

THE ORERE SOURCE

Abstracts from the Pastoral Care literature and other Helping Professions

The last weeks of winter were busier than usual. In addition to visiting patients, supervising students, teaching a seminary course and watching the Chicago Bulls continue to die a slow death, I was busy with three colleagues from the hospital and medical school. We were preparing a research grant application that would fund a program to study compassion. We will be attempting to create a research instrument which will allow us to identify compassionate love and altruistic love in medical students and theological students. Eventually we hope to be able to discover the impact that medical schools and theological schools have on the levels of compassionate love in persons preparing to become doctors or clergy.

The fact that a secular scientific body, in this case the Fetzer Institute in Battle Creek Michigan is making \$(US)1M available for scientific research into the nature of compassion and altruism may seem surprising. A decade ago it might have been considered impossible. However, there has been a major change in thinking in the US about the relationship between research and the intangible aspects of human life, especially aspects of the human spirit. The cold war between science and religion is coming to an end. The antipathy between these two fields is well-known. St. Augustine set the tone when around the year 396 he wrote in his *On Christian Doctrine* that knowledge of the motion of the stars “is of very little use in the treatment of Divine Scripture and even impedes it through fruitless study.” That science is an impediment to faith has been a fairly consistent attitude in the Christian church for the last 1500 years. For a number of reasons, the last 50 years has seen the start of a rapprochement, and more quickly so in the past decade.

When the history of our era is reviewed, say, at the turn of the next century, one of the people who I believe will be seen to have played a pivotal role in this change and who will also be seen to have contributed to the theory and practice of ministry is Martin E.P. Seligman. To a large extent, he is the person responsible for an entirely new paradigm in psychology which is still aborning. It is the field of

“positive psychology.” A professor of psychology and director of clinical training in psychology at the University of Pennsylvania, Seligman is perhaps best known for his two early books *Helplessness: On Depression, Development and Death* (San Francisco: Freeman 1975) and *Learned Optimism* (New York: Knopf 1991), with several spin-off volumes from the latter. The subjective experiences which triggered the research into helplessness and optimism is worthy of telling at another time. His illumination concerning positive psychology was also the result of a personal experience.

Just before his term as president of the American Psychological Association, he had what he now calls his rose garden “epiphany experience.” He was busy weeding his roses one day while his soon to be 6-year-old daughter, Nicki, was throwing weeds in the air and generally enjoying the experience. Father Seligman was not very happy about her behaviour and became cross, telling her so. Nicki stopped, and came over to him and told her father a story. “Daddy... before I was five years old... I was a whiner. I whined every day from the day I was 3 to the day I was 5. On my fifth birthday I decided I wasn’t gonna whine any more, and I haven’t ever since. And if I can stop whining, you can stop being grumpy.”

To be told this came like a bolt out of the Johannine blue (if I may borrow a metaphor from biblical studies) for Seligman, who acknowledges that he has indeed been a grouch for most of his life. The incident not only prompted him to work at changing his own temperament, it also started him thinking about his own field of psychology. He came to the realisation that the field of psychology has been focussing almost entirely on people’s weaknesses and all that was damaged about the human personality. Psychologists did not attend to the inner strengths that his daughter had called on from within herself and now was calling upon him to find within himself, and use. A short time later, he contacted two of his colleagues (Mihaly Csikszentmihalyi and Raymond Fowler) and asked them to spend a week with him in the Yucatan, there to plan for the establishing of an

entirely new endeavour – positive psychology. They met, and so began one of the most exciting developments in the study of human behaviour in recent times.

Seligman used his presidential year in 1998 to call upon psychologists to rediscover the mission of “building human strengths.” He wrote columns about the matter in the APA’s bulletin to professional psychologists. In the last two years, he has been organising this new science, striving to ensure it will be built on good empirical research. He has obtained the agreement of The Templeton Foundation to fund an annual Positive Psychology Award. It will be the largest monetary prize given each year to a person in the field of psychology.

What about the implications of all this for chaplaincy and pastoral care? There are those who will fear that this new field will be another promethean endeavour which further challenges the role of religious faith and practice. It is my hope that rather than being overawed or fearful, that we will learn

from what is being discovered and baptise the new findings for use in our pastoral practice, just as has been done in all of the modern era with the work of Carl Rogers, Erik Erickson, Frank Lake, Elizabeth Kubler-Ross, to name only a few. Seligman himself does not consider positive psychology as embodying an implicit critique of religious faith. He sees psychology and religion as having methodological differences but sharing concerns about the same issues – hope, faith, spirituality, love and intimacy, creativity, wisdom. I hope that we will critically embrace the insights that will flow from this new field. We will need to be watching for the appearance of The Telos Taxonomy of human strengths which should appear within the next year. We should watch for the writings of Ed Diener, Csikszentmihalyi and Kathleen Hall Jamieson who are the leaders of three centres of the positive psychology network that Seligman is establishing. In the meantime, I am watching the mail hoping that there will be a letter informing us that our proposal to study the nature of compassion love has been accepted, and we can begin a two-year voyage of discovery.

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Peter M. Abdella
Genetic disorders and pastoral care
America
183 # 17 (25 Nov 2000) pp. 7-11

Abdella describes three essential roles which he believes clergy can play in helping persons who are facing the problems which will arise because of genetic disorders in their unborn children. The roles are those of: guide, supporter, and healer/reconciler. In three case studies he describes what these roles include, as well as what is involved for the couples or individuals facing such situations. The author holds a degree in genetic counselling, and is a Paulist priest. He writes with a sensitive touch.

Priscilla A. Bell
A healthy triangle: the use of ritual in the dying process
Chaplaincy Today
16 # 2 (Winter 2000) pp. 25-30

In his object relations theory, D.W. Winnicott defined the "transitional object" as something "other than me" that provides comfort to a child and symbolises the primary object. Referring to the maturation process, he notes that a child often adopts an object to stand for and replace the primary object. Bell suggests that ritual can be understood as a transitional object that comes in to play during times of significant loss. Illustrating her theory out of her hospice ministry, she shows how ritual can be understood as a healthy triangle, describing how this has been so in her ministry. She sees ritual as the transitional object that "allows suffering and loss to be seen in a new way that has colour and texture, and gives life. In this world, death seems very final. Ritual seems to point to something that continues and has a fluid boundary that does not recognise time and space in the same way the world does.

R.W. Cressey, M. Winbolt-Lewis
The forgotten heart of care: a model of spiritual care in the National Health Service Accident & Emergency Nursing 8 # 3 (Jul 2000) pp. 170-177

The Anglican chaplains at Pinderfields Hospital in Wakefield describe why they believe chaplains in the NHS should be providing spiritual care, and not just meeting religious needs. While they are clear that spiritual care is not the sole prerogative of chaplains, they also believe that chaplains should explore the concept of spirituality fully and realistically, and this is what they set out to do in this article. For them, spiritual care is a quality issue, a quality that is close to love. They define spiritual care, and then address the issue of spiritual distress. In order to determine the latter, they sought the help of six other chaplain colleagues and a GP. From 150 possible areas of distress, they collapsed them under ten headings. Each of the ten is discussed in somewhat broad terms, complete enough to capture a sense of what they are including. In their conclusion, they take up the difficult task of assessing how the chaplain can know when a spiritual need has been met. A paper that invites dialogue.

David R. Hodge
Spirituality: toward a theoretical framework Social Thought: J of Religion in the Social Services 19 # 4 (- 2000) pp. 1-20

Making use of existing theory and research, Hodges develops a theoretical framework of spirituality. Seven pathways are developed through which spirituality engenders a wide range of outcomes. Those seven pathways are: health promoting behaviours and lifestyles, social support, participation in ritual, belief or meaning systems, ego challenge, quantum effects and supernatural effects. He acknowledges that these last two are speculative. Each is discussed in turn. Hodge then discusses the practical and research implications of this theory. His definition of spirituality is: "a relationship with a transcendent Being (or whatever is considered Ultimate), informed by a certain spiritual tradition, which fosters a sense of meaning, purpose and mission in life." (p.2)

Ronald M. Kline
Whose blood is it anyway? Scientific American 284 # 4 (Apr 2001) pp. 42-49

Stem cells, harvested from the blood of umbilical cords and placentas can rebuild the blood and immune systems of persons with leukemias and other cancers. The stems cells from one placenta are numerous enough to rebuild blood and the immune system of one child. However, there are important ethical questions that are being raised. Who owns the blood of an umbilical cord - mother, father, baby? What is to happen if a mother gives the cord to a storage bank, but her child later develops a medical problem that could be treated by cells from the child's own cord? The appearance of for-profit companies who aggressively seek out and preserve the blood, at considerable cost, for possible later use are compounding the questions. This article, written in non-technical language presents the situation, the history, the current practices and the future potential. "One day an infant born with a genetic defect of the bone marrow or blood may be able to have or her umbilical cord blood harvested at birth, repaired by genetic engineering and then reinfused."

Mark A. LaRocca-Pitts
Pastoral care for the chronically ill outpatient Chaplaincy Today 16 # 2 (Winter 2000) pp. 5-12

Little has been written to date about chaplaincy in out-patient settings, with the exception of a 1991 book by Anderson, Holst and Sunderland (Ministries to Outpatients: A New Challenge in Pastoral Care. Minneapolis: Augsburg Press.) LaRocca-Pitts has given chaplaincy a useful look into the issues he had to contend with as he began his ministry in an outpatient setting. He and his chaplain colleague Dagny Jochem provide the experience behind this article. He not only describes the ministry provided in the clinics, he also shows how this ministry lead to a wider of vision of what ministry might be - the educational outreach into the local faith communities, and the educational outreach into the general community. Of the former he writes: "Clergy like working with clergy; at least that has been our experience. All one needs is a good and worthwhile program that motivates others to reach out in Christian compassion and join in the healing of the community - the macro-patient. Healing is, after all, what we do." (p.11)

Rhona MacDonald
Time to talk about rape - editorial
BMJ

321 # 7268 (28 Oct 2000) pp. 1034-1035

"At least one in every five women experiences rape or attempted rape during her lifetime." With that assertion, MacDonald proceeds to describe what has been documented about sexual violence toward women around the world. She has found that the problem is getting worse, and it is already a chilling picture. Her article is a call for action directed toward her physician colleagues, yet she could well be calling on chaplains who also know the tragic effects of this form of brutality from their work in emergency rooms. As MacDonald writes: "We need to brush aside the taboos and talk more openly about this huge problem and the practical ways of tackling it."

Joel Marcus
Uncommon sense
The Christian Century

117 # 24 (30 Aug/6 Sept 2000) pp. 860

Reflection on Mark 8:27-38 esp 34-35. Marcus asks: How can dying be the way to find life? In response, he tells two stories - the first about a friend who is battling cancer, the other from Solzenitsyn in *The Gulag Archipelago*. "From the moment you go to prison you must put your cosy past firmly behind you. At the very threshold, you must say to yourself, 'My life is over, a little early, to be sure, but there's nothing to be done about it. I shall never return to freedom. I am condemned to die - now or a little later....' Confronted by such a prisoner, the interrogator will tremble. Only the man who has renounced everything can win that victory."

Gordon McLeay
Waiting with time
BMJ

321 # 7266 (14 Oct 2000) pp. 940

In which a Scottish doctor describes how he came to a new appreciation of "time" for people when his 36-year old wife found a lump in her breast, and had to walk the full path - consultant, tests, radiotherapy, chemotherapy. "Almost all of the health professionals we have met have been caring, conscientious, and good at their job, but they seem to have little appreciation of the stress of waiting, or the practical knock-on effects - for example, with children, school and work. Those who did were like an oasis in a sand-filled hour-glass. It took only a few sec-

onds to listen and a few words to show understanding." Oh, if only it did not take personal tragedy to teach such a lesson!

Richard H. Nicholson
The greatest happiness?
Hastings Centre Report

31 # 1 (Jan/Feb 2001) pp. 8

It is "dangerous to ditch long-held moral principles in favour (sic) of utilitarian arguments." So argues Nicholson, a physician and editor of the *Bulletin of Medical Ethics*. The examples he gives in support of his argument are all related to recent decisions in Europe and the UK concerning stem cell research. "Crude utilitarianism" is to be resisted in favour of moral principles.

Henri J.M. Nouwen
Compassion - the core of spiritual leadership
Institute for Ecumenical and Cultural Research -
occasional paper

2 (Mar 1977) pp. 1-6

Nouwen describes the core of spiritual leadership as compassion, and to illustrate what he means, he looks at three areas. First there is the area of the phenomenology of compassion; the question is, How does compassion manifest itself? His answer: in solidarity. Second there is the area of asceticism (the practice of self-discipline): the question is, How is compassion disciplined? His answer: by voluntary displacement. Third there is the area of the theology of compassion: the question is, How is compassion lived out in the light of the gospel? His answer: in discipleship. Nouwen discusses each of the three questions in turn. The ideas in this paper were subsequently published by Nouwen in his book on compassion which was published by Doubleday later in 1977.

Larry Ortiz, Sue Villereal, Margaret Engel
Culture and spirituality: a review of the literature

Social Thought: J of Religion in the Social Services

19 # 4 (- 2000) pp. 21-36

The authors report their content analysis of the social science literature to locate material dealing with spirituality and culture. Over 50 articles were found. The intention of the authors was to find material which would help social work faculty working to include good resource material in their curriculum. For chaplains, the bibliography serves as a valuable

sources of information about spirituality in relation to a wide array of subjects, including spirituality in a variety of cultures, in psychotherapy, in social work, in faith development, in ageing.

Stephen Pattison

Mend the gaps: Christianity and the emotions

Contact

134 # - (- 2001) pp. 3-9

"Christian thought has reflected and reinforced emotional illiteracy." So states Pattison in his opening statement. He describes the historical reasons that created and have maintained this situation, though with the caveat that it is always dangerous to generalise about practices and attitudes about anything. With broad strokes he gives a description of the history of Christian attitudes towards emotions. He describes it as a long history of suspicion about passions and desires. Self-control and detachment have historically been presented as the ideal to be attained, through the use of reason. Over the past 100 years, however, he finds a changing relationship between Christianity and emotions. He identifies the reasons for this change: evolutionary theory which has forced us to re-examine the ways we see themselves; moves to understand emotions as ways of apprehending and being; the challenge to the notion that emotions should be separated from cognition and reason. The changes are, in turn, being reflected in a shift in the understanding of the nature of God who is no longer passionless.

Daryl Pullman, Bill James-Abra

Care for the caregiver: Effective pastoral support for nursing home staff

J of Pastoral Care

55 # 1 (Spring 2001) pp. 35-45

The pastoral care provided to the staff in an ICU will be quite different to the care provided to the staff in a nursing home. The authors describe why this is so, focussing on the emotionally different relationships that the staff have to patients in both settings. They describe a continuum which ranges from "professional" to "familial" as a model for understanding the emotional relationships between patients and nursing staff. Pullman and James-Abra found in their study that the staff in a nursing home feel, emotionally, much more akin to family members for the patients than do the staff in an intensive care unit. They describe the quality and character of the relationships in nursing homes, and the kind of

pastoral care most appropriate for such settings. The homes in their study were in a rural setting.

Marisa Rebagliato, Marina Cuttini, Lara Broggin and 11 others

Neonatal end-of-life decision making: physicians' attitudes and relationship with self-reported practices in 10 European countries

JAMA

284 # 19 (15 Nov 2000) pp. 2451-2459

These authors studied the attitudes of neonatal doctors from 10 European countries who have to make end-of-life decisions concerning babies in neonatal units. The 10 countries were France, Germany, Italy, the Netherlands, Spain, Sweden, the United Kingdom, Estonia, Hungary and Lithuania. Almost 1400 doctors were surveyed. Having run the statistics, country was found to be the most important predictor of physicians' attitudes and practices. For life at any cost, look at Hungary, then Estonia, Lithuania and finally Italy. Physicians most likely to take quality of life into account are most likely to be found in the U.K., then the Netherlands, and Sweden.

Michael Rivlin

Should age based rationing of health care be illegal?

BMJ

319 # 7221 (20 Nov 1999) pp. 1379

Writing in this journal in 1997, Rivlin argued that aged-based rationing of health care is morally indefensible. In this article he argues that it should be made illegal.

Carl E. Schneider

Gang aft agley

Hastings Centre Report

31 # 1 (Jan/Feb 2001) pp. 27-28

Schneider begins with a quote from columnist Walter Lippman (from A Preface to Morals): "the amount of law is relatively small which a written legislature can successfully impose." Schneider proceeds to examine how the law requiring advance directives has been so successfully unsuccessful in the US, in spite of determined efforts in hospitals to implement systems which would encourage their completion and use. He describes the chain of circumstances necessary for a living will to be used. He identifies five, and failure at any step means total failure. He concludes: "In sum, failures confound every step along the path toward a successful regime of advance directives and show how challenging it

can be for the law to affect behaviour even in apparently simple and desirable ways."

Mesrkhani Stuber, Violet H. Mesrkhani
"What do we tell the children? Understanding childhood grief
Western Medical J
174 # 3 (- 2001) pp. 187-191

Information for professionals to help grieving families respond to their children's needs. The authors consider the effect of developmental stage, the relationship of the deceased, and the circumstances of the death. They shape their answers within four questions commonly asked doctors by bereaved children's parents. "My wife died in a plane crash. What should I say to my 2-year-old son?" "My 4-year-old keeps asking when her grandmother is coming to visit. She knows her grandmother died last fall. Why can't she accept that?" "Should my 7-year-old go to her brother's funeral?" "I'm just starting chemotherapy for leukaemia. The prognosis is not good, but I am not dying, at least not right now. How should I explain this to my 11-year-old?" The authors answer out of their clinical experience and current research findings. Some of the points they make. 1. Children have the same tasks as adults in the grieving process, but their developmental stage, relationship to the deceased and circumstances of the death affect their reaction. 2. Bereaved children may be afraid of being abandoned or that other loved ones or they may die. They may also feel guilty for actual or imagined misbehaviour. They may have difficulty bonding with new caretakers. 3. Very young children understand that something terrible has happened, even if they are not told directly. Withholding information of a death is not protective and deprives children of appropriate support. 4. It is best to let children participate in the decision whether to attend the funeral of a family member. If they do go, someone should be assigned to be with the child to provide emotional support, and to leave the proceedings should that become necessary. 5. Children benefit from keeping their usual activities as much as possible. New starts are to be resisted. Accompanying the article is a list of books about death divided into those for younger and those for older children - 20 in all.

Author Unknown

The day my life changed
BMJ

321 # 7268 (28 Oct 2000) pp. 1089

In this article, the writer, a physician describes briefly her experience of being gang raped, and then how she attempted to deal with the psychological consequences. At first, denial and distraction work for her. She says her c.v. was the greatest beneficiary. But these mechanisms slowly stopped working, and after 5 years, and with a great deal of scepticism she sought the help of a counsellor. She tells us what she learned.

Larry VandeCreek, Laurel Burton - editors
A White Paper: Professional chaplaincy: its role and importance in healthcare
J of Pastoral Care

55 # 1 (Spring 2001) pp. 81-97

This "white paper" is a consensus statement from the 5 major chaplaincy organisations in North America - the Association of Professional Chaplains (formerly the College of Chaplains), the Association for Clinical Pastoral Education, the Canadian Association for Pastoral Practice and Education, the National Association of Catholic Chaplains, and the National Association of Jewish Chaplains. The funding to support the 18 months work to complete the paper was donated by the Bristol-Myers Squibb Foundation. The 4 sections of the report focus on: (1) The meaning and practice of spiritual care. (2) Who provides spiritual care? (3) The functions and activities of professional chaplains. (4) The benefits of spiritual care provided by professional chaplains. The paper is accompanied by a solid set of journal references for the research which undergird the claims made in the paper. It is a landmark document that could be the basis for fruitful dialogue between chaplains and others in healthcare in the US as well as in other countries.

Derick T. Wade
Ethical issues in diagnosis and management of patients in the permanent vegetative state
BMJ

322 # 7282 (10 Feb 2001) pp. 352-354

This article will make chaplains aware of the current medical thinking about the diagnosis of the permanent vegetative state (PVS) - it can't be absolutely certain; there is no standard test of awareness and data on prognosis are limited; patients in a PVS raise difficult questions about the nature of consciousness, quality of life, the value society attrib-

utes to life, and the problems associated with handling uncertainty. Wade, a professor in neurological disability in England, describes PVS and the legal position concerning the care of these patients. He then turns to the ethical issues, the bulk of his paper. The focus is on the specific ethical aspects of managing patients who are (or may be) in a PVS. He

provides a list of the interested parties (6) and their interests (17) which surround these situations. Such a comprehensive review will assist the chaplain in keeping the larger context surrounding these patients in mind.