When Violence Is No Stranger
Kristen J. Leslie
Minneapolis: Fortress Press, 2003 • 186 pages • $18.00 softcover

When a woman talks about being assaulted, what do you hear? There are those who will take her statement as pure truth and those who do not want to believe her. The allegations (versus reality) of sexual misconduct associated with government and sports figures has led to a deepening mistrust of such accusations.

Kristen Leslie addresses acquaintance rape from the position of those who were violated and offers hope for both victims and pastoral caregivers that recovery is possible. Leslie addresses myths versus facts associated with this trauma and offers sound direction for pastoral support of victims. This book captures the depths of emotions associated with assault by a trusted individual through the voices of four survivors of acquaintance rape and presents a theology which seeks to equip the pastoral caregiver who chooses to journey with victims of acquaintance rape.

As a male chaplain who has been with those in the midst of trauma, I found that this book bore into the depths of my being. I struggled with my identity as a man, and I grieved for those who had been assaulted. When Leslie noted that most women who have been raped by male acquaintances have difficulty relating to male pastors, I was able to hear this and became interested as to how I may become more sensitive to the subtle cues and outright statements voiced by women who have been raped at some time in their lives.

When Violence Is No Stranger records the words of four of the women who came seeking to regain the strength stolen from them by rape. Leslie makes it clear that the process of reading this book may be difficult for some and notes that she struggled while writing it. Her initial call to this subject came while she was serving as a college chaplain, and a woman walked into her office to talk about being raped by a “friend.” Leslie’s work with this individual led to many more who found their way to her.

Though the author offers no easy answers, a significant part is the theology presented, which seems to come out of the depths of the maelstrom associated with the psychological and spiritual trauma. Anecdotal excerpts from survivors voice both the struggle and the hope that new life is possible.

Within the structure of this work there is a strong feminist presence, not surprising in light of the subject material. Those who would avoid such a rendering are encouraged to come with an open mind, to hear the passion within, and to hear the cry for support by those who have been assaulted and struggle with their psychospiritual identities.

In the opening portion, Leslie records statistics that are hard to hear. One out of four or five women on college campuses are victims of rape, and 84 percent of those are raped by people they previously had trusted.

“Even my close friend whom I trusted, he who shared meals with me, has turned against me” (Psalm 41:9).

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if I get to five: What Children Can Teach Us about Courage and Character
Fred Epstein, MD, and Joshua Horwitz
New York: Henry Holt and Company, 2003 • 208 pages • $20.00

Dr. Fred Epstein recounts the story of his own life and the stories of some of his patients. Perhaps most interesting to chaplains, he tells the story of the creation of a hospital that had spiritual care built into it from the beginning and how that spiritual care strengthens and comforts patients, families, and staff.

The book’s title comes from a four-year-old girl named Naomi, who had a complex brain tumor requiring an innovative two-part surgery at a time when pediatric neurosurgery was in its infancy. After the first operation, Naomi stood up on her bed and informed Dr. Epstein, “If I get to five, I’m going to learn to ride a two-wheeler!”

Each day’s progress brought a new goal for Naomi—if she got to five. She was a formative influence upon this surgeon at a teachable time in his career. She did get to five, and beyond, and still keeps in touch with Dr. Epstein. Her living legacy to him was opening his eyes to the resilience, courage, and hope within children. This led him to look at the child first and the disease second. When he suffered a brain injury himself, his recovery and rehabilitation were inspired by his experiences with children.

Though the anecdotes about many of the children he has treated over twenty-five years are remarkable, it is the Institute for Neurology and Neurosurgery (INN) under the auspices of Beth Israel Medical Center in New York City that stands out as a model of holistic care for children and their families.

Dr. Epstein dreamed of “a top-flight medical facility where patients, their families, their doctors, and their nurses could work together as a team, where cutting-edge care didn’t start and end in the operating room, where no families would be turned away because their cases were too hopeless or their finances too limited.” His dream turned out to include a chapel and chaplain, doctors who will pray with a family before surgery, and a weekly prayer circle that includes everyone. The prayer circle became a place “where everybody could replenish their hope—patients, their families, doctors, nurses, non-medical staff—regardless of their religious background.... We all needed to renew ourselves, and praying alongside our patients and their families reminded everyone that we were all in this together.”

This simply written book would make a good gift for a pediatrician, or better yet, a medical student or pediatric resident. It would also find a place in a hospital family resource library. Dr. Epstein would be an excellent resource for those involved in building or reorganizing any sort of health care facility who want to discuss the value, rather than the cost, of spiritual care.

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Chronic Pain: Biomedical and Spiritual Approaches
Harold G. Koenig, MD
The Haworth Pastoral Press, Binghamton, NY, 2003 • 328 pages • $49.95 hardcover • $24.95 softcover

In recent years there has been increased rhetoric on the issue of treatment and care of individuals who live with chronic pain. This is due to a new awareness of persons who live with chronic pain. With this increased awareness have come new regulations for health care providers regarding their responses to pain. Chronic Pain: Biomedical and Spiritual Approaches provides the insight and medical acumen of Harold G. Koenig as a man who experiences chronic and debilitating pain himself and provides support to others who live with such pain. His book provides “a view from the trenches” regarding chronic pain, coupled with a detailed discussion of pain as a diagnosis. Koenig’s approach to the treatment of pain considers medical treatment, e.g., pharmacological and surgical interventions, complimentary care, e.g., herbal treatments, physical manipulation, and psychosocial/behavioral support, and spiritual care directions for addressing the unique experience of chronic pain and those who live with it.

Koenig provides a brief description of each modality. For instance, a separate section is devoted to herbal and complementary medicine techniques. Verbatim and case study material are used effectively to help the reader better appreciate the experience of the victim of chronic pain and to develop appropriate responses to these individuals, who often ex-
experience failure, confusion, and abandonment.

Chronic Pain: Biomedical and Spiritual Approaches has one weakness, which perhaps only a professional chaplain would notice. As Koenig refers to spiritual caregivers, he writes of the work of the local pastor and the pastoral psychotherapist but makes no mention of chaplains. With great concern this reviewer must ask, does this lack of awareness reflect an absence of professional chaplains in his personal journey of pain?

This book may be seen as a manual on the support of persons who experience chronic pain. The material is presented in a clear manner that can be utilized equally well by one who lives with such pain and by one who journeys with those who live with, or support others, in the midst of the valley of chronic pain.

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Faithful Conversation: Christian Perspectives on Homosexuality
James M. Childs, Jr., Editor
Minneapolis: Fortress Press, 2003 • 132 pages • $9.00 softcover

The relationship between homosexuals—gay, lesbian, and transgendered persons—and the Church is a potentially divisive issue generating impassioned debates. Many denominations exclude all known homosexuals from participation in the life of the church. Others accept homosexuals into fellowship and membership but exclude them from ordained or commissioned clergy. A few denominations accept homosexuals into all aspects of church life, including ordained leadership.

In his introduction to Faithful Conversation: Christian Perspectives on Homosexuality, James Childs writes, “Conversations about such an emotionally charged and potentially divisive subject needs to be faithful ... faithful to the mission of the church ... [faithful] to the Scripture ... and faithful [in] conversation with Christian tradition” (p. 1). The question confronting the Evangelical Lutheran Church in America (ELCA) is whether the welcome of practicing homosexuals into membership should be extended to embracing and affirming them, not only into fellowship, but also into the ranks of ordained clergy.

Six contributing professors from different Lutheran seminaries have made an honest attempt to present their material in a thoughtful and scholarly way while heeding Childs’ call to be faithful. However, the authors have slanted their articles toward affirming, in some form or another, homosexual behavior. Only James Nestingen’s article, “The Lutheran Reformation and Homosexual Practice,” expresses doubt that the Church can remain faithful to its mission, to Scripture, and to traditional Christian conversation while blessing same-sex unions or ordaining practicing homosexuals.

Although written by Lutherans and addressed to Lutherans, Faithful Conversation lives up to its title of “Christian perspectives,” rather than “Lutheran perspectives.” Christians of other denominations who struggle with these issues will find the book worthwhile because of the call to the Church and its members to remain faithful and to engage and remain in dialogue with each other while preserving the integrity of Scripture and Church. It is not a balanced dissertation on the relationship of homosexuals to the Church, nor does it provide definitive conclusions. However, it does provide valuable information, which may help to inform an individual’s position.

One of the book’s most helpful sections for chaplains is Daniel Olson’s article, “Talking about Sexual Orientation: Experience, Science, and the Mission of the Church.” Although Olson leans in the direction of accepting homosexual behavior, his writing is more neutral than most of the others. In the first part of his article (pp. 97-111), Olson discusses pastoral care elements, specifically the dynamics of listening and anger avoidance, which are necessary for faithful discussions. In the second portion (pp. 111-117), Olson holds to the middle ground as he discusses scientific evidence and how it does not prove or disprove what causes homosexual orientation and whether sexual orientation can be changed.

While Faithful Conversation is easy to read, it also is a thought provoking, and informative work. Regardless of one’s viewpoint, it is a must read for all who wish to enhance their understanding of homosexuality and Christianity while remaining grounded in the unity of faith. It is not for the faint of heart or those who are unwilling to listen to differing viewpoints. On a scale of one to five—one being “skip this book” and five being “run out and buy it”—I
would rate it a four, a book that should be in every chaplain's personal library.

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*Pastoral Counseling: A Gestalt Approach.*
Ward A. Knights, Jr.
Binghamton, NY: Haworth Pastoral Press, 2002 • 125 pages • softcover

In this book, Ward A. Knights, Jr. introduces the reader to Gestalt theory and offers some ideas for integrating those concepts with "pastoral care and counseling." This is a slim volume, with the longest of the eight chapters less than thirty pages. Knights is both a Unitarian Universalist minister and a qualified Gestalt therapist, so he writes with an insider's knowledge.

Early on and throughout the book, the author explains that the Gestalt approach was developed by his teacher, Frederick S. Perls (d. 1970). Like Freud, Perls "put great emphasis on dreams." Indeed, Perls wrote, "I believe that it is really the royal road to integration." (italics in original, 71). An entire section is devoted to dreams (chapter 6).

The initial three chapters outline Gestalt theory: Gestaltists tend to shy away from diagnoses; the Gestalt stance is that it is the person who interprets his or her own behavior, not the counselor; the Gestaltist is not much concerned with explanations of unconscious processes, but rather is pragmatic in outlook. According to Gestalt theory, people block themselves from the fullness of their own experience through projection, introjection, retroflection, and confluence. Knights defines these terms.

Often, Knights' explanations begin with a simple definition and then become very convoluted. For example, "Confluence basically refers to a lack of awareness or definition of self .... Confluence is one of the four ways we block ourselves from fullness of our own experiences. Confluence differs from the three others mentioned in that it can operate as a complete system to block awareness .... Confluence, in its purest, primitive form, can survive without projection, introjection, or retroflection. This, however, rarely occurs except in severely psychotic children. Projection, introjection, retroflection, and confluence do not operate in isolation from one another in the average person seen in pastoral counseling. They are, in life experience, both interlocking and functionally interrelated. Projected identification, for example, is a combination of confluence, projection, and introjection, and every person in one pair (in a confluent manner, and through projection and introjection) trades parts of themselves that the other member of the pair does not mind adopting" (pp. 19, 21).

In a chapter entitled "Peeling the Onion," Knights writes of "rules" used by Gestalt theorists, including The Principle of the Now and "It" and "I" Language. He explains that these rules are used in Gestalt groups or individual sessions through the use of "games." Among these games are I Take Responsibility and I Have a Secret. Other resources Gestalt uses are Fantasy Journeys, Dream Integration, The Hot Seat, and Pillow Talk (pp. 35-41).

Knights writes that he purposely intended to "put experience first and theory second ... [for] from the Gestalt perspective, our experience is far more important than mere statements made about that experience" (p. xi). Nonetheless, Knights remarks at the beginning of chapter 4 that he was "feeling somewhat exhausted from writing the first three chapters. They seem to contain too much head-stuff" (p. 49).

Throughout the book, Knights refers to the Bible, primarily the Christian Scriptures and often the Gospel of Matthew. Reading this as a rabbi, I found these references jarring and felt that they did not add to the clarity of the text. I wondered, given these particular references, if readers in other religious traditions, such as Buddhists, Hindus, and Muslims, would question the applicability of these theories to individuals in their own faith traditions? (For a discussion about this dilemma, see the recent article authored by my colleague Rabbi Bonita E. Taylor and I: "Nearly Everything We Wish Our Non-Jewish Supervisors Had Known About Us as Jewish Supervisors," *The Journal of Pastoral Care & Counseling*, (Spring 2003.]

The volume features endnotes, an index, and an appendix devoted to a biographical sketch of Gestalt's founder, Frederick S. (Fritz) Perls.

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The Rabbi As Symbolic Exemplar: By the Power Vested in Me
Jack H. Bloom
New York: Haworth Press, 2002 • 338 pages • softcover

Clergy of all denominations—female and male alike—whether they serve as chaplains, pastoral counselors, or are congregationally based, share the experience of being regarded as “outsiders.” This is because all clergy are symbolic exemplars, symbols of something other than themselves.

This book analyzes what it means to be a symbolic exemplar. Bloom explains that when we understand this phenomenon and integrate the knowledge into our lives, we can utilize it to be more effective in our work. The book has a clear application to all who do pastoral care, pastoral counseling, or chaplaincy. Its potential audience is much wider than the rabbinate, or even congregational clergy. In terms of this book, the word rabbi is synonymous with chaplain, or clergy in general. Likewise, congregants may be defined as residents of nursing homes, patients in acute care settings/hospices or coworkers in a variety of settings.

Bloom makes the case that the clergyperson is a symbolic leader who is set apart to function within the community as a symbol of that community and as an exemplar of its collective desire for moral perfection. Clergy are thus walking, talking, living symbols. They stand for something other than themselves. In order to function successfully, they must be perceived as such and must not act in a way that would destroy the symbol. He suggests that it is crucial for the clergy to fill the symbolic aspects of that role.

Perhaps the major expectation of the clergy is that in some crucial way, they are considered a different kind of human being. They are the embodiment of what people ought to do, but have no intention of doing. For Bloom, clergy must truly care and must fully believe, or at least be perceived and experienced as fully believing, in what they are doing. Indeed, who the clergy are, is more important than what they do.

Symbolic exemplarhood carries great power. It authorizes clergy to bless people; to name and by naming, create new entities; to help people heal; to pray for others; to confer significance by symbolic presence and acts; and to absolve guilt on behalf of a higher power.

Particularly relevant to chaplaincy and pastoral care is the section on curing and healing. Bloom, who is a clinical psychologist in Fairfield, Connecticut, offers ideas about how clergy can use their symbolic exemplarhood as a “major source of efficacy, influence, potency, and power.” He explains that clergy “can make a positive difference in people’s physical health and well-being by what they do in contact with the ill, in hospital, synagogue [church, mosque, temple, congregation], and home.” He points out that when people are ill, the clergy’s symbolic exemplarhood grows, and what one says and does is vitally important.

How we frame our words is important, e.g., offering hope without being sugary or insincere. Indeed, Bloom maintains one should avoid being a cheerleader and offering pep talks. Though well meant, he says the net effect of this approach is to shut off feelings. However, he recommends use of methods such as presupposition, e.g., telling the patient who is going into surgery, “I will see you when you get back to your room.”

Think broadly, think widely, he urges the reader. Think in terms of both/and, not in terms of either/or. Either/or thinking is self-limiting; it leads to a kind of fundamentalism. “We are not solely one or the other aspect of ourselves. We are at all times [both/and]. No part, aspect, or characteristic stands alone. Each may serve as context for the other.”

Readers need to be able to translate and transcend Bloom’s specific imagery of rabbis and synagogues, and understand that these are but specific examples of a wider phenomenon. A number of the chapters are reprints of his previous articles and speeches joined together with some new observations. Bloom might have considered using gender inclusive language at all points, adding bracketed words like [she; her] to previously printed material, and likewise, where appropriate, adding the words [chaplains/clergy] where that was applicable.

This book abounds in theoretical and practical wisdom. Chaplains and other clergy, as well as laity who care about them and their sacred work, will benefit from reading this volume.

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Strategies for Brief Pastoral Counseling
Howard W. Stone, Editor
Minneapolis, MN: Fortress Press, 2001 • 242 pages

The overarching thesis of this book is that the strategies of brief counseling are important to the pastor who provides short-term counseling. The illustrations are from parish work. This book presents thirteen chapters: three written by Stone, one co-authored by Stone, and several others that are obviously heavily influenced by him. The intended audience includes Christian pastors, priests, and pastoral care givers in the parish setting with a secondary audience of chaplains.

The strengths of the book as related to pastoral care and chaplaincy are in the descriptions of several brief therapy strategies, such as looking for exceptions, focusing on strengths and solutions, setting time limits, and articulating a positive future story. These strategies also are helpful in the practice of pastoral care in institutional settings. The illustrations and examples of the strategies connect religious themes to concrete experiences in practical and creative ways. The book is clearly grounded in theology and pastoral care.

Two chapters are particularly helpful: chapter 9, "Collaborating with the Spirit: Brief Spiritual Direction in Congregational Ministry" and Chapter 8, "Staying Solution-Focused in Brief Pastoral Counseling." Karin Bruce, an LPC candidate who reviewed the latter, writes that it presents a structured model for using solution-focused brief pastoral counseling in sessions with parishioners. A clear and easy-to-use diagram is introduced that enables pastoral caregivers to walk through the process with counselees in a solution rather than a problem oriented approach. Each section of the diagram is augmented by analogies and examples of clarifying questions one may use within counseling sessions. The goal of the questions is to help the parishioner discover potential exceptions to the presenting problem. The questions are meant to flow naturally from the discussion and to be effective, timely, and appropriate to the individual's given situation.

This model is helpful for chaplains in that it shows how Scripture may be used within sessions. Moreover, the approach encourages the pastoral caregiver and counselee to work together to construct solutions for the parishioner with the goal of instilling hope—hope that an alternative solution exists and that God is active in the process, as well as in the life of the counselee. When people are able to view their presenting problems from different and new perspectives, this change often will lead to a change in personal meaning for the counselee.

The two main limitations of the book were the extensive repetitions by authors of individual chapters and the blatant bias against long-term counseling. For example, the strategy of looking for, highlighting, and reinforcing exceptions was explained at length at least five different times. The book reflects a strong and overstated thesis that brief therapy is always superior to long-term pastoral counseling, and Stone goes so far as to say that long-term therapy is unethical. Though extensive, his arguments were not convincing. Buried in one footnote in chapter 5, authored by Katherine Godby, is a paragraph stating when Stone would recommend referral. The criteria given were surprisingly broad and wide ranging, clearly applicable to many people who present to a local pastor, and thus confusing, given Stone's obvious bias against referral to long-term therapy stated elsewhere in this text. The reader may want to balance Stone's view by reading from sources that offer research supporting the efficacy of long-term therapy. See the following Web sites:

http://www.apa.org/journals/ seligman.html
http://www.mmpi-info.com/ mmpioutcome.html
http://apsa.org/pubinfo/ fonagy.htm

Overall, chaplains will benefit mainly from the strategies for brief therapy and the examples of creative and interesting integrations between the presenting problems of the parishioners and religious and/or scriptural themes.

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Healing Bodies and Souls: A Practical Guide for Congregations
W. Daniel Hale and Harold G. Koenig, MD
Minneapolis: Fortress Press. 2003 • 125 pages • $15.00 softcover

The authors write for leaders of congregations of any faith tradition to encourage the development of health ministry programming.
within a variety of religious institutions. After a brief introduction, Hale and Koenig spend one chapter each on the emergence of a health ministry program within nine congregations, all Christian. The tenth chapter summarizes the lessons learned and an appendix lists further information and funding resources.

I found myself pulled easily into the story of each congregation. There was usually a person or an event that triggered the idea of exploring health ministry. One parishioner, a competent office manager, suffered from severe depression. After attending a conference on congregational health ministries at a nearby church, she responded to a call from her own pastor to help form this new ministry for their church. In another congregation, a parishioner experienced a major medical emergency on the pastor's first Sunday in the pulpit. Medical professionals in the congregation gave immediate aid until the ambulance arrived. This experience set the new pastor on a trajectory toward health ministry.

Other chapters focus on the breadth and diversity of congregational health ministries. In one, a woman who had developed excruciating back pain while caring for a severely ill adult child was assisted by her congregation's health ministry. A nurse took the time to teach her new caregiving methods and addressed her mental and spiritual needs as well as her physical pain. In another, simply opening the church doors to the Life Line screening program began the process of diagnosing a parishioner's serious blockage in a carotid artery as well as an abdominal aneurysm. A health care ministry does not have to emerge fully formed. It may begin by permitting outside groups to use the physical space to present informational programs.

Knowing something of the early stages in the development of a health care ministry within a congregation in the Episcopal Diocese of Indianapolis, I was pleased to see the number of denominations and organizations that now encourage such work on the local level. My own congregation already is trying some of the options mentioned in these case studies with strong approval by our members, particularly the elderly.

As Hale and Koenig state in the introduction, there are three important characteristics that enable religious institutions to play an important role in health care: religious institutions are generally established and governed in large measure by residents of the community, most have well-established communications networks, and they have strong traditions of volunteerism and civic engagement.

This is an excellent introduction to what health care ministry can be on the congregational level. Each example is unique, though several caregivers received training through a Lay Health Education program based at Stetson University, DeLand, Florida, where Daniel Hale taught. In addition, most chapters end with a section by Harold Koenig which focuses on particular medical conditions or issues, e.g., Alzheimer's disease, Parkinson's disease, strokes, advance directives.

How can hospitals and other branches of the health care system aid religious institutions in such ministries? A number of suggestions were offered. Approach reli-

gious institutions to be distribution sites when there are services to offer, e.g., flu shots, medical screenings, educational series. Convene an advisory council of local clergy and lay leaders as well as hospital staff to discover needs and develop partnerships. Offer training programs for clergy and lay leaders at a minimal cost to aid them in a health care ministry. Include religious institutions as possible leaders of programming at the hospital for chapel services, musical concerts, plays.

Listen carefully to patients and employees about their connections to religious institutions. Learn from them about possible connections. The potential for renewed alliances between religion and healing are on the rise as we move into the twenty-first century.

This book is highly readable. I would recommend it without hesitation to any congregation considering the formation of a health care ministry.

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