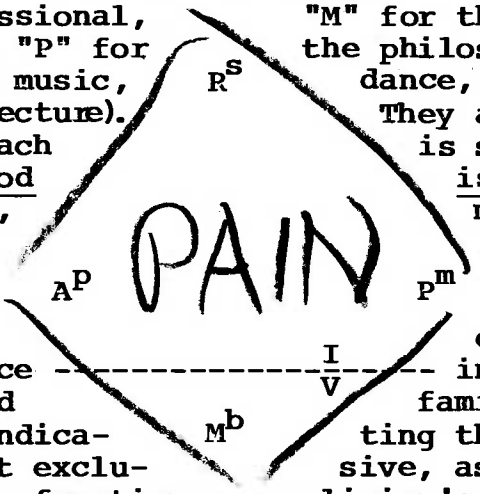
HELPING THE WHOLE HUMAN BEING FACE **PAIN** -------- ELLIOTT #2095

A HOSPICE TETRALOG

A *tetralogy* is four speeches or dramas or essays on a common theme, but a *tetralog* (or, if you prefer the old spelling, *tetralogue*) is a conversational quartet, a four-way verbal interaction, on a common concern. (Don't bother to look up the word: I just made it up.)....This Thinksheet is anticompartmentalizational; it's against the little boxes ("disciplines" in academe, "occupations" or "professions" in praxis) we workers root and feed in, work in and work from. My presupposition is that Hospice (1) needs the tetralog I'm about to describe and (2) provides, for four sets of occupations and disciplines, a convergence point for enriching-correcting interaction. ....This Thinksheet is an extension of #209[4].

1. We'll call our four conversational partners, whose conversation is to focus on the patient's (and family's) pain in the interest of wholeness, "R" for the religious professional, "M" for the medical professional (physician & nurse), "P" for the philosopher, and "A" for the artist (all the arts: music, dance, the plastic arts--painting, sculpture, architecture). They are sitting around this cardtable, see, and each is staring at "PAIN" with the question "What good is it to me in relation to my vision and work, my way of seeing and working in the world from the angle of viewing I have from my aptitude, education, and experience?" A second-level question: "What good can I, with my particular knowledge and skills, be (1) to Hospice in general and (2) to this particular patient and family?" (The superscript letters are for words indicating the primary spheres of operation--primary, not exclusive, as the human being is a unity of energies-spheres-functions: religion's sphere is the "s"pirit; medicine's, the "b"ody; the arts', the "p"syche as the dream world, the imaginal life; and philosophy's, the "m"ind as the analytic-rational power, the ideational life. Adoration, inspiration, intuition, decision are of course of the whole being, but spirit is their primary locus or reference-point or interpretive node....The dotted line indicates the visual division: below it a person is "v"isible; above it, "i"nvisible and sometimes called, in team with the body, just "mind" or "soul" or "soul and spirit" or, in the full Hebrew meaning, "heart," or, in psychology's meaning of the un/conscious, "psyche.")



2. Now study "pain" in a stack of dictionaries. Surprises? I'd be surprised if not! Same root as "pay," "penalty," "punishment"--all distressing. That will do for a general description of the denotatum: distress, more or less severe discomfort in one or more spheres of your being. The prior question to "What does your pain mean to you?" is "What does pain mean?" But the question prior even to that is "Where is your pain, where are you hurting?" Almost every terminal patient can accurately say "All over." But few of them are aware of distress in all four dimensions; and almost all can profit from conversations that gently lead the patient into explorations all over the invisible realm (above the dotted line on the above diamond).

3. Sounds like a big job! Can Hospice workers be trained to help the patient in this inner journey of exploration? Not as hard as one might think. But why bother? You shouldn't unless your way of seeing the world (ie your philosophy) and living in it (ie your religion) include the conviction that we humans are made for wholeness, for the integration of our powers, and miss the deepest peace and joy when we turn down our invitations (from God, I say) to adventure, to go on pilgrimage, to undertake the spiritual journey toward wholeness--one's own,

OVER

of one's close relationships, of the world, of God with the whole creation (shalom, the Kingdom of God, salvation, reconciliation, redemption, forgiveness with repentance and restitution, conversion, sanctification--many Biblical expressions for the journey and the gift; and whole other sets of words in other religions and quasireligions).

4. RAMP (our four disciplines-occupants sitting around the table in hope of being indeed a "ramp" for patient and family) may proceed in a number of productive ways. Any such group with the will to "make it work" will evolve an operational lexicon or way of speaking together that uses some words distinctive of each "angle" and some words not ordinarily used in the daily work of any of the participants. Every profession is emotionally invested in its distinctive lexicon, which it uses technically within the profession's professional community and (somewhat militarily!) in interdisciplinary work with professionals in other professions (and also, I fear, each to wow and instruct its own laity). But when the four sit around the "Pain" table and mean business, "getting down to cases," the diction shifts more and more from the four jargons to a common language enriched from all four sides of the table and, more than any one of the jargons, translatable into a simpler tongue usable in training Hospice workers and even by Hospice workers in their work with patients and their families. One of the joys of the "Pain" table is this very evolution of a common speech and its consequences in improved communication throughout the Hospice network and therefore improved caregiving. But it's time-consuming, and what's more apt to happen is that Hospice personnel, without help from a "Pain" table, evolve their own hit-and-miss, catch-as-catch-can expressions, slogans, catchwords, buzzwords (eg "death with dignity") that jumble together to form a pseudoparadigm, an unthoughtout way of seeing the hands-on, nose-to-the-grindstone, day-to-day Hospice labor. That's a shame for Hospice, and a shame on the professions that should work together to help Hospice toward a mature selfunderstanding, consciously-intelligently-compassionately worked at and, on a continuing basis, worked out. What's at stake is freedom v. entrapment, flexibility v. rigidity, independence v. dependence (in the case of Hospice, too much dependence on the medical model, the paradigm in which most Hospice professionals received their professional training), and stability v. trendiness (and conceptual take-over by a powerful Hospice leader should one arise)....NOTE on the diagram: The tetralog covers the primary disciplines-occupations, but other occupations need "in" to enrich the field--eg, social work & counseling.

5. Four traditions of imperial disdain, from original sin's inflation of disciplinary-occupational egos, hinder creative interaction around the "Pain" table. Eg Christian Science (an R^s) disdains M^b, from its gnostic prejudice that "s" is superior to "b." Pride being the flip-side of prejudice, each occupation depends partly, for its self-respect, on its sense of superiority over the other occupations! This needs to be nailed for the immaturity and sin that it is, but the nailing is--yes--painful: pain around the "Pain" table should not be only that of patients, their families, and Hospice workers!...One way the prejudice surfaces is in the shaping of questions. Eg, one who's caught in the therapy paradigm will ask not "Can pain be therapeutic?" but "How can pain be therapeutic?" Again, those at R^s are right to think of themselves as equal in the "Pain" team, but wrong if they let the fact of their being "God" workers seduce them into imagining that their potential contribution on the team is greater than that of others. I need not speak of the traditional haughtiness of M^b and P^m against the other two participants! Room all 'round for repentance and a fresh start. "Humility" & "hope" both begin with "h"; so does "hereafter."

over

5. Now I'm going to suggest, as replacement for "palliative care," "terminal care." "Palliative" tempts Hospice to overclaim vis-a-vis the pain-assessment-and-management dimension of care for the terminally ill. Yes, Hospice's self-presentation expands (puffs up, blows up the balloon, bloats?) "palliative" to contain more than the dictionary meaning; but why that distortion? "Terminal" (though burdened by a negative connotation) avoids both these difficulties: (1) It's neutral, so open to include all ministries to the dying, in team orchestration; and (2) It's natural, no technical-additional distortive connotative requiring explanation. Well, why hasn't "terminal," the better word, be used? Bec. Hospice patois is not entirely free of the society's death-avoidance: "terminal" is SO terminal, so final. But is not death-acceptance the top and bottom lines of the situation definition that's a given before Hospice comes on the scene? So using "terminal" could help honesty and advance the action.

6. NOTE on dogma traps Hospice workers fall into: (1) Saying the patient isn't being punished with pain (though "pain" and "punishment" are so close as to have the same etymon, root!): how does the worker know that? (2) Negative narcissistic reflex: our hedonistic society says pleasure's good, so pain's bad. (3) Excessive respect for the med.-therap. model.