

Greetings One and All,

I was one of the original ADD kids (Attention Deficit Disorder). I started more than I finished because I was off to whatever was next. The Befrienders and the importance of metaphors in listening and understanding are my two grand exceptions. The Lord works wonders when you have a focus.

I can not find any record of sending this reflection which has been resting in the composition hopper. I have a few more like that, ADD that I am still. I think this reflection is especially good since it repeats some things I have already said in a different way. Besides, I will be addressing the thread of "placebo effect" and questions as we move one step at a time into future reflections. I hope to stay focused.

The Talking Cure

Hearing the term "placebo effect" from Sir Roger Bannister in answer to my Befriender question of the change of color around the eye was a puzzler. In no way had I ever associated Befrienders with dummy pills. Fortunately, over time I was able to find the English definition to "placebo effect." They define the term from a relational standpoint rather than a substance and an effect in drug research.

I need to back up in time as we continue to reflect on "the Beginners Mind - Asking Questions." Dr. Hans Selye's advice on "always ask the question no one else is asking?" still holds true. There was another man who asked a question no one else was asking. What can we do to help people in London who are suicidal? He was an Anglican clergyman named Chad Varah. I first came across his story in the Anglican Digest in 1966. "The Talking Cure" was the title of a review of his book, "The Samaritans." In the book he told the story of how he started a suicide-prevention group in England. When he was assigned to a parish in London he put an ad in the paper, "When in emotional distress call 3333." People called and he met with them in the undercroft of the parish. Soon other professionals were helping him. Then the parishioners noticed how lonely the people seemed waiting to see the professionals. When they offered to serve tea and visit only half needed to see the professionals. A non-professional/professional approach was adopted and in time a telephone hot line became the initial mode of care.

His book was divided into two parts. The first part told the story of how they came to include lay people. The second part told about the emotional dynamics of those who came for help. Having been trained in story listening by Fred Kuether at Bellevue Hospital I found the emotional dynamics were not all that different in the stories that hospital patients told. They might not go to the extreme of being suicidal but they were still on the continuum. Besides, I found the stories I heard as a chaplain were often quite different from what the doctors and nurses were hearing. On occasion the stories I heard had a healing effect in themselves.

Consequently, I was halfway prepared when Mavoreen Briggs came to the pastoral care office with her question, "How can we change the Auxiliary rule not to visit with patients when we take the notions cart around?" I knew as one chaplain in a 200-bed hospital I wasn't able to hear all the stories patients had to tell. Varah demonstrated how lay people made a difference in hearing the stories of others. I was ready to try his approach in a hospital setting. I do believe the Holy Spirit was at work.

However, getting the approval of the medical staff for lay people to visit patients without their doctors approval would be a major hurdle and to say "the talking cure" would be the death sentence. When I met with the Executive Committee I emphasized their caring role as story listeners. Dr. Van Hecke, who was the secretary of the group at the time, later told me the discussion after I left lasted one hour and a half before approval was given. Upon retiring as a doctor he took the Befriender training under Rick Johnson and served as a Befriender before health problems limited his movement.

The big concern of the doctors was not wanting amateur psychiatrists walking around the hospital. I shared their concern. That was not my purpose. The decision I was to learn later finally rested on the fact the Sisters of Mercy at Mercy Hospital were not ordained. I was asking for trained non-ordained lay people to do pastoral work as the Sisters did pastoral work. Motion carried.

The Auxiliary gave their approval quickly since another volunteer group meant more hours of service for their records. Nursing service went with the medical staff decision although they had their own reservations at the time. In time they became our strongest supporters. Nurses took the Befriender training. With the help of the nurse educator the training session outline was worded according to nursing language to get approval for Continuing Education Units.

I think Mr. Stuhler, the hospital administrator, wisely required all the major components in the hospital to first sign off on this new adventure before he gave his okay. It was the beginning of a major shift in his point of view, "We are only concerned with what takes place within these four walls." Over time I helped put in a few doors and windows.

On a Celtic Spirituality Pilgrimage with Brother Robert Hugh in 1993 I learned the significance of our venture. Deacon Kate on Holy Island defined "peregrantio" as "a journey with God, not knowing where you are going, but you will find out when you get there."

Shalom,
Father Whitmer