included among the 20 questions covered by the authors are: Does my depression stem from my lack of faith? I must have done something wrong? Am I being judged? Why doesn’t God heal me? and Why do I find worship/fellowship difficult and struggle to go to church? A chapter for carers is entitled: What can I do to help? And one for church leaders: How can my church help?

It is written by a husband (a pastor) and wife (psychiatrist). Each question is answered using the same format. The chapter starts with ‘Information’ about the question being addressed. Then the ‘Inspiration’ section gives a testimony or quotation for encouragement. The ‘Meditation’ section gives helpful Bible passages. The ‘Perspiration’ provides useful, simple exercises.

Occasionally the authors made statements which do not have scientific validity such as ‘Depression particularly strikes those who have high expectations of themselves and depression is the “curse of the strong”’. It hits generous, good hearted people who care about others.’ Overall it gives valuable insights for those suffering with depression.

Dominic Beer is a retired psychiatrist in London

Encountering Depression
Frequently asked questions answered for Christians
Andrew and Elizabeth Procter

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ritten to convey the early years of PRIME (Partnerships in International Medical Education), PRIME Calling recounts briefly the early coming together of a group of Christian doctors in Sussex who wanted to ‘reconcile [their] professional responsibilities with [their] Christian faith’.

Out of that grew the ‘Doctor’s Dilemmas’ course at Burrswood Christian hospital in rural Kent, bringing together Christian GP’s for professional postgraduate teaching and spiritual (and indeed, physical!) refreshment. Into this environment of clinical teaching, prayer, long woodland walks and warm fellowship, they invited some Romanian doctors they knew. The Romanians were so encouraged they asked the team to run a similar course in Romania, and the rest, you might say, is history.

In a few brief vignettes, the story is told of those early trips in Romania, then Albania, Russia, Armenia, and more recently to Kenya, Ethiopia, India, Nepal and beyond. It seems that the natural human compassion that motivates many into medicine is so driven out of us by our training that having permission to put it back into practice is a liberation.

A short, helpful read for anyone interested in the ethos, origins and work of PRIME.

Steve Fouch is CMF Head of Allied Professional Ministries

PRIME Calling
John Caroe

Ka Sefofane
The Story of Flying Mission
Malcolm J McArthur

hat is the fastest way to get from one town in Botswana to another across miles and miles of uncharted desert? By plane (ka sefofane in the local language), of course. As a young missionary doctor, the author spent many uncomfortable and often anxious hours bumping along desert tracks in a 7-ton Bedford truck, to reach small clinics in remote areas of the country. On such occasion, noticing the effortless, elegant flight of some vultures overhead, the idea of equipping the medical service with wings was born.

This is the story of how the Flying Mission was started and progressed to become a respected professional service to the people of Botswana, linking the provision of medical services with the spread of the gospel to every corner of the country. I was as challenged as I remember as a young teenager reading the stories of the great 19th century missionaries, going to unknown lands and peoples with the gospel, leaving behind the comforts of a professional life at home for the uncertainties and hard work of those remote and poor regions. Buy this book and see why those old missionary stories are still relevant.

Pablo Fernandez is CMF Head of Graduate Ministries

The editor of this book has brought together contributors from nursing, medicine, theology, and chaplaincy from the US and Europe to offer a broad perspective on spiritual care and assessment. I found the excellent and practical spiritual history chapter by Christina Puchalski especially relevant. She suggests that the first step in communicating about spiritual issues is to show a genuine interest and compassion. The second step is to listen carefully to identify and respond to spiritual or religious themes. These include meaninglessness and feeling worthless as well as religious distress. She helpfully lays out a simple set of targeted questions which can be used in medical student teaching.

The book is up to date with British and US healthcare developments and controversies such as praying with patients. John Swinton’s helpful chapter explains various secular approaches to spiritual care. The limitations of such approaches are stated with clinicians encouraged to also identify and help patients meet their religious needs. This allowed me as a Christian to understand how this broader construct of spiritual distress can be at times a stepping stone to Christian witness.

Scott A Murray leads the Primary Palliative Care Research Group, University of Edinburgh

Spiritual Assessment in Healthcare Practice
Wilfred McSherry and Linda Ross (eds)

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Scott A Murray leads the Primary Palliative Care Research Group, University of Edinburgh
Dean Pallant, Head of International Health Services for the Salvation Army, looks at the place of faith-based organisations in providing health services in the developing world and asks the fundamental question ‘Whose faith are we serving?’

The temptation for Christian hospitals and faith-based health organisations is to go where the money is – towards commercial, international donor or state sponsored health priorities. And in a climate where Faith-Based Organisations (FBOs) are currently being fêted as the ‘next big thing’ it is easy to get sucked into all of this. Alternatively, we get driven by the profit motive, seeing health services as a cash cow to fund mission, rather than as mission in its own right.

Pallant is arguing that we need to take another view – one that puts our faith at the centre of all we do in health and seeks to work with the poor to find health solutions that spring from our deepest theological and spiritual convictions.

Instead it means understanding and rediscovering a theology of health that focusses on becoming ‘healthy people’ – not just free of illness, but freed to become the people God created us to be. This does not mean ignoring the global community or global goals and strategies. But it does mean not being hidebound by their external agendas.

Steve Fouch is CMF Head of Allied Professional Ministries

With My Whole Heart
Reflections on the heart of the Psalms
James Jones

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Bishop James Jones turned to the Book of Common Prayer when, within one week after making a heartfelt speech in the House of Lords, he underwent an angiogram followed by cardiac surgery. It all came as a shock and this collection of 78 meditations is the result.

Initially for his own counsel and consolation he selected psalms that mention the heart, but the result is a commentary that will hearten all who read it. As do the psalms themselves; the book finds words to cheer the sad and frightened, to rebuke the wayward, to revive the hearts of those hemmed in for whatever reason and to proclaim the wonderful works of the Lord.

Whilst James Jones was away from the front line his reflections brought fresh clarity about the risks and roots of personal pride and public immorality when hearts are deflected from the grandeur and purity of God, for ‘the heart is the seat of the will’.

Neglect of the psalms is to deprive ourselves of a rich source of inspiration and encouragement. This little book will help us to find passages that speak most clearly to the heart’s present need and promote our grateful meditation – before we send for another copy to give to someone else.

Janet Goodall is a retired paediatrician from Stoke-on-Trent

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Dealing with Depression
Trusting God through the Dark Times
Sarah Collins & Jayne Haynes

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In Part 1 the author tells his own story of long periods in hospital and repeated operations, while being separated from his parents, who were missionaries in India. In Part 2, he reflects on the big questions his story has raised. For instance, the problems for a child being ‘different’, ugly, pitted, bullied, misunderstood and of missing school. He writes helpfully on: Why do people suffer? And does God heal people?

Feeling unable to evaluate its style and content for children, I had no hesitation giving it to my ten-year-old grandson, whose mother is now in a nursing home with advanced MS. He wrote, ‘Good. I think it is suitable for ten-year-olds. I liked this book and enjoyed it. It is broken up well and I liked the pictures. It makes me think about these things, and had helpful answers.’ After the six point chapter Where is God in suffering? and both to cope and to hope.

It will help carers to give effective support. It’s interspersed with the personal stories of those afflicted and affected, in short testimonies and three appendices. Further printed and online resources are listed, with useful organisations for contact.

There is a healthy emphasis throughout on inter-dependence and community and on realistic boundaries for all involved. The value of depression is described in terms of its potential pastoral and creative fruitfulness, free of any suggestion that suffering is intrinsically good. The depressed person’s relationship with God, and the value and power of Scripture, are central to the discourse, with the highlight for me being ‘in the Psalms people’s words to God become God’s words to us’.

I’ve a few minor gripes about terminology, distracting repetition and typos, but it should prove a very helpful read for believing patients and carers encountered in general practice, out-patient psychiatry and pastoral work.

Julian Churcher is CMF graduate staffworker for London and the South East

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Life’s Not Always Easy
Children & pain or disability
Gordon W. Kuhrt

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Gordon Kuhrt writes for children on the problem of suffering. In Part 1 the author tells his own story of long periods in hospital and repeated operations, while being separated from his parents, who were missionaries in India. In Part 2, he reflects on the big questions his story has raised. For instance, the problems for a child being ‘different’, ugly, pitted, bullied, misunderstood and of missing school. He writes helpfully on: Why do people suffer? And does God heal people?

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Peter May is a retired GP based in Southampton

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