

Pastoral Interview Report

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Patient: XXXX Room: XXXX Station:XXXXX Age: 35 Date: May-14-1993

Setting

On this day I was joining forces with Craig and we visited some patients together in the Burn-Ward to get some tips from each other on how to perform visits. When we walked into Room XXXX and saw Mrs. X lying in her bed looking very depressed. A bandage around her hand was visible. She did try to avoid looking at us as we came in. In the following C: are the counselors and P: is the patient

Content and Process	Interviewer's Impression
<p>C: Hi, are you Gayle? P: Hmmm... C: (Shake hands) We are Craig and Christoph and we are volunteers with the Chaplains-office. P: Hello? C: We are from the Chaplains-Office. Can we help you in any way? P: No, I dont think so. (Very depressed voice. Pause)</p> <p>C: How did this happen (pointing at the hand)? P(hesitatingly): It was burned (Pause) C: How did this burn happen? P(very hesitatingly) There was Alcohol on it and it burned. C(cautiously after slow maneuvering): How did this Alcohol come there and was ignited? P(quiet, shyly): I put Alcohol on it and set it on fire (Pause) C: Why did you do that? P: I was very depressed about some things</p> <p>C(cautiously): Do you want to talk about it. P: No, I do not want to talk about it (Pause) C: Do you belong to any Church? P: Yes, I belong to the Church of Fred Price. Have you heard of him. C: Is it that Fred Price in X whom I know of by Y? P(lights up): Yes, exactly, you know him! C: This is a very good Church. (Pause)</p>	<p>We were not sure how to approach her. She seemend to be very defensive.</p> <p>It is often difficult for patients to understand our role in the hospital. Sometimes we need to explain more.</p> <p>She seems to be holding back something. We did not know how to proceed.</p> <p>Not sure if we could go on.</p> <p>We felt we were on a way here possible to something, but the patient needed careful handling. This was a very important thing for her to say. She looked away when she said it and we felt that this was an important point here. Decision to be very careful because her behaviour was evidence that this was painful. Attempt to embark on another topic. Found a personal connection which earned us some more trust of the patient. At this point again we were unsure how to proceed.</p>

C: May we pray for you?

P(very enthusiastic): Yes, please. (quiet and unsure) I would like that.

C Prayer: Father in Heaven, we want to bring Gayle before you and her depression. Bless her with peace and comfort. Comfort her and show her that she is a child of God a child of the most high. That she is a Princess a daughter of the King. We pray that you bless her family and bring peace and harmony into it. We pray especially for the problem that she is experiencing and that so much is hurting her. Bless her and let your face shine upon her. Amen.

P (has tears in her eyes and she looks very glad): Thank you.

C: We here have a written blessing for you (hand over "blessing card" from Chaplains Office).Would you like it?

P: Yes, very much

C: I was good speaking to you.

P: Thank you for the visit.

C: May God bless you. Good Bye

Since she belongs to a Church and evidently was going thru a lot of trouble this was the thing we could do for her.

The prayer focused on her acceptance by God and on her role before God. Since she had attempted suicide it was of utmost importance that she felt accepted and loved.

We were glad. This was evidence that we did the right thing.

We found the blessing cards to be of good use. With this token she will be able to remember our visit and this will hopefully keep her out of depression and help her to feel accepted, despite of what she did to herself.