



A NEW SPIRIT OF HEALING

by Leah Curtin RN PhD(h)

Perhaps the pendulum finally has swung in the opposite direction. The greedy nineties seem to be giving way to a more aesthetic decade. People today hunger for personal healing and spiritual growth. The signs - aftermath of the spiritual devastation of the nineties - are all around us. Consumer magazines publish articles about the downwardly mobile yuppies who found that material success did not yield personal happiness. Wary of formal religions, the young and old alike nonetheless seek the comfort of spiritual companions.

A Vicious Circle

The pervasive disease of the nineties was essentially spiritual. Self-abuse - ranging from co-dependency through addictive disorders all the way to suicide - is now common. As a matter of fact, the more we learn about disease (from lung cancer to ASHD) the more we realize that many diseases are life-style related, i.e., a result of our own choices. Self-destructive choices. Other abuse, ranging from child molestation through elder abuse, all the way to murder, is on the rise. As a matter of fact, the more we learn about abuse, the more we realize that it stems from self-abuse which in turn stems from shame, i.e., a result of early victimization: abusive choices made by others.

Generalizations lead to Minimization

A bewildering array of literature, professional and popular alike, suggests all kinds of reasons and even more solutions to these problems. Often the literature, while giving a nodding bow to probable relationships among co-dependency, addictive behaviors, depression and guilt nonetheless ends up treating each as a discrete problem ... and often seems to expand the scope of each to extreme ends. For example, if one reads the "co-dependency literature," one is left with the impression that anyone who is even polite to someone else is co-dependent. If one reads the "guilt literature," one is left with the notion that guilt is always destructive (isn't there any time when one ought to feel guilty about one's slimy behavior?). The addiction experts leave one thinking that anyone who enjoys an ice cream cone is an addict. Health professionals and patients alike are afflicted. Everyone is "sick" so, our generalizations lead to minimization and, in the end, we ignore the pain - allowing the abuse to continue. The most neglected, least understood and least addressed dimension of healthcare is the healing of the spirit - the healing of that intangible union of physiological, psychological and subjective ele-

ments that comprise what Martin Buber called the "human design" We yearn for an "I-Thou" relationship with someone which, in turn, would enable us to develop an "I-Thou" relationship with ourselves and with our world. To accept, respect and cherish the special, vulnerable, fragile, wonderful human person. You. Me. Us. Them. We. What happened to that vulnerable child who opened his or her eyes on the world and took it all in? Violated? Wounded? Protected? Aggressive? In need of acceptance, integration and healing. And, in the healing, we are made whole again. Then, we, in turn can support others in their own healing - for ultimately, self-abuse can only be "cured" by self-healing.

From encounter to Integration

In an attempt to organize and rationalize the information bombarding us on all sides, I found (and I don't even know the source) a model that helps explicate the relationships among the various steps - and barriers - healing the human spirit.

A traumatic encounter(s) occurs - perhaps physical or sexual abuse - usually early in life. This experience generates shame: I am not worthy of consideration. The pain of unworthiness is masked by co-dependent behaviors in which we sacrifice our own needs to the needs of others and the first barrier to healing is set in place.

If one actually acknowledges the wants and needs generated by the trauma, the feelings this generates may result in addictive behaviors that hide or deny these feelings. Almost anything is preferable to feeling the pain. Once experienced, the pain often generates anger which the person (especially if the person is a woman) may judge to be "wrong." Thus, it is suppressed and turned inward on the self. The result is depression; the most common disease in the United States today! If the person can be helped to identify this anger, express it clearly, and focus it on the appropriate source, he or she is well on the way to accepting their needs, wants and feelings: to accepting oneself. The single most formidable barrier to self-acceptance is guilt. Guilt because you have been shamed, because you have stood up for yourself, because you have acknowledged your anger. Thus suggesting that you are worth something. And, especially, guilt because you have focused that anger on someone else - often a significant other. If the guilt can be overcome, the experience can be integrated. And with the integration, the human spirit is healed.

About patient care providers such as nurses and therapists

The literature suggests that many nurses and other allied health care professionals are codependent. So much so that one is led to believe that codependency is a requirement for entry into a health care profession. In my mind that's going too far, but I do believe that health care professionals - just as all other people - can be hurt and that they too, need healing. It would be wonderful, of course, if we could support one another through the process. Perhaps understanding what is going on can help us help ourselves, help one another and eventually help our patients/clients to heal. The healing has to start somewhere. Why not with ourselves?

Dr. Leah Curtin publishes The Journal of Clinical Systems Management, a fact-filled scan of health care in the U.S. She is a member of the adjunct faculty at the University of Cincinnati College of Nursing and is the author of more than 200 articles, 240 editorials and 6 books written for professionals.

Hyperbaric Medicine... continued from page 60

process is solely for gathering information, neither a preliminary nor final accreditation decision will be rendered at its conclusion. The facility should receive notice within 30 to 40 days of its final status. There are three levels of accreditation awarded; full accreditation, full accreditation with distinction, both of which are for a period of three years, and deferred accreditation, which is good for up to 12 months, in which time the center must successfully address specific issues identified during the survey. As with any accreditation survey, there is a great deal of preparation time and energy spent to achieve a successful outcome. There is also the satisfaction and pride received when the goal of accreditation is achieved. For the next article I will examine the specifics in the survey process in more detail and discuss my own survey experience.

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Pro's and Con's...continued from previous page

gram. Although closed for new patients in 1991, it still supplies about 300 marijuana cigarettes monthly to each of the seven seriously ill patients remaining in the program.") Moving from the left-hand column to the main section of the page you find the topic broken down into a list of headings and sub-headings. By clicking on a sub-heading you will be taken to a list of pertinent questions. Using this Q & A format materials are presented, both pro and con, in tables with credibility rankings for each item. You can always navigate back to the main page or to another heading. Each Q & A pops up in a new window, so be sure to close the windows when you are done. I find this to be a nice feature so you don't lose your way.

The information is extensive. ProCon uses a staff of researchers and senior researchers to collect, rank, and compile the data. I think you will find this a very interesting and informative site to visit for what ever controversy you may be interested in. They are very open to feedback, criticism, support and comments so as to improve the site.

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