

1-1-1981

# Ministry to the Physically Ill a Seminary Level Course

Merrily Anderson

## Recommended Citation

Anderson, Merrily, "Ministry to the Physically Ill a Seminary Level Course" (1981). *Western Evangelical Seminary Theses*. 215.  
[https://digitalcommons.georgefox.edu/wes\\_theses/215](https://digitalcommons.georgefox.edu/wes_theses/215)

This Dissertation is brought to you for free and open access by the Western Evangelical Seminary at Digital Commons @ George Fox University. It has been accepted for inclusion in Western Evangelical Seminary Theses by an authorized administrator of Digital Commons @ George Fox University. For more information, please contact [arolfe@georgefox.edu](mailto:arolfe@georgefox.edu).

MINISTRY TO THE PHYSICALLY ILL  
A Seminary Level Course

A Project  
Presented to  
the Faculty of  
Western Evangelical Seminary

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Divinity

by  
Merrily Anderson  
May 1981

Major Professor \_\_\_\_\_

Cooperative Reader \_\_\_\_\_

My Father, if this cup cannot be taken away  
unless I drink it, your will be done.

Jesus  
Matthew 26:42

Should it be ours to drain the cup of grieving  
even to the dregs of pain, at thy command,  
we will not falter, thankfully receiving  
all that is given by thy loving hand.

Dietrich Bonhoeffer  
1945

## PREFACE

Developing and writing this course and its supporting materials has been an emotional experience for me. I was forced to look back and scrutinize that portion of my life spent in hospitals. Sometimes that caused pain but it also allowed me to see the grace of God operating in the midst of my suffering. Sometimes that grace was observable in events, but it was most often visible in the people - doctors, nurses, chaplains, patients and friends - who helped my body and soul to survive. To them I say thank you. It is not adequate, but thank you. I also wish to express my appreciation to: Dr. Wayne McCown, my advisor, who did just that, promptly and challengingly; Darlene McCown, a nurse, who provided valuable advice and support; Dr. James Reuler, my physician, who took time from a busy schedule to evaluate and improve my efforts; and to Dr. William Vermillion, who provided the encouragement that often kept me going, as well as sound critique. I would especially like to thank Charlotte Coleson for editing, arranging and typing the following documents.

Merrily Anderson

May 1981

## TABLE OF CONTENTS

	Page
PREFACE . . . . .	iv
PROJECT RATIONALE . . . . .	1
COURSE SYLLABUS . . . . .	4
SAMPLE QUIZ . . . . .	18
A Pastor's Guide - GLOSSARY . . . . .	20
"Pain and Suffering: A Wilderness" . . . . .	40
BIBLIOGRAPHY . . . . .	50

## PROJECT RATIONALE

Having spent a total of more than four years in the confines of twelve different hospitals has allowed me to develop some expertise in the area of ministry to the physically ill from the patient's side of the bed. I can think of easier ways of learning some of those insights, but perhaps no better way.

At least 30 different pastors have made calls on me during the various hospitalizations. I can only remember three of them who were of significant help. That is not to say that the others were totally inept. Most tried to be helpful, but just didn't seem to have the understanding or skills to facilitate the healing of my body, mind and spirit. Unfortunately, some actually were harmful and impeded my movement toward health. I came to the conclusion that the ability to minister to those who are sick does not automatically come with the call to ministry.

An understood part of a pastor's job is to visit the sick. Those visits should be beneficial to the patient emotionally, spiritually and physically. The understanding and skills necessary to ensure that can and should be learned. It is interesting to note that the pastors who provided me the most help had all gone through at least one quarter of Clinical Pastoral Education (CPE).

Since most individuals entering the ministry don't participate in a CPE program, a course in Ministry to the Physically Ill should be a part of a seminary education.

As my M.Div. project I have developed a syllabus for a seminary level course in Ministry to the Physically Ill. Included are those



topics I feel would be most beneficial to parish pastors in ministering to sick people in their congregations and communities. Those topics were selected on the basis of my own experience as a patient, discussion with doctors, nurses and hospital chaplains, and extensive reading in the field. Pastors have more contact with ill individuals than any other professionals except those actually in the health field. That contact can augment medical care by bringing emotional and spiritual comfort and opportunity for growth. This can increase the chance of a patient's return to health and wholeness. Just as seminarians learn how to preach and teach, so they should also learn how to minister to the physically ill. It is my hope that the following course can aid students in gaining the knowledge and skills necessary to develop the art of ministering to those who are suffering from a wide variety of physical ailments.

Course Syllabus

MINISTRY TO THE PHYSICALLY ILL

Ministry to the Physically Ill  
Western Evangelical Seminary

I. Course Description

A focus on developing the knowledge, art, and skills necessary for effectively ministering to individuals and their families suffering with chronic or acute illness. Close attention is given to the development of one's own theology of pain and suffering and to observation and practical experience with those experiencing illness in hospital and community settings.

II. Course Rationale

Ministers are often called on by those who are ill, their families, and/or medical personnel to provide support, comfort and help in coping with illness or its effects. The Gospel also calls us to the same task. In order for pastors to be effective in ministering at such a time they must first of all be comfortable in the situation. Exposure to and knowledge of hospitals, doctors, nurses, procedures and the language peculiar to medicine will allow normal fears to subside and familiarity with the surroundings will allow the pastor to function more comfortably and professionally and be a knowledgeable intermediary between medical staff and the patient and their family. This course is designed to provide that exposure and knowledge.

Secondly, an individual's own theology of pain and suffering, whether conscious or not, influences the way in which that

individual reacts to illness and those who are its victims. Pastors, because of their potential impact on those looking to them for guidance, must develop and understand their own attitudes toward pain and suffering. This course will provide the opportunity for each student to examine, develop and articulate their own individual theology of pain and suffering.

Thirdly, doctors, nurses and other medical personnel, due to time demands and training, must devote most of their expertise and energies to the physical well-being of patients. Pastors can facilitate the healing process by helping meet the emotional and spiritual needs of those who are sick. This course will aid the student in learning the art and techniques of visiting, comforting, counseling and ministering to the ill and their families.

Also, in this day and age medical science and technology has outpaced the Christian ethics needed to deal with the new implications. Time will be spent examining and discussing the ethical problems inherent in the rapid changes taking place in the medical arena. This will enable pastors to provide some guidance to those facing the immediate difficult decisions and to congregations struggling with those same questions.

### III. General Objectives

As a student in this course you will:

- A. Become familiar with hospitals, the health professions, language unique to medicine, and the role of a pastor in the medical arena.
- B. Come to an understanding of your own attitudes and theology of pain and suffering.

- C. Develop skills in calling, comforting, counseling and ministering with the sick.
- D. Develop an understanding of some ethical problems generated by new medical technology.
- E. Become familiar with literature available in the field.

#### IV. Specific Objectives

##### A. Explain the function of the following hospital areas:

- |                                    |   |
|------------------------------------|---|
| 1. ER (Emergency Room)             | 11. OB-GYN Ward (Obstetrics & Gynecology) |
| 2. CCU (Cardiac Care Unit)         | 12. Nursery                               |
| 3. ICU (Intensive Care Unit)       | 13. Orthopedic Ward                       |
| 4. OR (Operating Room)             | 14. Admissions                            |
| 5. Recovery Room                   | 15. Lab (Laboratory)                      |
| 6. OT (Occupational Therapy)       | 16. X-Ray (Radiology)                     |
| 7. PT (Physical Therapy)           | 17. Morgue                                |
| 8. Peds Ward (Pediatrics)          | 18. Neonatal ICU                          |
| 9. Gen Med Ward (General Medicine) | 19. Delivery Room                         |
| 10. Surgical Ward                  |   |

##### B. Give a brief definition for the following terms:

- |                             |   |
|-----------------------------|---|
| 1. NPO                      | 13. good  |
| 2. bedrest                  | 14. ambulatory                                      |
| 3. chart                    | 15. pre op  |
| 4. IV (Intravenous feeding) | 16. post op   |
| 5. Code 99                  | 17. universal donor card                            |
| 6. no visitors              | 18. consent form                                    |
| 7. isolation                | 19. autopsy   |
| 8. reverse isolation        | 20. dialysis  |
| 9. critical                 | 21. IPPB (intermittent positive pressure breathing) |
| 10. serious                 |   |
| 11. stable                  |   |
| 12. fair                    |   |

##### C. Give a brief description for the following positions:

- |                                   |                                |
|-----------------------------------|--------------------------------|
| 1. Intern                         | 6. Nurse's Aid                 |
| 2. Resident                       | 7. Head Nurse                  |
| 3. Attending Physician            | 8. Primary Nurse               |
| 4. RN (Registered Nurse)          | 9. Ward Secretary              |
| 5. LPN (Licensed Practical Nurse) | 10. Physician's Assistant      |
|                                   | 11. Coroner (Medical Examiner) |

##### D. Explain the role of the following people on the medical team:

- |                           |                         |
|---------------------------|-------------------------|
| 1. Doctor                 | 6. Physical Therapist   |
| 2. Nurse                  | 7. Dietician            |
| 3. Administrator          | 8. Chaplain             |
| 4. Medical Social Worker  | 9. Inhalation Therapist |
| 5. Occupational Therapist | 10. Ward Secretary      |

E. Give a brief description of the following specialties:

- |                      |                         |
|----------------------|-------------------------|
| 1. Internal Medicine | 13. Family Practice     |
| 2. Allergy           | 14. Pathology           |
| 3. Cardiology        | 15. Radiology           |
| 4. Dermatology       | 16. Psychiatry          |
| 5. Gastroenterology  | 17. Anesthesiology      |
| 6. Hematology        | 18. Surgery             |
| 7. Nephrology        | 19. Gynecology          |
| 8. Neurology         | 20. Ophthalmology       |
| 9. Oncology          | 21. Otorhinolaryngology |
| 10. Pediatrics       | 22. Urology             |
| 11. Obstetrics       | 23. Orthopedics         |
| 12. Gerontology      | 24. Neurosurgery.       |

F. Give a brief description of the following illnesses:

- |                            |   |
|----------------------------|---|
| 1. Cancer                  | 12. High Blood Pressure                 |
| 2. Heart Attack (MI)       | 13. SIDS (Sudden Infant Death Syndrome) |
| 3. Heart Disease           | 14. Asthma                              |
| 4. MS (Multiple Sclerosis) | 15. Miscarriage                         |
| 5. Leukemia                | 16. Infertility                         |
| 6. Cerebral Palsy          | 17. Impotence                           |
| 7. Stroke                  | 18. Diabetes                            |
| 8. Mental Retardation      | 19. Psychosomatic                       |
| 9. Mental Illness          | 20. Depression                          |
| 10. Arthritis              | 21. Psychosis                           |
| 11. Senility               |   |

G. Give a brief description of the following tests and procedures:

- |                    |                      |
|--------------------|----------------------|
| 1. EKG             | 10. CAT Scan         |
| 2. TPR             | 11. Angiogram        |
| 3. Blood Pressure  | 12. Biopsy           |
| 4. X-Ray           | 13. Frozen Section   |
| 5. EEG             | 14. Mastectomy       |
| 6. CBC             | 15. Colostomy        |
| 7. UA              | 16. Hysterectomy     |
| 8. Catheterization | 17. TURB             |
| 9. Cystoscopy      | 18. Coronary-by-pass |

H. Define the difference between acute and chronic illness.

I. Describe a typical hospital stay for a surgical patient.

J. Describe a typical hospital stay for a medical patient.

- K. Write out your individual theology of pain and suffering.
- L. Describe the resources available to the pastor in ministering to the sick:
- |                                |                          |
|--------------------------------|--------------------------|
| 1. Interpersonal relationships | 4. Sacraments            |
| 2. Scripture                   | 5. Devotional literature |
| 3. Prayer                      | 6. Worship               |
- M. Describe the components of an effective pastoral call.
- N. Describe the stages of grief dying patients and their families may experience and describe the appropriate pastoral response during each of the stages a terminal patient may experience.
- O. Describe some of the unique problems for pastors in ministering to patients with the following ailments and their families:
- |                           |                           |
|---------------------------|---------------------------|
| 1. Cancer                 | 7. Chronic illness        |
| 2. Heart disease          | 8. Birth defects          |
| 3. Stroke                 | 9. Stillbirth/Miscarriage |
| 4. Pediatrics             | 10. Psychiatric illness   |
| 5. Physically handicapped |                           |
| 6. Accident victims       |                           |
- P. Describe the unique problems encountered in a Nursing Home or Convalescent Center.
- Q. Define and describe the following illnesses and what therapeutic role a pastor can play:
- |                   |
|-------------------|
| 1. Alcoholism     |
| 2. Drug addiction |
- R. Discuss the following bio-medical ethical issues:
- |                      |                          |
|----------------------|--------------------------|
| 1. Euthanasia        | 4. Human experimentation |
| 2. Abortion          | 5. Living wills          |
| 3. Organ transplants | 6. Prolonging life       |
- S. Describe the way in which community pastors can develop a chaplaincy program in a local hospital.
- T. Describe ways in which you can involve your congregation in ministry to the sick.

## V. Course Organization

- A. Required Texts (may be revised):

1. Faber, Heije. Pastoral Care in the Modern Hospital. Philadelphia: Westminster Press, 1971. Pp. 145.
2. Swindoll, Chuck. For Those Who Hurt. Portland: Multnomah Press, 1979. Pp. 45.
3. Belgum, David. When It's Your Turn to Decide. Minneapolis: Augsburg, 1978. Pp. 124.
4. Montgomery, D. Wayne, ed. Healing and Wholeness. Richmond: John Knox Press, 1971. Pp. 232.
5. Family Medical Dictionary (a recent edition).

Other Materials:

1. Study Bible
2. Notebook or Journal

Collateral Readings (purchase not required; on reserve in library): see course outline for required and optional reading for each lecture.

B. Class Attendance:

Much of the material presented in class comes from a wide variety of sources not readily available to the individual. Also, part of each class session will be devoted to developing skills through role-playing and other exercises. Therefore, class attendance is necessary for mastery of the subject matter and absences will affect one's grade.

C. Class Time:

Each session will include the following kinds of activities:

Devotions	10 min.
Lecture	50 min.
Break	5 min.
Role-plays and other exercises	35 min.

VI. Expectations

Each student will:

- A. Own and read the required texts.
- B. Read the required items for each week (approx. 125 pages including text readings). Select five of those readings, excluding the texts, for an annotated bibliography to be



turned in by 5:00 p.m. Friday of every other week (total of 25). The first will be due on the second Friday of the quarter. Record the other items read on a short bibliography form available in the library to be turned in on the last day of class.

- C. Observe the activity in a hospital Emergency Room for one 12-hour weekend period. A 1-2 page typed reaction paper will be turned in on the fourteenth session of class evaluating the experience. Arrangements as to weekend, time and hospitals will be made between the instructor and individual students.
- D. Follow one surgical and one medical patient from their admission through discharge (time permitting). A minimum of four visits should be made with each patient. Reactions to the visits will be kept in a journal which will be turned in on the last day of class. Arrangements as to hospitals and patients will be made between the instructor and individual students.
- E. Develop and write a personal theology of pain and suffering. Considerations should include:
1. Why is pain and suffering a part of the human experience?
  2. What is God's involvement in individual and corporate pain and suffering?
  3. What is the relationship between sin and pain and suffering?
  4. What is the relationship between pain and suffering, faith and healing?
- Biblical evidence should be given. The paper should be approximately 5-10 pages in length, typed, and turned in no later than 5:00 p.m. Friday of the eighth week of class.
- F. Take a weekly 10-point quiz covering objective material presented in class. Each quiz will cover specific objectives indicated during the class session prior to the day of the quiz.

#### VII. Student Evaluation

Annotated Bibliographies	250 points
Emergency Room Reaction Paper	100 "
Journal	250 "
Personal Theology of Pain and Suffering	200 "
Quizzes (10)	100 "
Attendance, Class Participation, Short Bibliographies	100 "

---

1000 points

## VIII. Course Schedule

SESSION

- 1) Receive syllabus, discuss course purpose, requirements and organization.

"A Pastor's Glossary of Medical Terms"

- 2) "Hospitals - A Foreign Country with a Foreign Language"  
Organization and administration  
Units, areas and wards  
General procedures

Text: Faber, ch. 1-2, pp. 1-18.

Required: Gots, R. and A. Kaufman. The People's Hospital Book, pp. 36-43, 48-62, 96-108, 163-179.

Suggested: Remaining chapters in The People's Hospital Book.

Miller, B.F. The Complete Medical Guide, 4th ed.  
ch. 30, pp. 390-398.

Nelson, J.B. Rediscovering the Person in Medical Care,  
ch. 7, pp. 120-132.

White, D., ed. Dialogue in Medicine and Theology,  
ch. 1, pp. 19-50.

Wilson, M. The Hospital - A Place of Truth, Section I,  
pp. 1-57.

- 3) "Doctors, Nurses and Other Health Care Personnel"  
The role and responsibility of doctors  
Doctor's specialities  
The role and responsibility of nurses: RN, LPN, Nurse's Aid, Head Nurse, Primary Nurse  
The role and responsibility of other personnel: Administrator, Dietician, OT, PT, Social Worker, Ward Secretary

A doctor, nurse, and hospital administrator will present a panel discussion.

Text: Healing and Wholeness, pp. 27-33.

Required: Belgum D. Clinical Training for Pastoral Care,  
ch. 2, pp. 21-40.

Gots, R. and A. Kaufman. The People's Hospital Book,  
ch. 7, pp. 24-83.

Nelson, J.B. Rediscovering the Person in Medical Care,  
ch. 2, pp. 33-46.

Southard, S. Religion and Nursing, ch. 10, pp. 147-157.

Suggested: Miller, B.F. The Complete Medical Guide,  
ch. 26, pp. 367-373.

White, D., ed. Dialogue in Medicine and Theology,  
ch. 3, pp. 81-96.

Wilson, M. The Hospital - A Place of Truth, pp. 160-180.

1st annotated bibliography due.

- 4) "The Patient - A Stranger in a Strange Land"  
Common reactions to the hospital environment  
Dehumanization and indignities  
Patient's Bill of Rights

Text: Faber, ch. 2, pp. 31-37.

Healing and Wholeness, pp. 24-26.

Required: Elia, A.D. "Spiritual Needs in the Care of the Patient," Pastoral Psychology 8, 73, April 1957, pp. 19-30.

Nelson, J.B. Rediscovering the Person in Medical Care, ch. 4, pp. 61-73.

Suggested: Annas, G.J. The Rights of Hospital Patients.

Bates, W.E. "The Inner World of the Patient," Pastoral Psychology 8, 73, April 1957, pp. 16-18.

Jacobs, W. The Pastor and the Patient, ch. 10, pp. 119-139.

Lederer, H.D. "How the Sick View Their World," Pastoral Psychology 8, 74, May 1957, pp. 41-49.

- 5) "Common Illnesses, Acute and Chronic"  
A doctor will be the guest lecturer.

Required reading: Miller, B.J. The Complete Medical Guide, ch. 33-34, pp. 415-489.

Look through the material in your packs from the various societies and associations.

- 6) "Biblical Perspectives on Pain and Suffering"  
The universal question - "Why?"
- |                         |                              |
|-------------------------|------------------------------|
| 1. result of sin        | 5. glorify God               |
| 2. punishment for sin   | 6. produce dependence on God |
| 3. testing and refining | 7. for training              |
| 4. caused by Satan      |                              |
- God's sovereignty

Text: Faber, ch. 4, 38-47.

Swindol, pp. 1-48.

Required: Cox-Gedmark, J. Coping with Physical Disability, pp. 32-42.

Dialogue in Medicine and Theology, ch. 2, p. 51-80.

Sockman, R.W. The Meaning of Suffering, ch. 4, pp. 66-92.

Suggested: Burton, T. Religious Doctrine and Medical Practice.

Lewis, C.S. The Problem of Pain

- 7) "Faith, Illness and Healing"  
The relationship between faith and illness  
The relationship between faith and healing  
Coping with illness - a Christian response

Text: Faber, ch. 4, 38-67.

Required: Blackburn, L.H. "Spiritual Healing," Journal of Religion and Health 15, 1, January 1976, pp. 34-37.

Hiltner, S. "Healing," Pastoral Psychology 8, 80, January 1958, pp. 70-82.

Suggested: Dicks, R. Toward Health and Wholeness

Doniger, S. Healing, Human and Divine

McNeil, J.T. A History of the Cure of Souls

2nd annotated bibliography due

- 8) "The Pastor - A Member of the Treatment Team"  
 The role of the pastor  
 Establishing professional relationships on the wards  
 Relationship with full-time hospital chaplain  
 A hospital chaplain will be the guest lecturer.

Text: Faber, ch. 5, pp. 68-94.

Healing and Wholeness, pp. 11-23, 34-45.

Required: Nelson, J. Rediscovering the Person in Medical Care, ch. 3, 47-61.

Young, R.K. The Pastor's Hospital Ministry, ch. 2, pp. 26-51.

Suggested: Cabot, R.C. and R.L. Dicks. The Art of Ministering to the Sick.

Scherzer, C.J. Ministry to the Physically Sick.

- 9) "The Art of Hospital Visiting - A Pastor's Resources"  
 Interpersonal relationships, scripture, prayer, faith, sacraments, touch, devotional material.

Text: Faber, appendix B pp. 127-141.

Required: Belgum, D. Clinical Training for Pastoral Care, ch. 3-4, pp. 47-76.

Young, R.K. The Pastor's Hospital Ministry, pp. 60-73.

Suggested: Scherzer, C.J. Ministering to the Physically Sick.

Westberg, Granger. "Protestant Communion in the Sickroom," Pastoral Psychology 8, 73, April 1957.

Wilson, M. The Hospital - A Place of Truth Section II, pp. 57-151.

- 10) "The Art of Hospital Visiting - Do's & Don'ts"  
 Do - touch, sit down, listen, look professional.  
 Don't - be too busy, be afraid of silence, talk loudly.

Text: Faber, appendix A, pp. 103-127

Required: Child, Kenneth. Sick Call, ch. 2, pp. 7-15.

Young, R.K. The Pastor's Hospital Ministry, ch. 3, pp. 52-60.

Suggested: Child, K. Sick Call.

Oates, W. Ministry to the Sick.

Young, R. and A.L. Meiburg. Spiritual Therapy.

- 11) "Response to the Dying"  
 Kübler-Ross' five stages of dying  
 Pastoral response  
 Looking at your own attitude toward death

Text: Faber, ch. 4, 47-67.

Required: Gates, W. Pastoral Care and Counseling in Grief and Separation, pp. 4-22, 36-48, 51-55, 57-61.

Hamilton, M., ed. A Hospice Handbook, ch. 3, pp. 11-18.

Suggested: Bailey, L.R. Biblical Perspectives on Death.

Dawson, J.J. The Cancer Patient, ch. 7, pp. 101-114.

Kübler-Ross, K. On Death and Dying.

Temes, R. Living With an Empty Chair.

Westberg, G. Good Grief.

3rd annotated bibliography due

- 12) "Traumatic and Acute Illness"  
 Pastor's role in the ER, ICU, CCU, NICU  
 Working with accident, burn, maimed patients and victims of violence

Text: Healing and Wholeness, pp. 122-132.

Required: Gots, R. and A. Kaufman. The People's Hospital Book, ch. 4, pp. 44-62.

Stein, E.V. "Role of the Clergy in Catastrophic Illness," Journal of Pastoral Care, 201, 1966, pp. 24-33.

Suggested: Cooley, D.G., ed. Family Medical Guide, ch. 22, pp. 612-621.

White, D., ed. Dialogue in Medicine and Theology, ch. 4, pp. 97-131.

Young, R.K. The Pastor's Hospital Ministry, pp. 85-94.

- 13) "Surgical Patients"  
 Pastor's role before, during and after surgery.

Required: Miller, B.F. The Complete Medical Guide, 4th ed. ch. 31, pp. 399-406.

Paterson, G.W. The Cardiac Patient, ch. 4, pp. 67-82.

Young, R.K. The Pastor's Hospital Ministry, pp. 94-106.

Suggested: Cooley, D.G., ed. Family Medical Guide, ch. 22, pp. 721-780.

Young, R.K. Spiritual Therapy, ch. 8, pp. 110-124.

Emergency Room Reaction Paper Due

- 14) "Pediatrics, the Nursery and Obstetrics"  
 Pastor's ministry to ill children and their families, to women during and after pregnancy with particular attention to miscarriages, stillborns, birth defects, and Sudden Infant Death Syndrome.

- Required reading: Beckwith, J.B. The Sudden Infant Death Syndrome (pamphlet)  
 Dawson, J.J. The Cancer Patient, ch. 7, pp. 101-114.  
 Gnaggy, R. and others. "Ministry to Families of Chronically Ill Children," Journal of Religion and Health 16, 1, January 1977, pp. 15-21.  
 Paterson, G.W. The Cardiac Patient, ch. 5, pp. 83-95.  
 Suggested: Barsch, R.H. The Parent of the Handicapped Child.  
 Petrillo, M. and Sanger. Emotional Care of Hospitalized Children.  
 Plank, Emma. Working with Children in Hospitals.  
 Sherman, Mikie. The Leukemic Child.  
 White, P.J. "Helping Parents of Congenitally Malformed Children," Journal of Religion and Health 15, 1, January 1976, pp. 12-19.  
 Young, R.K. Spiritual Therapy, ch. 9, pp. 125-139.

- 15) "Cancer, Heart Disease and Stroke"  
 Ministering to patients with the "killer" diseases

Text: Healing and Wholeness, pp. 164-166.

Required: Dawson, J.J. The Cancer Patient, ch. 3-5, pp. 39-85.

Deely, T.J. Attitudes To Cancer, ch. 2, pp. 12-33.

Paterson, G.W. The Cardiac Patient, ch. 1-3, pp. 13-67.

Suggested: Byrd, J. "The Church's Responsibility to the Person with Cancer," The Journal of Pastoral Counseling 8, 1, S/S 1975, pp. 31-38.

Cooley, P.G., ed. Family Medical Guide, ch. 26, pp. 811-814.

Kelly, O.E. Make Today Count.

Lair, J. and J.C. Lair. "Hey God, What Should I Do Now?"

Lear, M.W. Heart Sounds.

#### 4th annotated bibliography due

- 16) "Chronic Illness, Physical Disability and the Handicapped"  
 Ministering to those suffering long term illnesses or disabilities. Emphasis on helping people accept, adapt and fully live.

Text: Healing and Wholeness, pp. 46-53.

Required: Colston, Lowell. Pastoral Care with the Handicapped.

Suggested: Bergman, Charles. "The Role of the Clergy in Serving the Mentally Retarded," Journal of Religion and Health 15, 2, April 1976, pp. 100-107.

Cox-Gedmark, J. Coping with Physical Disability.

Earekson, J. Joni

Peterson, G.W. "Ministering to the Family of the Handicapped Child," Journal of Religion and Health 14, 3, July 1975, pp. 165-176.

- 17) "Convalescent and Nursing Home"  
Discussion of problems peculiar to the aged and ways a pastor can be helpful.
- Text: Healing and Wholeness, pp. 46-59.  
Required: Faunce, F.A. The Nursing Home Visit, ch. 1-2, 5-6, 10-11.  
Hamilton, M. A Hospice Handbook, ch. 10, pp. 131-144.  
Suggested: Gots, R. and A. Kaufman. The People's Hospital Book, ch. 18, pp. 200-206.
- 18) "Alcoholism, Drug Addiction and Mental Illness"  
Causes, treatment and pastor's role.
- Required: Jacobs, W. The Pastor and the Patient, ch. 12, pp. 151-166.  
NIMH. "What Is Mental Illness?" Pastoral Psychology 8, 74, May 1957, pp. 27-30.  
Veer, J. "Illicit Drugs and Drug Abuse," The Journal of Pastoral Practice 4, 1, 1980, pp. 43-50.  
Suggested: Albion, R.K. Basic Information on Alcohol.  
Shipp, T.J. Helping the Alcoholic and His Family.
- 19) "Bio-Medical Ethical Issues"  
Euthanasia, abortion, prolonging life, organ transplant, human experimentation.
- Text: Healing and Wholeness, pp. 112-142, 172-221.  
Required: Dialogue in Medicine and Theology, ch. 5, pp. 132-150.  
Suggested: Belgum, D. When Its Your Turn to Decide.  
Grisez, G. and J.M. Boyle. Life and Death with Liberty and Justice.  
Jacobs, W. The Pastor and the Patient.  
Nelson, J. Rediscovering the Person in Medical Care.  
Ramsey, Paul. Ethics at the Edge of Life.  
Rosuer, F. "The Use and Abuse of Heroic Measures to Prolong Dying," The Journal of Religion and Health 17, 1, January 1978, pp. 8-18.  
Russel, Ruth. Freedom to Die.  
Rzepka, J. "Counseling the Abortion Patient: A Pastoral Perspective," Pastoral Psychology 28, 3, Spring 1980, pp. 168-180.

Last annotated bibliography due.

- 20) "Role and Responsibility of Pastor and Church in the Community"  
Developing a chaplaincy program in a local hospital.  
Involving local congregation in ministry to the sick.
- Text: Healing and Wholeness, pp. 57-60.  
Required: Young, R.K. Spiritual Therapy, ch. 12, pp. 162-174.  
Suggested: Faunce, F.A. The Nursing Home.  
Hamilton, M., ed. A Hospice Handbook.
- Journal and Short Bibliography due.

SAMPLE QUIZ



Sample Quiz  
Friday of Week Two

1. Where would a patient suffering a heart attack probably spend the first few days of hospitalization?
  - a. OR
  - b. CCU
  - c. Recovery Room
  - d. ER
  - e. Admissions
  
2. A nurse assigned to plan the care of an individual patient would be called a:
  - a. Head Nurse
  - b. Registered Nurse
  - c. Nurse's Aid
  - d. Licensed Practical Nurse
  - e. Primary Nurse

True/False

- \_\_\_ 3. An occupational therapist helps patients with job-related problems while they are hospitalized.
- \_\_\_ 4. A pastor can disregard a "no visitors" sign on a patient's door.
- 5.-10. Match the following physician's specialities with the part of the body, type of individual or the disease they treat.
- |                       |       |           |
|-----------------------|-------|-----------|
| a. Oncologist         | _____ | emotional |
| b. Neurosurgeon       | _____ | brain     |
| c. Ophthalmologist    | _____ | blood     |
| d. Dermatologist      | _____ | cancer    |
| e. Pediatrician       | _____ | stomach   |
| f. Orthopedist        | _____ | eye       |
| g. Cardiologist       | _____ | skin      |
| h. Urologist          | _____ | elderly   |
| i. Gerontologist      | _____ | bone      |
| j. Hematologist       | _____ | heart     |
| k. Gastroenterologist | _____ | children  |
| l. Psychiatrist       | _____ | bladder   |

A Pastor's Guide to  
Faces, Places, Spaces, Ailments  
and Strange Sounding Terms  
for Ordinary and Extra-ordinary Things  
Encountered in a Hospital

(GLOSSARY)

## GLOSSARY

### Part I

Most medical terms can be broken down into parts. By understanding the meaning of these parts you can figure out the meaning of many unfamiliar terms.\*

Some refer to parts of the body:

<u>Term</u>	<u>Meaning</u>	<u>Example</u>
angio-	blood vessels	angiogram
cardi-/cor-	heart	cardiologist/coronary
-cyte	cell	erythrocyte
derma-	skin	dermatitis
gastro-	stomach	gastrectomy
hema-	blood	hematuria
myelo-	spinal cord, marrow	myeloma
myo-	muscle	myocardia
nephro-/reno-	kidney	nephrectomy/renologist
neuro-	nervous system	neurology
opto-	eye	optometry
osteo-	bones	ostearthritis
oto-	ear	otorrhea
procto-	rectum	proctoscope
psycho-	mind	psychosis
pulmo-	lung	pulmonary

\*Most have Greek roots.

Others describe position, shape, amount, or location:

<u>Term</u>	<u>Meaning</u>	<u>Example</u>
a-	lack of	apnea
de-	down, without	dehydration
dia-	through, across	dialysis
dys-	bad, abnormal	dystrophy
ecto-	outside	ectopia
endo-	inside	endocrine
epi-	upon, in addition	epiglottis
hyper-	above, excess	hyperthyroid
hypo-	under, deficient, insufficient	hypoglycemia
macro-	large, long	macrophage
mal-	bad, abnormal	malnutrition
meta-	change, transform	metastasis
micro-	small	microscope
onco-	swelling, tumor	oncologist
patho-	change in disease	pathologist
peri-	around	pericarditis

Some refer to substances of the body:

<u>Term</u>	<u>Meaning</u>	<u>Example</u>
pneum-	gas, breath	pneumonia
py-	pus	pyuria
-rrhag-/-rrhea	flow	hemorrhage/diarrhea
thrombo-	clot	thrombosis
-uria	urine	hematuria

Suffixes may mean condition, operation, or study:

<u>Term</u>	<u>Meaning</u>	<u>Example</u>
-algia	pain in	neuralgia
-ectomy	cutting out	tonsillectomy
-ia/-osis	disease	anemia/neurosis
-itis	inflammation	appendicitis
-oid	similar to	adenoid
-ology	study of	neurology
-oma	tumor	carcinoma
-ostomy	making an opening	colostomy
-otomy	cutting into	lobotomy
-phobia	fear	claustrophobia
-plegia	paralysis	quadraplegia

## Part II

### SPECIALISTS AND MORE SPECIALISTS

Most medical specialties are actually subspecialties of two broad categories - medicine and surgery. Which category a subspecialty is a part of is largely determined by the mode of treatment.

Those doctors who are classified under medicine diagnose and treat medical conditions of the various organ systems in a non-surgical fashion. About a dozen subspecialties are recognized with each title being determined by the specific area of the body or the kind of disease being treated. Before qualifying as a subspecialist each physician would first complete a residency in internal medicine followed by one in the specific area of specialization.

A surgeon's primary method of treatment is through operative procedures. They also make diagnoses leading to such surgical procedures. There are also about twelve different surgical subspecialties each dealing with a different organ system or body part. Each surgeon must complete a residency in general surgery before entering the particular subspecialty's residency program.

There are several other specialties that either lie outside the two major ones or include parts of both. The following listings and descriptions give a general idea of the area covered by each specialty or subspecialty.

### Medicine

- allergy - diagnosis and treatment of such diseases as hay fever, asthma, hives and other allergic reactions.
- cardiology - diagnosis and treatment of heart disease.
- dermatology - diagnosis and treatment of diseases of the skin.
- endocrinology - diagnosis and treatment of diseases and malfunction of the endocrine glands such as the thyroid or pituitary gland.
- gastroenterology - diagnosis and treatment of conditions affecting the digestive system (stomach, intestines and liver).
- hematology - diagnosis and treatment of blood disorders such as anemia and leukemia.
- internal medicine - diagnosis and treatment of kidney diseases.
- nephrology - diagnosis and treatment of kidney diseases.
- neurology - diagnosis and medical treatment of organic disorders of the brain and nervous system..
- oncology - diagnosis and medical treatment of cancer and other tumors.

### Surgery

- Many of the surgical subspecialties' titles are self-descriptive and will not be fully described here. Some are hand, foot, head and neck, and colon and rectal surgeons.
- general surgery - treatment of diseases, wounds and deformity by operation or manipulation. Tonsillectomy, appendectomy and hernia operations might be done by a general surgeon.
- cardiovascular surgery - treats heart and blood vessel deformities and ailments by surgical procedures. Open heart surgery would be performed by a cardiovascular surgeon.
- gynecology - diagnosis and treatment of diseases of the female organs often involving surgery. Gynecologists are often obstetricians too, but it is not necessary.
- neurosurgery - operations on the brain and nervous system such as removal of a brain tumor.
- ophthamology - diagnosis and treatment of diseases and deformity of the eye. Includes both medical and surgical treatment.

orthopedic surgery - diagnosis and treatment of the bones and joints.  
Includes repair of simple fracture to hip replacements.

proctology - surgical treatment of the rectum and colon.

otorhinolaryngology - try saying ear, nose and throat and you'll understand the concerns of this subspecialty.

thoracic surgery - surgical procedures of the chest. Removal of a lung tumor would be performed by a thoracic or chest surgeon.

urology - treatment of the urinary system of women and genitourinary system of men. A urologist would perform prostate surgery.

### Other Specialties

anesthesiology - a physician practicing this specialty chooses and administers the most suitable anesthetic and monitors a patient's condition during surgery.

family practice - overall care of entire families. A family practitioner takes care of everything from colds to delivering babies to doing simple surgical procedures.

gerontology - diagnosis and treatment of problems associated with aging and the aged.

obstetrics - delivery of babies and care of the mother during pregnancy and during the post-delivery period.

pathology - the doctors specializing in this field are seldom seen by a patient for they study changes in blood, urine, and tissue samples in the laboratory to help diagnose disease and determine the best treatment regimen.

pediatrics - the care and treatment of children from birth through adolescence. Pediatricians can be divided into many of the same medical and surgical subspecialties already covered, but scaled down to children. One unique to pediatrics is the neonatal specialist who cares for premature infants and other newborns with medical problems.

psychiatry - diagnosis and treatment of mental and emotional disorders.

radiology - the making and interpretation of a wide variety of X-ray studies from simple chest films to complicated CAT scans. A radiologist also supervises the therapeutic application of radiation.



### Part III

#### ALPHABET SOUP

It is possible to hear more acronyms bouncing off the walls in a hospital than in the Pentagon. The reason is the same; it is much easier and faster to string a few letters together than to use many long and difficult-to-pronounce words. The following list gives the full term and definition of the most common acronyms seen and heard in a hospital.

- C-section: Caesarean section - delivering an infant through an incision in the abdomen and uterus.
- CBC: complete blood count - a blood test indicating the kinds, sizes, and numbers of cells seen under a microscope. Used to help diagnose many diseases such as anemia, leukemia, and bacterial infections.
- CCU: Coronary Care Unit - highly equipped and intensively staffed hospital unit which provides 24 hour monitoring and care for victims of heart attack, heart disease and individuals recovering from heart surgery.
- EEG: electroencephalogram - an electrical tracing recorded on a long strip of graph paper of "brain waves"; used to help diagnose abnormal neurological conditions.
- EKG: electrocardiogram - an electrical tracing of the heart recorded on a long narrow strip of graph paper showing the functioning of the heart muscles; used both as a screening test and diagnostic test for heart disease.
- ER: emergency room - the unit in a hospital designed, equipped and staffed to provide initial diagnosis and treatment for patients suffering trauma and acute illnesses requiring immediate treatment. Minor everyday ailments and chronic, long-standing complaints belong in doctors' offices, not ER's.
- GI Series: a series of gastrointestinal X-ray tests after swallowing barium (tastes yukky!) used for the diagnosis of suspected ulcer and cancer of the stomach and duodenum.

- ICU: Intensive Care Unit - hospital unit which provides 24 hour monitoring, observation, and moment to moment treatment to patients whose precarious condition requires constant supervision. Many large hospitals subdivide intensive care into medical (MICU), surgical (SICU), and neonatal (NICU) units.
- IPPB: intermittent positive pressure breathing - a machine which actively inflates the lungs during inspiration to encourage deeper respirations to expand lungs and promote expulsion of lung fluids. Often used after surgery to prevent pneumonia. Many patients dislike the procedure or find it boring so they need to be encouraged in its use.
- IV: intravenous - giving nourishment or medication by allowing a solution to flow through a tube or by giving an injection directly into a vein.
- MI: myocardia infarction - heart attack
- NPO: nothing by mouth - derived from a Latin term and ordered by doctors for patients prior to surgery or procedures to ensure that the stomach is empty. The "nothing" includes water, all other liquids, and foods.
- OB-GYN: obstetrics and gynecology - the ward or department which provides care for women during and after pregnancy and for women suffering from diseases of the reproductive system.
- OR: operating room - a sterile room or suite of rooms designed and specially equipped for performing surgical procedures.
- OT: occupational therapy - inpatient and outpatient department where disabled individuals are aided and trained to maximize their potentials, learn new skills. or relearn old ones. Occupational therapists may work with stroke victims, quadraplegics, patients with MS and other neurological ailments, those with arthritis or individuals with other handicapping disorders. The therapists design splints, teach amputees to use artificial arms and hands and design devices to help paralyzed individuals in personal care. OT has come a long way from basket weaving days.
- PT: physical therapy - inpatient and outpatient department that aids in the rehabilitation of physically disabled individuals and provides treatment such as whirlpool, massage, physical conditioning, ultrasound, applied heat, etc.
- TPR: temperature, pulse, and respiration - an abbreviation used by ward personnel for monitoring patients' vital signs. Normal temperature is 98.6°F. Pulse rate is the number of heart beats per minute and respiration rate is the number of breaths per minute.

UA: urinalysis - a series of chemical, microscopic and physical tests on urine; used as a screening test and also for diagnosis of diseases of the kidneys and bladder.

## Part IV

### MORE WORDS

abortion - any process that brings about premature expulsion from the uterus of an embryo or a nonliving fetus. If a doctor brings on expulsion, the birth is called an induced abortion or therapeutic abortion. A spontaneous abortion occurs without intervention on anyone's part.

abscess - the collection of pus in a cavity of the body where the tissues have broken down.

acute - a condition that starts suddenly and lasts only a short time.

admissions - the department in the hospital that processes patients entering the hospital under non-emergency conditions.

alcoholism - habitual excessive use of alcohol leading to unhealthy changes chiefly in the nervous and digestive conditions.

allergy - hypersensitivity to one or more specific substances. Hives rashes, or minor cold-like symptoms may result from exposure to the substance. However, some reactions may be so severe as to be life threatening.

ambulatory - indicates that a patient can get up and walk about without assistance.

analgesic - pain reliever.

anemia - deficiency in the blood of the number of red blood cells which contain hemoglobin, a red-colored material which carries oxygen from the lungs to the rest of the body.

anesthesia - loss of feeling.

general - loss of feeling in the entire body.

local - loss of feeling limited to a certain area.

anesthetic - the substance used to produce anesthesia.

aneurysm - a blood-filled sac formed by an abnormal widening in a blood vessel. An aneurysm in the aorta or in the brain may burst and cause death. An aneurysm is like a weak spot on a tire which may lead to a blow-out.

angia pectoris - heart disease in which the patient suffers from suffocating contractions in the chest and pains radiating down the left arm.

- angiogram - an X-ray test after injecting "dye" into an artery.
- antibiotic - a substance produced by an organism that tends to inhibit the growth of other organisms. Usually refers to extracts of mold or bacteria, such as penicillin or streptomycin. Used in the treatment of infectious diseases caused by a bacteria.
- antiseptic - prevents decay or decomposition.
- aorta - largest artery of the body; leading from the heart and then branching to all parts of the body.
- aphasia - inability to speak due to brain damage. The voice box and other organs of speech may be uninjured. Stroke patients often suffer aphasia and it can be extremely frustrating for the individual may want to communicate and be unable to.
- appendicitis - inflammation of the appendix, a cigar-shaped projection from the large intestine on the right side of the body. It may burst if it is not removed. The appendix serves no known function and can be surgically removed without interfering with body function.
- arteriosclerosis - hardening of the arteries, a condition in which the walls of the arteries thicken and lose elasticity. It can lead to heart attack or stroke.
- arthritis - a group of diseases characterized by inflammation of the joints. Some type may cause degeneration or deformation of the joints.
- asthma - the bronchial tubes contract spasmodically, making breathing difficult and associated with wheezing, choking, and coughing. The condition is most often due to allergy involving inhalation of dust or other substances to which the person may be sensitive. Stress may precipitate an attack.
- attending physician - staff physician in a teaching hospital who supervises residents and interns.
- autopsy - examination of a body after death, generally to determine cause of death but sometimes to increase medical understanding of disease process.
- barbiturates - a group of compounds which act as sedatives, hypnotics or sleep inducers. Phenobarbital is one of the most common and is sometimes used in the treatment of epilepsy. Barbiturates are often abused.
- barium - a metallic element. It does not allow X-rays to pass, so it is often given to patients to drink or by enema to make the digestive track stand out on film. It tastes like chalk.

bedrest - a term indicating that the doctor has ordered that the patient remain in bed.

bedsore - ulcerlike sore which is caused by the pressure of the patient's body against the bed; technical term is decubitus ulcer.

benign - harmless, not recurrent.

biopsy - removal of a piece of tissue to be examined microscopically for diagnosis. Biopsies of internal organs can be achieved without making an incision by using a needle-like apparatus.

bladder - sac which holds urine.

blood pressure - the force of the blood in the blood vessels. It is measured by a sphygmomanometer, which consists of a cuff into which air can be pumped and a pressure gauge. Pressure readings are made during both the systolic (heart is beating) and the diastolic (heart at rest) phases of the heartbeat.

cancer - a lump or mass produced by the unchecked growth of cells in some part of the body.

carcinogen - a substance which can cause cancer.

cardiogram - tracing which shows the movements of the heart.

cardiovascular - pertaining to the heart and blood vessels.

catheter - a tube which is put into various portions of the body to withdraw fluids from a cavity such as one put into the bladder for withdrawal of urine.

cerebral palsy - partial paralysis and lack of muscle coordination caused by damage to the brain generally at birth.

chart - the medical record of a patient during a hospital stay. Will contain doctor's orders, nurse's notes, test results, consultant's notes, history, etc. Most hospitals do not allow patients access to the chart. Full-time hospital chaplains generally can read the chart.

chromosome - one of the rod shaped bodies in the nucleus of a dividing cell which carries the heredity factors (genes). In humans there are 48 in each cell. Down's Syndrome is associated with an abnormal split in one of the chromosomes.

cirrhosis - chronic inflammation of an organ. In the liver the disease is marked by degeneration of the liver cells and thickening of the surrounding tissue. Cirrhosis of the liver is often associated with alcoholism.

code 99 - a call announced over the PA system calling all personnel to respond to a cardiac or respiratory arrest. Different codes are used in different hospitals, such as code blue, code 9, double paging a doctor, etc. The ward number or location is announced. Pastors can be very helpful during a code, particularly if the family is present.

colostomy - surgically forming an artificial opening in the abdomen wall for the colon (large intestine). The procedure is necessary when cancer of the rectum or anus is present. Some patients have a difficult time accepting the surgery and need much pastoral support.

consent form - a form that must be signed by a patient before surgery or other procedures occur. The operation or procedure is described often in technical terms. Signing the form gives the surgeon permission to do the described procedure.

coronary - relating to the arteries which supply blood to the heart muscle.

coronary thrombosis - formation of a clot in the coronary artery, interfering with the blood supply to the heart muscle causing a heart attack.

coroner - official who examines cases of death due to unexplained causes, violence, suspicion of foul play and other reasons depending on local law. For example, anyone dying within 24 hours of admission to a hospital in Oregon must be reported to a coroner. Also called Medical Examiner.

critical - the condition of a patient who is in danger of death.

cystoscopy - examination of the interior of the urinary bladder through a catheter inserted via the urethra.

delivery room - the area in the hospital where babies are born.

diabetes mellitus - a disease in which sugar is inadequately utilized by the body owing to a lack of insulin.

dialysis - a process in which the blood is cleansed of toxic substances when the kidneys fail to function.

diuretic - substance which increases the output of urine.

Down's syndrome - mongoloidism, a congenital defect characterized by physical malformations and some degree of mental retardation.

drug addiction - a state of physical and psychic symptoms resulting from taking a drug, including a compulsion to take the drug regularly to experience its psychic effects and later to avoid the discomfort of absence of the drug.

embolism - obstruction of a blood vessel by a blood clot, air bubble, fat globule, or bacteria.

endocrinologist - diagnoses and treats ailments of the endocrine glands.

epilepsy - seizures characterized by loss of consciousness, momentary or prolonged and involuntary convulsive movements. It is the result of a temporary disturbance of the brain impulses much like the static you sometimes hear on the radio. There is nothing wrong with the brain as far as intelligence and emotions are concerned.

euthanasia - painless death.

excision - the act of cutting out.

fibrillation - tremor or twitching of muscles. A muscle in the heart can fibrillate causing no blood to be pumped. An electrical shock is applied to the chest (defibrillation) to restore normal rhythm.

gall bladder - sac-like organ located below the liver. It serves as a storehouse for bile which aids in digesting food.

genetics - the study of heredity and transmission of characteristics.

glaucoma - a disease of the eye in which there is an increased pressure within the eye damaging the retina and the optic nerve. It may lead to blindness.

head nurse - the chief nurse on a ward responsible for supervising all ward nursing personnel.

heart attack (MI) - myocardial infarction; an already narrowed coronary artery or one of its branches becomes closed off and blocks the flow of blood to part of the heart muscle causing it to dysfunction or die.

heart disease - a group of ailments that affect the cardiovascular system.

congenital - defects in heart present at birth.

rheumatic - injuries to heart caused by rheumatic fever.

paracarditis - inflammation of lining of heart.

coronary disease - narrowing of the arteries of the heart.

heart failure - weakening of the heart so that it is unable to pump sufficient blood.

hematoma - a bruise.

hepatitis - inflammation of the liver.



high blood pressure - an elevation of the pressure the blood exerts against the walls of the artery. Systolic pressure is measured when the heart beats and the diastolic when the heart is at rest. Excessive pressure burdens the heart and damages the internal walls of the arteries.

hypertension - high blood pressure.

hysterectomy - surgical removal of the uterus sometimes including the ovaries.

impotence - inability of a male to develop an erection or to maintain it.

infertility - the inability to conceive.

inhalation therapist - hospital staff member who aids patients in maintaining and increasing their lung function.

intern - a physician in the first year of training after completion of medical school.

internist - a physician who specializes in diseases of the internal organs.

intravenous feeding - giving nourishment by inserting a needle into a vein allowing a solution to flow in directly.

isolation - placing a person having a communicable disease separate from others to prevent the disease from being spread.

laboratory - the area in the hospital where tests are conducted on blood, urine, tissue and other specimens.

larynx - voice box.

leukemia - commonly called cancer of the blood; a condition in which the white blood cells multiply and accumulate in the blood and bone marrow so that severe symptoms appear. Most common cancer in children.

licensed practical nurse - (LPN) one trained in the less technical duties of nursing.

living will - a document signed by an individual requesting that no extraordinary measures be used to prolong life in case of terminal illness. Legally binding in some states.

malignant - harmful, the opposite of benign.

malingering - one who pretends to be ill.

mastectomy - surgical removal of the breast.

medical social worker - concerned with restoring a patient to a functional place in the community on discharge from the hospital. May arrange convalescent care and treatment, help with job placement, living arrangements, family difficulties and solving financial problems.

mental illness - emotional difficulties with no known organic cause. Functioning may be totally impaired as in psychosis or cause difficulty in normal functioning (neurosis, phobias, etc.) The patient has little if any conscious control over responses and requires treatment just as if the illness were physical.

mental retardation - subnormal intellectual development due to defects and diseases in the brain.

metastasis - the spread of a disease from one part of the body to another usually by means of germs or cells carried from the diseased part by the blood or lymph.

miscarriage - expulsion of a fetus from the uterus before it is able to live on its own.

morgue - a place where dead bodies are temporarily stored.

moribund - near death.

multiple sclerosis (MS) - hardened patches due to inflammation are scattered at random throughout the brain and spinal cord, interfering with the nerves in these areas. Symptoms, depending on the location of the inflammation, can include tremor, weakness, speech impediment, loss of balance, stiffness in joints, vision difficulties and paralysis.

myocardia - pertains to the muscle condition of the heart.

neonatal - refers to the first four weeks after birth.

nephrectomy - surgical removal of a kidney.

neurosis - mental disorders in which no organic base can be demonstrated, manifested by excessive anxiety, fears, compulsions, hysteria, and depression.

no visitors - a sign on a patient's door meaning just what it says. Pastors should check with ward personnel to see if a visit is permissible or possible.

nurse's aid - one who provides care for basic physical needs. Little training.

optician - one trained to grind lenses or glasses from a prescription.

optometrist - one trained in examining eyes for the purpose of prescribing glasses.

outpatient department - part of the hospital where persons are treated who do not need to be kept at the hospital.

paralysis - loss of sensation or movement in a part of the body.

quadraplegia - paralysis of the body from the neck down.

paraplegia - paralysis of the legs and lower parts of the body.

physician - one who is licensed to practice medicine.

physician's assistant - an individual trained to provide basic medical care, under the direct or indirect supervision of a physician.

Can prescribe some medications, do simple surgical procedures and care for most common complaints.

plastic surgery - surgery to restore lost parts or repair defects.

podiatrist - one who treats foot ailments. Not an M.D., but trained in the medical and surgical care of the feet.

post op - following surgery

pre op - before surgery

primary nurse - a registered nurse who plans the care of an individual patient.

prostate gland - a male gland located at the neck of the bladder which secretes prostatic fluid, which is part of the seminal fluid.

psychosis - a condition in which mental function is impaired, interfering with the ability to meet the ordinary demands of life or contact with reality. Psychoses include impairment of orientation, memory, comprehension, learning capacity, and judgement. Psychoses do not include mental retardation or change in behavior or mentality due to physical diseases, injuries, tumors of the brain, or abscesses.

psychosomatic - pertaining to both the mind and the body, such as diseases which are traced to emotional causes.

pulse - the expansion and contraction of an artery. The contractions of the arterial walls correspond to the contractions of the heart. Normal rate of heart beat in men is 65-72 beats per minute, in women, 70-80 beats per minute.

recovery room - provides constant supervision of patient immediately following surgery until the anesthetic has worn off and vital signs are stable.

registered nurse - a graduate nurse who has been licensed and registered by a state authority.

renal - pertaining to the kidneys.

resident - a graduate physician who is receiving training in a speciality in a hospital.

reverse isolation - protecting a person with a lowered resistance to infection by isolation in a sterile environment. All individuals who enter the room must be masked and gowned.

sclerosis - hardening of connective tissue, particularly the thickening of the walls of blood vessels.

senility - feebleness of mind and body associated with old age.

shock - a general condition with low blood pressure, cold skin, rapid pulse, and anxiety, produced by sudden loss of blood or other traumatic conditions such as allergy, surgery and heart attack.

sterile - 1) free from germs; 2) not able to produce offspring.

stillborn - dead at birth.

stroke - results from a sudden blockage of the circulation of the blood to an area of the brain. May follow bleeding in the brain a clot blocking off a blood vessel, or the breaking of an aneurysm. Can result in paralysis on one side of the body, loss of speech, vision, hearing or memory and in a coma.

Sudden Infant Death Syndrome (SIDS) - the unexpected death of a healthy infant generally occurring during sleep. Cause is not known for sure, but it is not due to any neglect by the parents. Parents of SIDS babies require a great deal of support.

surgery - branch of medicine dealing with wounds, deformities, and diseases treated by operation or manipulation.

symptom - any change from the normal which indicates disease.

syndrome - a group of symptoms which occur together and seem to have the same cause.

therapy - treatment of a disease or defect.

thoracic - pertaining to the chest.

toxic - poisonous.

tracheotomy - a surgical procedure to produce an artificial opening in the trachea (windpipe) through the tissues of the neck to facilitate respiration.

transfusion - injection of fluid, especially blood or plasma, into a vein.

transplantation - grafting of tissues from one part of the body to another part, or to another body.

trauma - injury

tumor - a growth or swelling or a morbid (diseased) enlargement.

ulcer - an open sore other than a wound.

decubitus - bed sore.

peptic - in stomach.

colitis - located in large intestine.

universal donor card - an identification card carried by an individual giving permission for the use of organs in the event of sudden death.

uterus - the womb, the hollow pear-shaped organ in a woman's pelvis which holds the developing fetus.

vascular - pertaining to or containing blood vessels.

vein - a blood vessel which carries blood to the heart from parts of the body.

vital signs - pulse and respiration rates, blood pressure and temperature. Often referred to as TPR by ward personnel.

ward secretary - the individual on a ward who keeps track of all the paperwork, maintains charts, schedules, appointments, and tries to maintain a certain amount of order in the midst of chaos.

X-ray technician - an individual trained to take and develop X-rays. Also, assists the radiologist during some procedures.

Pain and Suffering - A Wilderness

by

Merrily Anderson

All Scripture passages are quoted from the New International Version unless otherwise noted.

The woman is 38, excited, radiant; her first child is about to be born. The delivery is normal but the mother's happiness is shattered for her child has Down's Syndrome. "Why? Why?" she asks.

The top of a mountain blows off, sixty-one people are dead or missing. One hundred and fifty square miles of Douglas Fir trees are flattened. A couple watches as their dream house is buried in the mud that sweeps down the once pristine watershed. All that is left is their, "Why?"

A six year old darts out into the street. The driver in the coming car cannot stop. A thud, tinkling glass, and the child is killed. The sobbing parents cry, "Why?" The tormented driver asks "Why?"

Parents watch their child destroyed by drugs and ask "Why?" The mother of five hears the diagnosis - cancer. The whole family asks, "Why?" The expectant job applicant is turned down - again. He asks "Why?" The young pastor no longer feels that God hears his prayers. He asks "Why?" Fifty-two people are held hostage for over a year. They ask, "Why?" Their families ask, "Why?"

That question, of why pain and suffering, physical, emotional, and/or spiritual, is our lot as human beings has been asked since the beginning of time. Many and varied answers have been attempted and our Bible mirrors many of those answers.

Biblical authors have perceived pain and suffering as the harvest of individual sin. In fact, the first mention of pain in Scriptures



occurs in the third chapter of Genesis. Because of Eve's disobedience God declares, "I will greatly increase your pains in child bearing; with pain you will give birth to your children." In Psalm 38, the poet laments, "Because of your wrath there is no health in my body; my bones have no soundness because of my sin."

Sin results in pain and suffering not only for the individual, but also for descendents. In the twentieth chapter of Exodus God states, ". . . for I, the Lord your God, am a jealous God, punishing the children for the sin of the fathers to the third and fourth generation of those who hate me.

Sin also results in punishment for the entire nation. In Hosea God says, "The people of Israel go their own way . . . but now I am going to gather them together and punish them. Soon they will writhe in pain when the emperor of Assyria oppresses them!" Hosea 8:9-10 (GNB).

The pain and suffering experienced by Israel is seen as chastisement from God to correct the ways of his people and return them to him. In Ezekiel the oracles of judgement against Israel are often followed by, "So you will know that I am Yahweh."

Pain and suffering are explained as a tool God uses to test and refine his people. The Psalmist declares in a hymn of thanksgiving:

Praise our God, O peoples,  
 let the sound of his praise be heard;  
 he has preserved our lives  
 and kept our feet from slipping.  
 For you, O God tested us;  
 you refined us like silver.  
 You brought us into prison  
 and laid burdens on our backs.  
 You let men ride over our heads;  
 we went through fire and water,  
 but you brought us to a place of abundance.

Psalm 66:8-12

And Isaiah tells of God's impending judgement, "I will turn my hand against you; I will thoroughly purge away your dross and remove your impurities," Isaiah 1:25. The same explanation occurs again in I Peter 1:6-7, ". . . now for a little while you may have had to suffer grief in all kinds of trials. These have come so that your faith - of greater worth than gold which perishes even though refined by fire - may be proved genuine and may result in praise, glory and honor when Jesus Christ is revealed."

Pain and suffering are placed at the feet of Satan in the first chapter of Job. In fact, the entire Book of Job seems to be devoted to feretting out the answer to the question: why do people suffer, particularly the righteous? At the point God takes the stage all expect him to provide a solution. Fortunately or unfortunately, depending on your position, God doesn't seem to even address the issue as he declares the extent of his sovereignty. What seemed to me to be pure sidestepping on God's part angered me at one time but has since provided me the key for coming to terms with my own pain and suffering.

When I developed systemic lupus (SLE) the question of pain and suffering became something more than academic. In fact, for several years it was just about the only question my pain allowed me to entertain.

I tried on all the biblical answers I could discover and then some. I had SLE because I had sinned. "No," I'd shout, "I haven't done anything that bad."

My joints hurt because God was punishing me for my sins. "God is love," my mind said. "Love wouldn't cause me to hurt this much."

Seizures shook my body because God was refining me. "Refining

me?" I'd cry, "They're destroying me!"

I was in a wheel chair because God was trying to bring me back to him. "That might have been true a few years ago," I'd plead, "but I'm trying my best now to be what he wants."

My kidneys were inflamed and bleeding because Satan was attacking me. "No!" "God is more powerful than Satan, if God is."

I couldn't button buttons or hold a cup because God was testing my faith. "Testing my faith? There is no faith left. God either doesn't exist or he is a sadist."

With those words I abdicated. I chose the only out that seemed open to me. I chose death as an escape from the physical, emotional, and spiritual suffering I'd fought for the past 10 years. I went to a motel, took a month's supply of three potent medications and then lay down for the final escape.

I hadn't reckoned with God's sovereignty though. He demonstrated it over me and over the death I'd chosen. Inexplicably, in medical terms, I woke up 16 hours later, called for help, was rushed to a hospital and spent the next several months struggling in its confines.

It was through that experience that I began developing a theology of pain and suffering that invited me toward life instead of death. I came to three conclusions in the year following the overdose. 1) Death is not the answer to pain; 2) fixating on why you suffer has little value and is often immobilizing; and most importantly, 3) God is sovereign over pain and suffering, and over death.

I discovered that in all the time I'd spent with the Bible trying to come to an understanding of my suffering, I had overlooked, or perhaps underlooked would be the better word, the one thing on which

all biblical authors are in agreement. God is sovereign! No matter if the perceived cause of suffering is evil, or sin, or God's punishment, or God's reprimand, or his testing, or unknown, God is in control. My life and my death are under God's control, not mine, not the SLE's.

My focus changed from why I was suffering, to how I was suffering, to how God participated in my pain, and to how others could share in my individual agony. I discovered that my ability to tolerate pain is not based on my strength. By myself, I had not been able to cope. Realizing that God is in control provided the strength to handle the pain constructively. Pain in itself did not decrease but my attitude towards it changed. I was no longer in mortal combat with suffering. I no longer had to win the battle with pain, for pain was no longer in the role of enemy. It just was. I hurt, but it was okay to hurt. God was sovereign over that hurt.

The reality of Paul's experience became mine. He states in II Corinthians 12:7-8,

To keep me from becoming conceited because of these surpassingly great revelations, there was given me a thorn in my flesh, a messenger of Satan, to torment me. Three times I pleaded with the Lord to take it away from me. But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness."

Grace, God's grace, grace that chose Ancient Israel, grace that led slaves out of Egypt into the wilderness, grace that led them to the promised land, grace that forced a stiff-necked people into Exile, grace that brought them back to their land, grace that became incarnate in Jesus, grace that hung on a cross, grace that conquered death through an empty tomb reached out and led me through a wilderness, rescued me from self-chosen death and claimed me. I could do no more

than respond.

Whether pain and suffering is the result of evil, of God's active intervention, or just a chance encounter with a bacteria, God can and does work in the situation to lead an individual toward life. Not necessarily a pain-free life, but the "abundant life" that only he can give.

We have an erroneous belief in our society that suffering in any form detracts from life. Pain is bad. It should be avoided at all cost, eradicated, medicated or banished. When discomfort, physical, emotional or spiritual, fails to go away blame and guilt are attached. A doctor fails to bring healing. Faith is deemed insufficient to bring about a cure. The medication is not potent enough. Evil has triumphed over good, evil being suffering - good being comfort.

This attitude is often detrimental for it can lead an individual from doctor to doctor, psychiatrist to psychiatrist, church to church, drug to drug, seeking some means, any means, to dispell that which the individual perceived is destroying the quality of life - pain.

Suffering is not the antithesis of life, though; pain does not have to effect the quality of a life. Pain and suffering are not pleasant to be sure, however, that does not mean that good cannot arise out of individual or collective agony. My knowledge of who and what I am in relation to God, others, and self has arisen out of my wilderness of suffering.

A professor I studied under once made the comment that one cannot enter the Promised Land without first sojourning in the Wilderness. Biblical evidence points to the validity of this statement.

Joseph was able to say years later to the brothers who had sold

him into the wilderness of slavery, "You plotted evil against me, but God turned it into good, in order to preserve the lives of many people who are alive today because of what happened." (Gen. 50:20)

A rag tag bunch of slaves discovered who their God was and consequently who they were in the barren Sinai before they entered into the land of mil and honey.

The Psalmist's cry "My God, my God, why have you abandoned me?" turns into a song of praise after experiencing the agony that led to rescue. (Psalm 22)

Jesus echos the same cry on the cross but God turned the suffering of Gethsemane and that cross into the greatest victory the world has ever known.

That victory is now mine but I had to travel through the wilderness of pain in order to understand that it was for me. God's grace is most dramatically demonstrated in the midst of suffering and for me my wilderness of SLE has been of unmeasurable value, it has been my salvation.

Traveling through that wilderness destroyed my pride, left me unable to cope using my own resources. It brought me face to face with my God. Again Paul's words have become mine.

We were under great pressure, far beyond our ability to endure, so that we despaired even of life. Indeed, in our hearts we felt the sentence of death. But this happened that we might not rely on ourselves but on God, who raises the dead. He has delivered us from such a deadly peril, and he will deliver us. (II Cor. 8:6-10)

Pain and suffering, physical, emotional, and/or spiritual, is part of our human experience. We may not be able to answer why, for the reasons can be many and varied, but we can always know that God

can and will work in and through our personal agonies to bring us into a new relationship with him, to bring us to life. We can all join with Paul and give thanks to the God and Father of our Lord Jesus Christ, the merciful Father, the God from whom all help comes! Amen!

sharpe, William D    Medicine and the Ministry    R Med Basis  
for Pastoral Care    Prentice-Hall: Englewood Cliffs, N.J.: 1966

#### BIBLIOGRAPHY



## BIBLIOGRAPHY

Pastors and other church related personnel would find items marked with an asterisk (\*) valuable additions to their library.

### Hospitals, Medical Personnel, and Physical Disease

- \* Albion, R.K. Basic Information on Alcohol. rev. 4th ed. Ithaca: Cornell College Press, 1953.
- Annas, G.J. The Rights of Hospital Patients. New York: Avon, 1975.
- Barsch, R.H. The Parent of the Handicapped Child. Springfield: Charles C. Thomas, 1968.
- \* Dawson, John J. The Cancer Patient. Minneapolis: Augsburg, 1978.
- \* Deeley, T. J. Attitudes to Cancer. London: SPCK, 1979.
- Fishbein, Morris. Modern Home Dictionary of Medical Words. Garden City: Doubleday, 1976.
- Gots, Ronald and Arthur Kaufman. The People's Hospital Book. New York: Crown Publishers, 1978.
- Lear, M.W. Heart Sounds. New York: Simon Schuster, 1980.
- Miller, Benjamin. The Complete Medical Guide. 4th ed. New York: Simon Schuster, 1978.
- \* Nelson, James B. Rediscovering the Person in Medical Care. Minneapolis: Augsburg, 1976.
- \* Paterson, G.W. The Cardiac Patient. Minneapolis: Augsburg, 1978.
- Sherman, Mikie. The Leukemic Child. Bethesda: Department of Health and Welfare, National Cancer Institute.
- Simenon, G. The Patient. New York: Penguin Books, 1968.
- Southard, Samuel. Religion and Nursing. Nashville: Broadman Press, 1959.
- \* U.S. Dept. of Health, Education, and Welfare. Facts About Sudden Infant Death Syndrome. Bethesda: Public Information Office, 1972.

Westburg, Granger. Nurse, Pastor and Patient. Rock Island: Augustana Press, 1955.

Wilson, Michael. The Hospital - A Place of Truth. Birmingham, England: University of Birmingham, 1971.

#### Pastoral Care of the Sick

Belgum, David. Clinical Training for Pastoral Care. Philadelphia: Westminster, 1956.

Cabot, Richard and Russell L. Dicks. The Art of Ministering to the Sick. New York: The Macmillan Co. 1942.

Child, Kenneth. Sick Call: A Book on the Pastoral Care of the Physically Ill. London: SPCK, 1966.

\* Clements, William M. Care and Counseling of the Aging. Philadelphia: Fortress Press, 1979.

\* Colston, Lowell. Pastoral Care with Handicapped Persons. Philadelphia: Fortress, 1978.

\* Cox-Gedmark, Jan. Coping with Physical Disability. Philadelphia: Westminster Press, 1980.

Dicks, R.L. How to Make Pastoral Calls for Laymen and Pastors. St. Louis: Bethany Press, 1962.

Duncan, T. Understanding and Helping the Narcotic Addict. Philadelphia: Fortress, 1965.

Faber, Heije. Pastoral Care in the Modern Hospital. Philadelphia: Westminster Press, 1971.

Faunce, Frances A. The Nursing Home Visit. Nashville: Abingdon Press, 1969.

Kelly, O. Make Today Count. New York: Delacourte, 1975.

Martin, Bernard. The Healing Ministry in the Church. Richmond: John Knox Press, 1960.

\* Montgomery, D. Wayne, ed. Healing and Wholeness. Richmond: John Knox Press, 1971.

\* Oates, Wayne E. Pastoral Care and Counseling in Grief and Separation. Philadelphia: Fortress Press, 1976.

Oates, W.E. Religious Factors in Mental Illness. New York: The Association Press, 1955.

- Petrillo, M. and S. Sanger. Emotional Care of Hospitalized Children. Philadelphia: Lippencott, 1972.
- \* Plank, Emma. Working with Children in Hospitals. The Press of Western Reserve Univ., 1962.
- Scherzer, C.J. Ministering to the Physically Sick. Philadelphia: Fortress Press, 1963.
- Shipp, T.J. Helping the Alcoholic and His Family. New York: Prentice-Hall, 1963.
- White, Dale, ed. Dialogue in Medicine and Theology. Nashville: Abingdon, 1968.
- Young, R.K. The Pastor's Hospital Ministry. Nashville: Broadman Press, 1959.
- Young, R. and A.L. Meiburg. Spiritual Therapy. New York: Harper and Brothers, 1960.

Theology of Pain, Suffering, Faith and Healing

- Barton, T. Religious Doctrine and Medical Practice. Springfield: Charles C. Thomas, 1958.
- Campion, C. "Pain," Theology 81, Nov. 1979, 425-430.
- Coffin, Henry S. The Meaning of the Cross. New York: Chas. Scribner's Sons, 1959.
- Daly, Robert J. The Origins of the Christian Doctrine and Sacrifice. Philadelphia: Fortress, 1978.
- \* Dicks, Russell L. Toward Health and Wholeness. New York: The Macmillan Co., 1960.
- Earekson, J. Joni. Grand Rapids: Zondervan, 1976.
- Faley, Roland J. The Cup of Grief. New York: Alba House, 1977.
- \* Jones, E. Stanley. Christ and Human Suffering. Nashville: Abingdon Press, 1933.
- Kelsey, Morton T. Healing and Christianity. New York: Harper and Row, 1973.
- Lair, Jess, and J.C. Lair. "Hey God, What Should I Do Now?". Garden City: Doubleday, 1973.
- \* Lewis, C.S. The Problem of Pain. London: The Centenary Press, 1940.

- McNeil, J.T. A History of the Cure of Souls. New York: Harper and Row, 1951.
- Michalson, Carl. Faith for Personal Crises. New York: Chas. Scribner's Sons, 1958.
- Neibuhr, Reinhold. Beyond Tragedy. New York: Chas. Scribner's Sons, 1938.
- Oates, Wayne E. The Revelation of God in Human Suffering. Philadelphia: Westminster Press, 1959.
- Scherzer, C.J. Springs of Living Water. Philadelphia: Westminster Press, 1952.
- Sockman, Ralph W. The Meaning of Suffering. New York: Abingdon, 1961.
- \* Swindoll, Chuck. For Those Who Hurt. Portland: Multnomah Press, 1979.
- Wetherhead, Leslie D. Psychology, Religion and Healing. Nashville: Abingdon Press, 1952.
- \_\_\_\_\_. Why Do Men Suffer? Nashville: Abingdon, 1960.
- Yoder, Jonathan G. Healing: Prayer or Pills. Scottdale: Herald Press, 1975.

#### Death and the Terminal Patient

- Bailey, L.R. Biblical Perspectives on Death. Philadelphia: Fortress, 1979.
- Hamilton, Michael, and Helen Reid, eds. A Hospice Handbook. Grand Rapids: Eerdmans, 1980.
- Kluge, Eike. The Practice of Death. New Haven: Yale Univ. Press, 1975.
- Kübler-Ross, K. On Death and Dying. New York: Macmillan, 1969.
- Lewis, C.S. A Grief Observed. New York: Seabury Press, 1961.
- Prichard, Elizabeth R., et al, eds. Home Care: Living with Dying. New York: Columbia University Press, 1979.
- Reeves, R.B., Jr., et al., eds. Pastoral Care of the Dying and the Bereaved: Selected Readings. New York: Health Sciences Pub. Corp., 1973.
- \* Scherzer, C.J. Ministering to the Dying. Philadelphia: Fortress, 1963.

- Soulen, R.N., ed. Care for the Dying. Atlanta: John Knox Press, 1975.
- \* Temes, Roberta. Living with the Empty Chair. New York: Irvington, 1977.
- Westbury, Granger. Good Grief. Rock Island: Augustana, 1961.

For further reference on death and dying see The Thanatology Library, a comprehensive (over 250 titles) annotated catalogue of "books and audiovisual materials on death, bereavement, loss and grief." It is available from: Highly Specialized Promotions, 228 Clinton Street, Brooklyn, N.Y. 11201.

#### Bio-Medical Ethical Issues

- \* Belgum, David. When It's Your Turn to Decide. Minneapolis: Augsburg, 1978.
- Grisez, Germain and Joseph M. Boyle, Jr. Life and Death with Liberty and Justice. Notre Dame: University of Notre Dame Press, 1979.
- Kluge, Eike-Henner. The Practice of Death. New Haven: Yale Univ. Press, 1975.
- Ramsey, Paul. Ethics at the Edge of Life. New Haven: Yale Univ. Press, 1978.
- Russell, O. Ruth. Freedom to Die. rev. ed. New York: Human Sciences Press, 1977.
- Schaeffer, Francis A. and C. Everett Koop. Whatever Happened to the Human Race? Old Tappan: Fleming H. Revell, 1979.

The following journals publish many articles which are valuable to pastors working with the physically ill:

The Journal of Pastoral Counseling

The Journal of Pastoral Practice

Journal of Religion and Health

Pastoral Psychology

The following are only examples of articles from these journals that are helpful.

- Byrd, Julian. "The Church's Responsibility to the Person with Cancer," The Journal of Pastoral Counseling, 16:1 (Sp-Sum. 1975), 31-38.
- Blackburn, L.H. "Spiritual Healing," Journal of Religion and Health, 15:1 (January 1976), 34-37.
- Bergman, Charles. "The Role of the Clergy in Serving the Mentally Retarded," Journal of Religion and Health, 15:2 (April 1976), 100-107.
- Gnaggy, R., et al. "Ministry to Families of Chronically Ill Children," Journal of Religion and Health, 16:1 (January 1977), 15-21.
- McCandless, J.B. "Dealing with Suffering - the Living Death," Journal of Religion and Health, 17:1 (January 1978), 19-30.
- Peterson, G.W. "Ministering to the Family of the Handicapped Child," Journal of Religion and Health, 14:3 (July 1975), 165-176.
- Veer, Joseph. "Illicit Drugs and Drug Abuse," The Journal of Pastoral Practice, 14:1, 43-50.