced CPE and supervisory CPE which went through several changes of name and structure but which is fundamentally still used in practice today. In the 1930s, a new recruit would have completed a graduate program in divinity at university and the first module of CPE might have been taken in as a full time placement. Today, CPE has become a formal part of many degree structures and the modules can count towards degrees.

The appointment and selection of supervisors threw up for the leaders of CPE the same questions that anyone trying to engineer a fair and transparent appointment system will face. To their credit they set up independent studies to examine the process and report (pp91-102). There was a problem with an ‘initiation rite’ model of appointments, where votes were cast for those who were ‘one of us’. The early

days had seen big power struggles between a few brilliant minds looking to control a whole organisation, the 1970s and 1980s, however saw a series of smaller power struggles where those in prominent roles in the organisation sought to create supervisors in their own image, and where it was not clear what the standards at interview were, nor whether there was fairness in the selection of candidates. There was harmony of vision within CPE, but that harmony was clearly a white male protestant unity. The awareness of minorities did not begin to be felt until the 1970s.

By this time CPE was a feature of the establishment of American Chaplaincy, and like all establishments it was open to rebellion and dissent. Some of the debates our Scottish white protestant 'dis-establishment' has had to contend with were present too in the States. Respect for, and good working relationships with, Roman Catholic Chaplains was an issue. In the USA there is a separate NACC (National Association of Catholic Chaplains) which gave Catholic Chaplains a voice and a place within the 'mainstream' also led to mistrust and a questioning of the quality of Catholic CPE by protestants, and an equal questioning by Catholics of the understanding of protestants of the unique nature of sacramental Catholic ministry.

King places the issues of race, gender and sexual orientation in his chapter 'moving beyond internal organizational process'. This suggests to the reader that only white males were 'internal' to the organization and all the minorities, including women, and ethnic minorities were seen to be 'external' to the organisation. CPE had to move to 'bring in' the African American Churches and again it would be interesting to the reader in the UK to know where that process currently stands as we watch the issues of racism thrown up in the 21st century by Barak Obama's bid for the Whitehouse.

In 1969 two women supervisors were practising, by 1989 there were 114, but relations between women and men in the organisation could still be strained and there were still problems in salary differentials, sexual harassment and difficulties in communication.

King's study ends in 1990, but I think there are still gender issues in the modern workplace as there are still issues relating to sexual orientation and cer-

tainly I know of no equivalent to the meeting of lesbians and gays at the 1979 ACPE conference which was permitted to meet but not to publicize the meeting! (p127) Equally I have not heard that macho initiation such as attending 'girlie shows' or drinking contests has been much of an issue amongst Scottish chaplains, and perhaps we can be left to draw our own conclusions about that (p127).

King's own conclusion is something of a departure from the conventions of historical prose as he leaves his historical study behind, gliding over the issues of pluralism, equality, and accountability which he acknowledges briefly, and instead chooses to give an 'ideal type based on a history of CPE'. It is not clear how the ideal he proposes might solve some of the pressing issues left hanging in the preceding chapter; instead he favours a return to more traditional, clearly Christian, theology, and a return to models of service, humility, care and compassion. This he asserts has been core to the CPE movement throughout its history and it would bring people back to 'trust the process' and carry CPE forward.

Here is the nub of the problem. Theology, love and trust do not solve the problems thrown up by social difference, pluralism, and inequalities. It does much to alleviate the suffering that injustice, difference and inequality brings, but if they alone were the panacea, CPE would not ever have had problems with inequality and injustice. The principles of CPE have remained remarkably consistent over nearly 100 years. Thus it is evident that those principles which underpin CPE will not solve the problems that the organisation of CPE faces. The tools of humility, trust and love cannot be wielded against institutional flaws and problems of accountability, equality and inter-denominational mistrust. Political problems need political systems to provide solutions based in agreements, which failing in law, regulation, or accreditation. Fairness must be imposed; we do not seem capable as human beings to find it of our own accord. Here I think the Scottish system does have the benefit of the safety of the European working rights directive, dignity at work policies, and a host of other measures to protect the employee that the American employee does not enjoy to the same extent.

King is correct, however, to assert that love and trust are indispensable in care and compassion, of that there is no doubt. That chaplains and spiritual care

providers have over the years, despite the wrongs of the world, the injustices and the inequalities, continued to bring the care and compassion of one human spirit to another is a testament to the power and strength of chaplaincy. That chaplaincy has many political problems still unsolved perhaps suggests that mediation, and political will are required to make those who refuse to accept their accountability be accountable, and to lift those who are oppressed

up, in order that they may be given the freedom to work in their own accountability and responsibility. Education is an important strand in that process, allowing parity of standards across denomination, gender, race, sexual orientation, and ethnic background.

Janet Foggie, Mental Healthcare Chaplain, Dundee