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July 2013 Article of the Month

This month's article selection is by Chaplain John Ehman,
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Cadge, W. and Bergey, M. "**Negotiating health-related uncertainties: biomedical and religious sources of information and support.**" *Journal of Religion and Health* 52, no. 3 (September 2013): 981-990.

SUMMARY and COMMENT: This month's featured article arose out of a "surprise" discovery from other researchers whose qualitative exploration of "how religion and spirituality influence people across many domains of daily life" [p. 984] turned up important themes related to health and healthcare. Those researchers [-see Items of Related Interest, I (below)] then shared their data with the present authors and invited them "to conduct more in-depth analysis of health-related issues" [p. 984]. Cadge and Bergey subsequently identified a particular theme of *uncertainty* related to health or healthcare for about a third of the [original 95] respondents, and thus emerged the focus of the work at hand, with particular attention to how people consider sources of information in the context of health-related uncertainties. "We first considered what people were uncertain about regarding their health or healthcare and then inductively explored the sources of information they looked to and -- for those that looked to God -- the ways they imagined that God" [p. 985].

Data were collected from "a cross-section of people living in Boston and Atlanta in 2006-08" [p. 984] using three means of eliciting personal narratives: semi-structured interviews, oral diaries, and an exercise in which participants were asked to take photographs of places special to them. Cadge and Bergey present their analysis according to Sources of Uncertainty, Sources of Information, and Images of God; using copious illustrations from the narratives. Among the results:

While a few looked only to biomedical or only to religious sources, most looked to both generally seeing the religious as a support for the biomedical. Rather than speaking of religious institutions or professionals, the majority described religious practices -- particularly prayer -- or spoke of personal relationships with God and the ways they experienced God supporting them around their health.

They experienced God in these processes in multiple ways. While some saw God as an all-powerful being that would provide the answers others related more to God as a friend who would help them figure it out along the way. While some were clear that God had particular intentions, others were not afraid to question God, be angry with God, and/or be in conversation with God about what the situation. [p. 988]

The authors go on to address the significance of their study:

As a pilot study, these findings show how people draw from both biomedical and religious sources of information and support in managing health-related uncertainties and raise several questions to be investigated in larger studies. First, they remind researchers of the value of listening to how people conceptualize religion or spirituality and health and the relationship between the two. While numerous quantitative studies document associations between religion and health, they typically do so based on researchers' approaches to the concepts. Listening to the people quoted in this study suggests that God is central to how many people think about religion and that practices, more than religious affiliations, are central to how they manage their health....

Second, these findings suggest broader arguments about demographic factors -- gender and religious affiliation -- that might shape the ways people draw from religious sources when managing health-related uncertainties....

Finally, these findings point to the importance of studies of health decision making that pay more careful attention to religion, not as a variable but as a source of information, support, and counsel in decision making. Conceived of this way, religion must be approached as much more than a variable that be added to quantitative models but as a multi-dimensional aspect of human life that influences how people -- those religious in traditional ways and others -- conceive of health-related situations, gather information about those situations, and attempt to make sense of and cope with them throughout their lives. [pp. 988-989]

For chaplains, the article may be of particular interest in at least a couple of ways. The subject of uncertainty often plays into patients' sharing during pastoral visits, and the present study provides a lens through which such sharing may be understood in terms of sources of information -- medical and spiritual. [And regarding theories of uncertainty management per se, see Items of Related Interest, II (below).] Results here suggest that the major trend for patients is to see religious or spiritual sources as supportive of their process of seeking medical sources of information. Having a sense of patients' information-seeking strategies may provide a new angle on pastoral interaction. Also, our authors champion qualitative research and the importance of *listening*, which should be an encouragement for the inclination of many chaplain researchers. Concepts "emerged organically" from patients, and this the authors note was "refreshing" [p. 985, and see also p. 982]. After reading this work, chaplains new to research may be able to imagine well how the skill of pastoral verbatim analysis may be a stepping stone to good qualitative methodology.

Suggestions for the Use of the Article for Student Discussion:

The narrative/qualitative nature of our article this month should be appealing to chaplains who have no previous experience in research. It may, however, be somewhat challenging conceptually, as students will need to think rather subtly about the role of information-gathering as a means of uncertainty management. A possibility for delving into the text might be to take one of the illustrations the authors offer and ask: Exactly how does this person seem to be coping with uncertainty by gathering information? Students might then want to digress with their own examples from patient visitations. This could even lead to a larger discussion of how people discern *ways of knowing* (e.g., empiricism, rationalism, authority, or inspiration/revelation). Do students find that most patients look to chaplains for -- as the article suggests -- spiritual resources that *support* the quest for medical information that will address a medical uncertainty? Do patients ever seem only interested in religious sources? Going beyond the article: Do students ever find patients who, conversely, look to medical information to address a theological uncertainty? Finally, does this article deepen students' appreciation for verbatim analysis?

Related Items of Interest:

I. The present study grew out of serendipitous findings from a study by other researchers, reported in:

Ammerman, N. and Williams, R. R. "**Speaking of methods: eliciting religious narratives through interviews, photos, and oral diaries.**" In Berzano, L. and Riis, O., eds., *Annual Review of the Sociology of Religion, 2012, Volume 3: New Methods in Sociology of Religion*. Leiden, The Netherlands: Koninklijke Brill, 2012): 117-134.

II. Our authors list several references regarding uncertainty management, but the one that may be most useful to chaplains is by Brashers (--note that our featured article contains a typo that incorrectly gives the name as Brasher instead of Brashers):

Brashers, D. E. "**Communication and Uncertainty Management.**" *Journal of Communication* 51, no. 3 (September 2001): 477-497. [The fundamental challenge for refining theories of communication and uncertainty is to abandon the assumption that uncertainty will produce anxiety. To better explain processes of communication and uncertainty management, we must answer questions about (a) the experience and meaning of uncertainty, (b) the role of appraisal and emotion in uncertainty management, and (c) the range of behavioral and psychological responses to uncertainty. This paper outlines and extends a theory of uncertainty management and reviews current theory and research in this area. In addition to the theoretical advances promised by this perspective, the paper describes applications to health communication practice. The drive in disease prevention to reduce uncertainty about the state of health and illness has led to a "culture of chronic illness." Constant surveillance of peoples health, combined with improved methods for screening and monitoring, virtually guarantee finding something wrong with every person, creating a society divided into the chronically ill and the worried well (i.e., those waiting to be diagnosed).]. This article is [available online](#), somewhat curiously from the site of the NOAA Great Lakes Environmental Research Laboratory.

III. [Wendy Cadge](#) has been an author of a number of articles that our Network has noted in the past. See especially:

Cadge, W., Calle, K. and Dillinger, J. "**What do chaplains contribute to large academic hospitals? The perspectives of pediatric physicians and chaplains.**" *Journal of Religion and Health* 50. no. 2 (June 2011): 300-312. [See the [July 2011 Article-of-the-Month](#).]

Cadge, W. and Daglian, M. "**Blessings, strength, and guidance: prayer frames in a hospital prayer book.**" *Poetics* 36, nos. 5-6 (October-December 2008): 358-373. [See the [February 2009 Article-of-the-Month](#).]

Cadge, W., Freese, J. and Christakis, N. A. "**The provision of hospital chaplaincy in the United States: a national overview.**" *Southern Medical Journal* 101, no. 6 (June 2008): 626-630. [See the [July 2008 Article-of-the-Month](#).]

Fitchett, G., Lyndes, K. A., Cadge, W., Berlinger, N., Flanagan, E. and Misasi, J. "**The role of professional chaplains on pediatric palliative care teams: perspectives from physicians and chaplains.**" *Journal of Palliative Medicine* 14, no. 6 (June 2011): 704-707. [See the [July 2011 Article-of-the-Month](#).]

Also, see her recent book, [Paging God: Religion in the Halls of Medicine](#) (2013).

IV. For more on the intersection of medical uncertainty and spirituality/religion, the following articles take a different tack on the subject than our featured research. These look specifically at the circumstances of genetic issues.

Temam, E., Ivry, T. and Bernhardt, B. A. "**Pregnancy as a proclamation of faith: Ultra-Orthodox Jewish women navigating the uncertainty of pregnancy and prenatal diagnosis.**" *American Journal of Medical Genetics: Part A* 155A, no. 1 (January 2011): 69-80. [Research has suggested that religion and spirituality may inform individuals' interpretation of and responses to uncertainty during pregnancy including the possibility of genetic disorders. In this study, 25 qualitative interviews were undertaken with ultra-Orthodox [Haredi] Jewish women about their experiences with uncertainties related to pregnancy, prenatal care, and prenatal diagnosis. We found that women draw upon a particular set of faith-based concepts to cope with the uncertainties of pregnancy and to make decisions regarding prenatal testing. The women draw on the religious concepts of faith and certainty, which are based on trusting that God will not test them beyond what they can withstand. When prenatal screening indicates a possible fetal anomaly or when a disabled child is born, these women interpret the situation as a God-sent ordeal in which they are called upon to prove their trust and certainty in God's plan and to resist the uncertainties generated by the probability-based technologies. This research has implications for genetic service providers when discussing prenatal testing and fetal anomalies with Haredi women.]

White, M. T. "**Making sense of genetic uncertainty: the role of religion and spirituality.**" *American Journal of Medical Genetics: Part C, Seminars in Medical Genetics* 151C, no. 1 (February 15, 2009): 68-76. [(Abstract:) This article argues that to the extent that religious and spiritual beliefs can help people cope with genetic uncertainty, a limited spiritual assessment may be appropriate in genetic counseling. The article opens by establishing why genetic information is inherently uncertain and why this uncertainty can be medically, morally, and spiritually problematic. This is followed by a review of the range of factors that can contribute to risk assessments, including a few heuristics commonly used in responses to uncertainty. The next two sections summarize recent research on the diverse roles of religious and spiritual beliefs in genetic decisions and challenges to conducting spiritual assessments in genetic counseling. Based on these findings, religious and spiritual beliefs are posited as serving essentially as a heuristic that some people will utilize in responding to their genetic risks. In the interests of helping such clients make informed decisions, a limited spiritual assessment is recommended and described. Some of the challenges and risks associated with this limited assessment are discussed. Since some religious and spiritual beliefs can conflict with the values of medicine, some decisions will remain problematic.]

If you have suggestions about the form and/or content of the site, e-mail Chaplain John Ehman (Network Convener) at john.ehman@uphs.upenn.edu .

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