

O C A M P R

THE ORTHODOX CHRISTIAN ASSOCIATION OF
MEDICINE, PSYCHOLOGY, AND RELIGION

VOLUME I – NUMBER 1

WINTER 2016

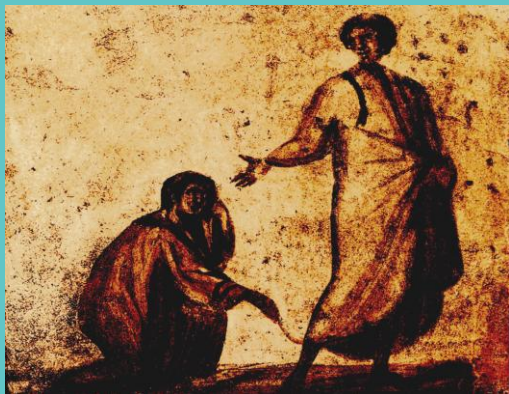


+ *EMPATHIC ENCOUNTER*

AND *SPIRITUAL STRUGGLE* P. 7

+ THE TWELVE STEPS
OF ALCOHOLICS
ANONYMOUS P. 4

+ LITURGICAL RITES
FOR MISCARRIAGE
AND INFANT DEATH P. 13



OCAMPR Executive Board

Gayle E. Woloschak, PhD
Phillip Mamalakis, PhD
Brenda O'Reilly, PhD
Melinda Johnson, MSW candidate
Halina Woroncow, MD
James Burg, PhD
Fr. Mark Munoz, MDiv
Fr. Peter Kavanaugh, MDiv
Michael Christakis, MD

OCAMPR Advisory Board

Bishop John Abdulah, DMin
Fr. Vasileos Thermos, MD, PhD
John Demakis, MD
Mother Gabriella
Fr. John Breck, DTh
Julianna Orr-Weaver, PhD
Stephen Muse, PhD

OCAMPR Newsletter Committee

Chair

Fr. Peter Kavanaugh, MDiv

Editor-in-chief

Christopher J. Kies, MDiv

Editors

John Demakis, MD
Jake Lambdin, MD (2018)
Mikal Lamdin, BA
Zoe Kavanaugh, AuD

The OCAMPR Newsletter is a quarterly electronic publication of The Orthodox Christian Association of Medicine, Psychology, and Religion.

Message from the President

The Orthodox Christian Association of Medicine, Psychology, and Religion (OCAMPR) welcomes the addition of this Newsletter to our repertoire of activities and is grateful to Fr. Peter Kavanaugh and the Newsletter Committee for their work in organizing and editing this publication.

OCAMPR has the goal of fostering interdisciplinary dialogue and promoting fellowship among Orthodox Christian healing professionals in medicine, psychology, and religion. OCAMPR is inter-jurisdictional and functions as an organization that is endorsed by the Assembly of Canonical Orthodox Bishops of the USA.

OCAMPR is designed to facilitate discussion among those who seek to better understand and experience the best relationship between theology and the healing arts and sciences in an effort to better offer service in the light of Christ's truth and the Church's healing wisdom. Members practice in a variety of disciplines including medicine, nursing, mental health, psychology, ethics, theology, parish ministry, prison and community ministry, social services, chaplaincy programs, and more.

We hope all will join us for our 2016 Annual Conference "On Pain and Suffering" to be held on November 3-5, 2016 at Holy Cross Greek Orthodox School of Theology in Brookline, MA.

Gayle E. Woloschak, PhD



WHAT'S NEW?

OCAMPR has begun the process of publishing proceedings from the 2015 Conference, "Caregivers as Confessors and Healers." We plan to publish through Eighth Day Institute; co-editors for the volume are Dr. Jim Burg, Dr. Stephen Muse, and Dr. Halina Woroncow. Copies will be distributed free to OCAMPR members.

The deadline for submission of final papers was January 1, and the process of peer-review and editing is underway. We hope to publish proceedings from each Conference in the future.



To volunteer as a reviewer or for more information, please contact OCAMPR President Dr. Gayle Woloschak: at g-woloschak@northwestern.edu.

OCAMPR 2016

Join us for our 2016 *Annual Conference*
"On Pain and Suffering"
November 3 – 5, 2016
Holy Cross Greek Orthodox School of Theology
Brookline, MA



CONTENTS

FEATURED ARTICLES

4 Fr. Michael Kon, LADAC 1, CADAC 2

The Twelve Steps of Alcoholics Anonymous as a Model for Addiction Recovery and Spiritual Growth

7 Rev. Dn. Stephen Muse, PhD

Empathic Encounter and Spiritual Struggle: Reciprocity in the Triologue of the Healing Encounter

13 Carrie Frederick Frost, PhD

The Need for Liturgical Rites for Miscarriage and Infant Death

SPOTLIGHT ON MISSIONS

16 Gary Luken

Orthodox Medical Team
in Guatemala

HEALING SAINT

18 Magdalen Dugan

The Holy Unmercenary Healers

THE TWELVE STEPS OF ALCOHOLICS ANONYMOUS AS A MODEL FOR ADDICTION RECOVERY AND SPIRITUAL GROWTH

FEATURED ARTICLES

FR. MICHAEL KON, LADAC 1, CADAC 2

The Twelve Steps of Alcoholics Anonymous (A.A.) are grounded in Christian theology and practice. The founders of A.A. drew from Holy Scripture, Christian clergyman, and Christian associations to form the Twelve Step Program. The Twelve Steps provide a practical, spiritual method using the power of Jesus Christ to overcome addiction. The effectiveness of these steps has been proven for over 75 years in the spiritual transformation of tens of thousands of people. These Twelve Steps have been applied to multiple self-help groups besides A.A. including Narcotics Anonymous (N.A.), Gamblers Anonymous (G.A.), Overeaters Anonymous (O.A.), and Sex and Love Anonymous (S.L.A.). Members of these fellowships have been heard to say, “I didn’t get ‘recovery’ until I started to work the Steps.” As caregivers, an understanding of the Twelve Steps will allow us to enter into a deeper spiritual relationship with those we work with or minister to, and

consequently, will allow us to be more effective in helping them.

This article will give a brief history of the formation of the Twelve Steps and examine them individually in the light of their practical application. They are sources of spiritual transformation through humility, self-examination, self-accusation, faith, belief, confession, daily spiritual practice, prayer, and service. An understanding of the Twelve Steps allows Orthodox caregivers to help and to minister more fully in the context of Holy Tradition. An example of God’s power through these Steps was highlighted for me in a recent conversation with an Orthodox Priest who himself is in recovery from both alcohol and drug addiction. He acknowledged that his



daily practice of the Twelve Steps fortified and deepened his spiritual life. He was deeply grateful for the Twelve Steps because they provided him with tools for greater vigilance over his life.

A New Hope

Previous to the advent of A.A., there was very little hope for alcoholics. Most were considered hopeless cases. A historic meeting took place in 1935 when two alcoholics met in Akron, Ohio. By sharing their common experience of alcoholism, Bill Wilson and Dr. Bob Smith supported each other that day in not picking up a drink. From that meeting, a partnership began that, by the

It is an active movement of bringing ourselves and all of our sins to God. This readiness is a turning away from the old man to the new man in God.

grace of God, became the foundation of the Fellowship of A.A. By reaching out to other alcoholics, Mr. Wilson – in New York City – and Dr. Smith – in Akron – developed a methodology for recovery grounded in Christian theology and practice. As a result, seemingly hopeless alcoholics began to get and stay sober. With an almost “apostolic zeal,” these men – and the men and women who joined them – carried their stories (“experience, strength, and hope”) to alcoholics and their families. After 4 years of “carrying the message” of hope to alcoholics, Bill Wilson combined the recovery experiences of the previous 4 years with input from Christian clergy and Holy Scripture to pen the Twelve Steps of Recovery. These Steps were initially published in 1945 in the first printing of the “Big Book” – *Alcoholics Anonymous* – and remain unchanged to the present day.

Steps of Transformation

My clinical work of the past 32 years has afforded me the opportunity to provide instruction in the first three Steps to those just entering drug and alcohol treatment. Over this time, I have seen countless miracles (i.e., spiritual transformation from hopelessness to hope in God and genuine humility and gratitude from the practice of the Twelve Steps). For many, the path through the first 3 Steps was a journey from utter devastation and despair “through the valley of the shadow of death” to an admission of defeat and surrender in the realization of their personal powerlessness in the face of their addiction. This was the Step 1 experience for

many, one of a realization of powerlessness within themselves to change their

lives and a future of psychiatric institutions, jails, and ultimately death from addiction. Step 2 is a movement from darkness into light – from hopelessness into hope – through turning from the past to the beginnings of a belief in a power greater than themselves. This transformation comes about through the grace of God and His power through A.A. Alcoholics/Addicts during this time of early recovery should continually hear the message of hope given by other addicts in recovery as it will nurture the desire for recovery. This dawning of hope in Step 2 needs to precede Step 3.

Step 3 is a spiritually active decision to “turn our lives and will over to the care of God, as we know him.” Over many years, I have seen the despairing and hopeless leave treatment after 30 days with the beginnings of a new life, a hope in God, and a reliance on the strong support network of A.A. After leaving

treatment, recovery must be of paramount importance in the addict's/alcoholic's life. The continued remembrance and practice of the first three Steps will suffice for a short period of time, but ultimately – under the direction of a sponsor – the journey through the remaining Twelve Steps is essential.

Steps 4-7 are confessional in nature. Step 4 requires an honest and deep self-examination, a “searching and fearless moral inventory of ourselves,” including the wreckage of the past. Step 5 is usually done with a clergyman or a sponsor to “admit to God, to ourselves, and to another human being the exact nature of our wrongs.” Step 5 is the perfect corollary to Step 4 as the latter requires honest self-examination, a necessary prerequisite for the self-accusation of Step 5. For all of us, self-accusation is at the heart of our own repentance. Step 6 calls us to be “entirely ready to have God remove these defects of character.” It is an active movement of bringing ourselves and all of our sins to God. This readiness is a turning away from the old man to the new man in God. Step 7 is characterized by humility, with the direction to “humbly ask Him [God] to remove our shortcomings”.

Steps 8-10 are the fruits of our self-accusation and repentance. They require reflection and self-examination of our lives, hearts, and outer lives. Step 8 requires one to “make a list of all persons we have harmed and become willing to make amends to them all.” Step 9 is to ask forgiveness of those we have harmed, to “make direct amends to such people wherever possible, except when to do so would

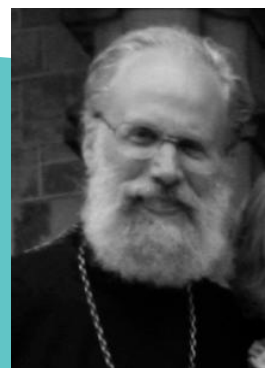
injure them or others.” Step 10 asks us to be continually vigilant over our thoughts, words, and deeds, and when we fall into sin, immediately acknowledge it and repent. Step 10 directs one to “continue to take personal inventory and when wrong, promptly admit it.”

In Step 11, the addict/alcoholic is given a daily spiritual practice. They are told, “through prayer and meditation, improve conscious contact with God...praying for a knowledge of His will for us and the power to carry that out.”

Finally, in the 12th and final Step – following the *metanoia* that is possible in working the Twelve Steps – the addict/alcoholic is directed to serve the suffering alcoholic. They are to give of what they have been given to make it more of their own (i.e., “you must give it away to keep it...having had a spiritual awakening, as a result of these steps, we try to carry this message to alcoholics and to practice these principals in all our affairs.”

The benefits of the honest and rigorous practice of the Twelve Steps will transform us all. I have only just briefly reflected on these Steps and the power of the Grace of God that has worked through them over the past 75 years. These Twelve Steps have enhanced both of my ministries, as a clinician working in Drug and Alcohol Treatment and as an Orthodox Priest. Furthermore, though not an alcoholic/addict, I have benefited immeasurably from these Twelve Steps in my personal life and journey as an Orthodox Christian. They are available to us all in our journey towards theosis!

Rev. Michael Kon serves as the Assistant Pastor of Holy Resurrection Orthodox Church in Allston, MA. Since 1984, he has worked as a licensed and certified addictions counselor (LADAC 1 and CADAC 2) in alcohol and drug treatment. He has worked in both in-patient and halfway house settings with men and women of all ages. He has also spoken to public school students on prevention and to parents' groups on drug proofing their children. Working in the field of addiction recovery has been a life-changing experience for which he is very grateful.



EMPATHIC ENCOUNTER AND SPIRITUAL STRUGGLE: RECIPROCITY IN THE TRIALOGUE OF THE HEALING ENCOUNTER

REV. DN. STEPHEN MUSE, PHD

One day the evil spirit answered them, "Jesus I know, and Paul I know about, but who are you?" - Acts 19.15

The human person "is a being whose essential qualities cannot be grasped by the human mind working within the limits of rational, psychological or sensory perception." – Philip Sherrard - The Eclipse of Man and Nature

I would like to discuss the experience of spiritual struggle and formation that is inherent to the empathic healing encounter, an experience where psychological, existential, and ontological dimensions intersect. I call the triologue of love that occurs at the altar of the heart dia-Logos (*δια-λογος*) to acknowledge that each person is transformed in and through Christ the Logos. This renewal occurs across the otherwise unbridgeable gap of intersubjectivity.¹

Typically, we are only concerned with the surface of the event of two persons in dialogue. From an Orthodox Christian perspective, an empathic encounter involves spiritual struggle encompassing continual repentance of the healer before the invisible presence of Christ, ascetical fidelity to boundaries, compassionate sobriety in the face of human suffering, spiritual discernment regarding the variable of sin and demonic intrusion as it relates to human pain, and awareness of the vicarious impact of the empathic relationship on the psyche of the healer.

Dia-Logos refers to the larger synergistic process in which the existential stance toward the suffering person moves beyond intersubjectivity and objectification of the other – through diagnosis or attempts to apply some form of treatment to the other – and towards a personal human encounter. Such an encounter risks welcoming the reciprocity that occurs by encountering Christ “in between,” at the altar of the heart of the other. In the celebration of the Divine Liturgy, just as priest and people turn toward one another by mutually turning toward Christ, similarly the transformative encounter of dia-Logos is predicated first and foremost on an ongoing orientation to Christ which elicits repentance and welcomes the other in such a way that both persons are changed by the meeting.

¹ This refers to the experience of objectifying the other person through one’s own subjectivity, as distinct from the potential for authentic encounter with the other which occurs in the “between” – in the *trialogue* of two persons and Christ – beyond the monologue of individual psychological experience. Authentic encounter involves an existential risk to the re-creation of the private self – constructed of the already known – in order to respond to the inclusion of the “other” as being one life with his or her own. The unique alterity of each person as he or she is – an otherness which is beyond mere experiencing – remains “hid with Christ in God” and is encountered only in the community of those equally beloved to God.

Hospitality to the Stranger

The essential human action of hospitality to the stranger (*philoxenia*), as depicted in the story of the Emmaus Supper (Lk. 24.13-35), culminates in a reciprocal action in which the guest becomes host. In dia-Logos, Christ is present invisibly as the offerer and the offered, and is responsible for opening the way of inspiration beyond the maps of what we have already lived and known. Both the healer and the one seeking healing are potential partakers of Christ through the action of moving beyond the monologue of intersubjectivity to the dia-Logos of love.

Over the years a short prayer has revealed itself to me which captures the potential and hope of this dialogue. It is both a therapeutic plumb line for me as pastoral psychotherapist as well as a kind of anaphora that orients me to each encounter's potential and my response-ability in it. The prayer reminds me how the uncreated and the created worlds are seamlessly wed and mutually affected in and through Christ, opening up possibilities for healing, growth, and transformation that are beyond human power and comprehension. The prayer is a recognition that true life is found through the call and response of encounter beyond the monologue of our singularity. We become fully alive only by risking authentic encounter and community with others in and through Christ who unites us. The dia-Logos prayer points to three dimensions of the encounter.

Lord, love the world (other) through me.
Let me love the world (other) through You,
And be loved by You through the world (other).

The prayer offers a dogmatic frame for the healing encounter, elaborating the right relationship among psychological, existential, and ontological domains which are inherent to transformation. Every human encounter has the potential to move toward communion in the light of Theophany or toward

alienation in the darkness of individual self-sufficiency and monologue.

The first part of the prayer recognizes that the spiritual azimuth is "Thy will be done on earth as it is in heaven." Jesus himself observed, "...the Son can do nothing by himself; he can do only what he sees his Father doing" (Jn. 12.49), and he advised his disciples that the same thing applied to them with respect to him. "Cut off from me you can do nothing" (Jn. 15.5). St. Paul points to the same spiritual struggle when he observes, "I have been crucified in Christ. It is no longer I but Christ who lives in me" (Gal. 2.20). In his conversation with Fr. Stratonikus, St. Silouan the Athonite surprises the ascetic by saying that "Perfect speech is saying only what the Holy Spirit bids me to say." The spiritual struggle of this kind of obedience is obviously life-long. Each healing encounter is a reminder of how far I am from this level of obedience.

We become fully alive only by risking authentic encounter and community with others in and through Christ who unites us.

The second part of the prayer points to the necessity of a true "between" in the dialogue. I ask Christ to help me approach the other person by recognizing that He stands between us. In bowing in repentance before Christ, I recognize that the being of the other person is beyond my experience and capacity to fully comprehend, as acknowledged by Phillip Sherrard's quote at the beginning of this paper. Humility, interest, and even awe are necessary conditions for authentic encounter in the present moment. I need to hear the deacon's reminder often, "Let us attend!" Healing dialogue requires of us the same ascetical struggle, wakefulness, alertness, and humble repentance as prayer.

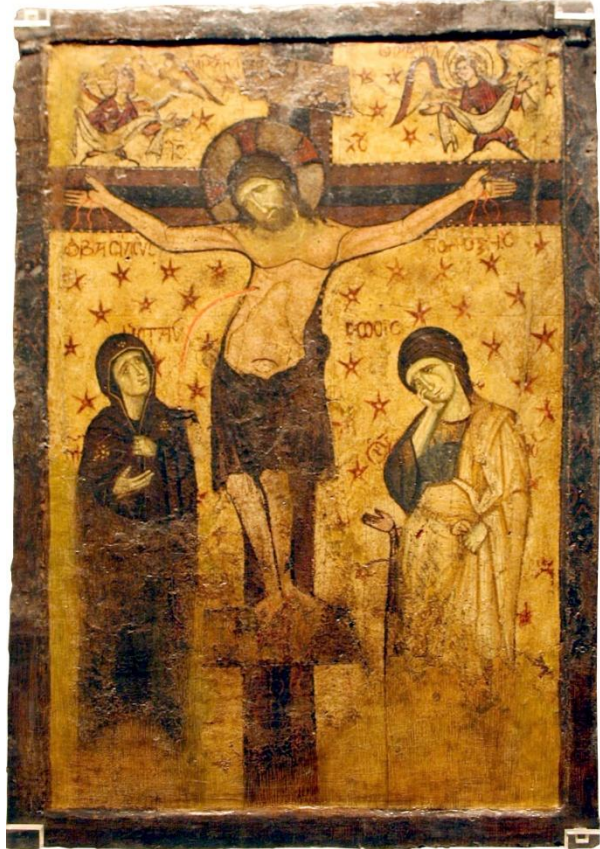
The final part of the prayer points to the boundaries that protect the relationship. I do not pray for my clients to love me or even like me, but rather that I be able to receive whatever Christ wishes to give me through confronting me in and

through this person's unique being. To honor the boundaries of a relationship – whether student, penitent, supervisee, patient, friend, or spouse – involves honoring the boundaries that protect all others as well. It involves the healer being permitted to receive from Christ the nourishment that is legitimate to the healing encounter, such as the joy of seeing another person's growth, the power of God to heal them through faith, and the impact of our encounter. To deny the oxen treading the grain from legitimate human satisfactions of ministry paves the way to burnout and potential boundary violations because it underestimates or even denies one's own legitimate human needs.

Encountering Christ through the Other

For all these reasons, transformative empathic encounter involves spiritual struggle and continues to form the physician/priest/therapist as well as the patient/penitent/client in varying degrees. Reciprocity occurs as both are changed by the encounter with Christ, the third person present at the invocation at the altar of each person's heart, however dimly realized and acknowledged. He is the only physician of our souls and bodies, the only lover of humankind. We are servants and beneficiaries of His life and His willingness to encounter us in all our helplessness at the very bottom of the wounds we bear, wounds He bears for us in love. Passion-bearing is Christ's spiritual struggle, and this becomes ours as well. It is traumatic to the Logos to give us life and freedom, and it is traumatic for humanity to become response-able for this life and freedom. In short, we are healed at the deepest level of sin and become ourselves through the passion-bearing love of Christ endured for one another.

In practice, as I turn toward the other who is seeking God's help through me, I make the sign of the cross as I do before the Eucharist and secretly make a prayer of *metanoia* – of repentance – with my intention, "Behold, I approach Christ our immortal King and God," who is present between me and the other. This is an acknowledgment of a hoped-for dia-Logos encounter.



The deep repentance and pain of heart experienced by the penitent in the presence of Christ in the Sacrament of Confession visibly humbles, encourages, and elicits repentance in the confessor himself. Similarly, this happens in the therapeutic encounter as I am face-to-face with the human condition in all its sorrow, in addition to the humility, courage, and longing that emerges in one who is confronting their presenting problems.

As a physician, the human presence and care for the patient may be even more significant than the cure of the bodily disease. As a personal illustration, my mother suffered from systemic rheumatoid arthritis affecting her organs and leading to gangrene in her feet, amputations, and operations that further deformed her body. Her physician of thirty years – a world-famous Orthopedist named Leonard Goldner – told me at her funeral, "Jean was the sickest person we ever treated at Duke Medical Center. It broke my heart that nothing we ever did for her helped her." When he found out my grandfather had sold his home to pay her hospital bills, he never charged another

penny for his services for the rest of her life. Dr. Goldner's wife visited my mother in the nursing home, and his own compassion and empathy for her were more valuable than his medical arsenal. He was changed by his encounters with my mother because he truly cared; he was humbled by his failures. Taking time to respond to her emotional distress through the years helped save her life and preserve her sanity. Sadly, this essential human empathy and care is precisely the dimension of treatment that has been eliminated from the doctor-patient relationship by the supposed cost savings of "managed care," which has gradually eliminated the physician's time to foster a relationship with the patient.

The Temptation of Being Professional Without Being Personal

In every healing relationship, the presence of Christ in between, yoked with the humility and nakedness of the penitent or patient, dissolves any lingering or presumed superiority derived from professional expertise or identity that would allow the counselor to stand outside the human relationship as though he or she would remain an unaffected, objectively neutral observer and technician. Through experience, I have discovered that to the degree I approach the other as one who has conquered the passion or difficulty that person is struggling with, or have merely offered some technique to overcome it without real empathic concern stemming from authentic human encounter, God will allow me to face that very same dilemma or something else necessary to humble me. The ensuing struggle exposes the infection of vainglory that begins to harden my

heart. The resulting fall to some kind of humiliation that brings me back to my senses, as being equally part of the human race that lives only by God's table, is part of God's mercy. It is impossible to truly serve anyone you feel superior to.

Only hearts that are capable of bearing pain for the human condition, in recognition of sharing it in every way, can continue being instruments of mercy and grace to assist the Great Physician in the cure. Humility and love are what ultimately make room for what proves curative, regardless of the illness or sin, because our greatest sickness is our existential aloneness and the shame and helplessness we feel about this in our deepest heart, whether we are conscious of this or not. We are each in need of the medicine of immortality, and the ministry that leads us to this is always an expression of personal hypostasis, not a technique that can be manualized and carried out without truly encountering Christ, self, and other in the process. Reciprocity occurs through repentance in each moment of self-examination that arises at the edge of the mutual psychological projections of our experience, which are an otherwise inescapable, intersubjective *folie à deux*. As psychologist Jamie Moran has rightly suggested, "Projection is a failure of repentance."

In other words – to draw on the familiar language of Martin Buber's *I-It* and *I-Thou* distinction – my *entire* experience is the proverbial "log in my own eye" (Lk. 6.42), reducing the other to that which I have already known prior to actually encountering him or her. My experience is always a kind of approximation involving objectification of the other. It is not yet a real encounter because by definition love requires a "between." Intersubjective experience



of one another (the realm of modern psychology), understood apart from Christ who unites us and is in between us, is inescapably monological (I-It).

It is not possible to move beyond the psychological monologue of experiencing unless it is transformed by a relationality – established at the intersection of the existential and ontological dimensions – which moves beyond the created order in and through Christ. Metropolitan Zizioulas has suggested that a “communion of otherness” characterizes the persons of the Holy Trinity; being unique hypostases, they share one essence. Christ, the Theanthropos, constitutes the living bridge between the uncreated and created worlds and opens up the possibility for an encounter beyond intersubjectivity through an eschatological relationship with all others. Jesus promised, “Wherever two or more gather,” with existential intention to risk authentic encounter with one another, “there I am in their midst” (Mt. 18.20).

That is to say, the unity of diversity – the communion of otherness with humanity – is ontologically grounded in and through the Logos. Intersubjectivity remains a psychological experience of the other which may, through existential

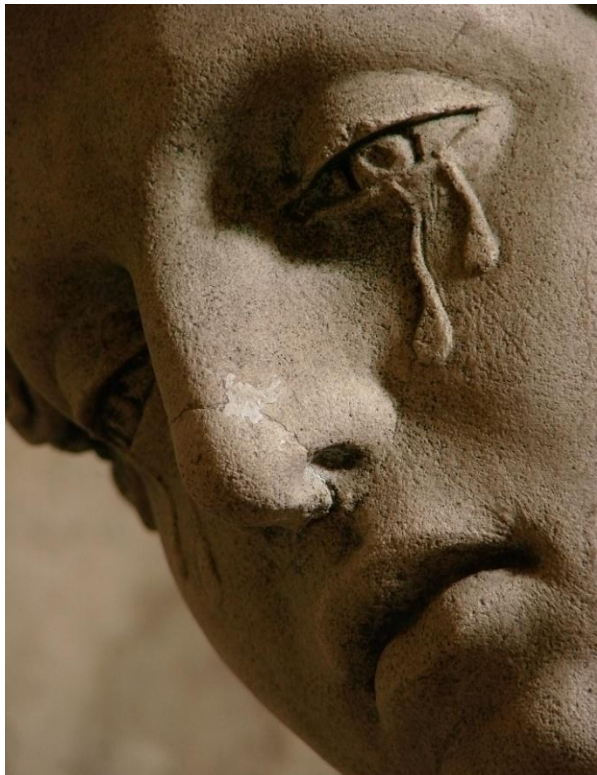
invocation at the altar of the heart, become transformational through Christ who promises to be present wherever this occurs. This is a synergistic process. The Kingdom of God is at hand, yet it always comes as a potential likeness to be actualized. There is no guarantee of this on the human side because complete mutuality is not inherent to human life itself but rather, as Martin Buber points out, “is a form of grace for which one must always be prepared, but on which one can never count.”

The Spiritual Struggle of Being Face-to-Face with the Other

We must realize that we cannot do this healing work apart from Christ, but ever hoping in Christ, we bring forward our intention to truly be present to the other, offering the five loaves and two fishes of our experience and understanding to God to be blessed and broke and distributed as the Holy Spirit sees fit. We pray that Christ loves the other existentially through us so that “It is no longer I but Christ who *loves* through me.” Further, we hope to receive Christ through relationship with the other that is revealed to us as a Theophany, as occurred for Saints Luke and Cleopas during the supper on the Emmaus Way.

We encounter the alterity of a person to the degree that we approach in humility and *neptic* – watchful or mindful – examination our entire on-going subjective experience. Repentance is the hoped-for response to the ontological reality that is apophatically beyond my experience of the other, encountered in and through the Logos. Repentance opens up the possibility that we will be attentive to what God is doing instead of presuming our own view to be unquestionably correct.

Jewish philosopher Emmanuel Levinas has pointed to the “face” of the other, rather than the construction of the individual self familiar to western culture, as the foundation for ethical relations. The face of the other – in its unique transcendent alterity – serves as a representation of the *hypostasis*, a unique personal icon or window into the apophatic dimension of otherness, an otherness which cannot be totalized by being



reductionistically subsumed under one's individualistic experience. This is a Copernican shift from the monologue of vainglorious self-sufficiency and its illusion of control to the existential risk of dia-Logos – from *kenodoxia* (vainglory, the world centers on the individual) to *orthodoxia* (the glory centers on God).

The face of the other calls me to life by inviting a self-offering relationship in which I am constituted by acting in love for the other. This is what Christ does in relation to the “face” of humankind. Through the communion of love and sacrifice for the other in and through Christ, I become myself. This cannot be achieved except to the extent that I willingly experience the confrontation of Christ in and through the face and life of the other as a catalyst for repentance and a motivation for love. Empathic encounter understood as dia-Logos becomes an impetus for repeatedly accepting challenges to my already “livedness”, my already “understoodness,” to respond to a never-before-encountered other in the present moment whose life is beyond my experience.

Transformation of the Heart

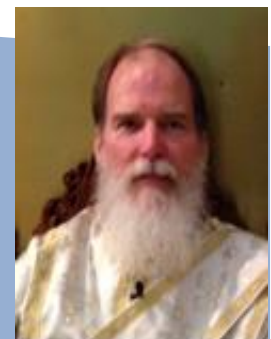
In effect, with each patient, the other represents Jesus saying to me, “Stephen I want to meet you face-to-face through this person who has come to you seeking help. I want to touch the place in your heart that responds to the action of the Holy Spirit at work in this person's confession. I want to recreate you in my likeness through your responsiveness to the other's pain, and the humility and courage evidenced by revealing this to you. The essential nourishment that will prove healing will be given in such a way that you will both be

recreated at the altar of the heart. So approach ‘with fear, faith, and love’ in order to receive me through him or her as I am in the bread and wine at the Holy Altar.”

In other words, each person I encounter – as confessor, therapist, physician, or friend – is always a potentially transformative encounter in and through Christ. Wherever dia-Logos occurs, the encounter is one of trialogical reciprocity. As St. Athanasius observed, “God became human so that humanity could become God,” and I believe it was Fr. Dimitru Stanilouae who added, “so that humanity could become human.” Jesus said, “As you have received the least of these [or not] you have received me” (Mt. 25.40). The human encounter is fundamentally Eucharistic, and occurs from, in, and through the Logos.

The grounds for the possibility of a healing encounter that transcends mere psychological experience is something that I see resting totally and completely in the Orthodox truth of the Holy Trinity and the Theanthropos. It is an encounter in which the “face” of the other, as Levinas suggests, constitutes a transcendent event inviting a response from me that goes beyond my own self-preservation. I believe this is made possible through the life and work of Jesus Christ, the Logos who bridges the impossible gap between the created and uncreated worlds through his own person – fully God and fully human – and not through the philosophical, technological, or rational appropriation of human initiative. Physical, psychological, and emotional healing occur in degrees in the medical and psychotherapeutic contexts, and in accordance with the Logos, but total healing, transformation, and sanctification of the whole person occur only in and through the Body of Christ, the Church, which unites created and uncreated realities.

Rev. Dn. Stephen Muse (PhD, LMFT, CCMHC) is a former president of OCAMPR. He serves as Director of Education and Training at the Pastoral Institute in Columbus, GA where he also directs Clergy-in-Kairos – a week-long crisis intervention program and retreat for clergy and spouse renewal. His most recent books include *When Hearts Become Flame: An Eastern Orthodox Approach to the διά-Λογος of Pastoral Counseling* (2011) and *Being Bread* (2013), published by St. Tikhon's Monastery Press.



THE NEED FOR LITURGICAL RITES FOR MISCARRIAGE AND INFANT DEATH

CARRIE FREDERICK FROST, PHD

Miscarriage and infant death are more common than many realize. Considering that globally, a quarter of women are thought to experience miscarriage in their lifetimes, and that even the developed world is not immune to the death of newborns, it is clear that a large percentage of Orthodox parishioners are touched by these events. In 2014, the Assembly of Canonical Orthodox Bishops commissioned the creation of a pastoral guide to aide Orthodox priests in offering counsel and support to those suffering from such loss. This document was shared in draft form with OCAMPR presenters in advance of the 2015 OCAMPR conference. Entitled “Perinatal and Infant Loss: A Resource for Orthodox Christian Pastors,” the guide articulates an Orthodox pastoral response to the bereaved family, counseling the priest to be a “peaceful, prayerful, listening presence.” This resource is a laudable first step in assisting priests in their counsel of the faithful in the midst of such difficult circumstances.

However, the Assembly’s guide fails to adequately address the rite for miscarriage found in the *Great Book of Needs*, in addition to the need for other liturgical remembrances of miscarriage and infant death. The guide notes that, “Jurisdictional practices regarding

services vary widely. There is yet no common service approved for use by the Orthodox Church in cases of perinatal loss. Pastors should consult with their bishops for guidance.” Following this note, three possible prayers are listed, but there is no reference to the *Great Book of Needs* miscarriage rite, or the possibility of other rites. The miscarriage rite is referred to only obliquely in the Assembly’s guide, when Matushka Jenny Shroedel writes in the Preface, “Many believe that the traditional miscarriage prayers do not set the right pastoral tone, and what is left is a gaping hole where something could be said or done.”



The Miscarriage Rite

Indeed, the traditional miscarriage prayer does not “set the right pastoral tone;” it is theologically poor and harmful. The rite of miscarriage found in the *Great Book of Needs*, entitled “Prayer for a Woman When She Has Miscarried/Aborted an Infant,” was added to the prayers of the Church about 500 years ago.ⁱ The slash between “Miscarried” and “Aborted” might suggest that two different rites are contained therein: one for unintended pregnancy loss (perinatal loss, miscarriage) and the other for cases of intended pregnancy loss (abortion). However, this is not the case, as both unintended and intended pregnancy loss are lumped together as one event for which the woman is held responsible and even called a “murderess” in the rubrics for the rite. The prayers also contain the line: “Have mercy on this Thy handmaid who today is in sins, having fallen into *the killing of a person*, whether voluntary or involuntary, and has cast out that conceived in her.”ⁱⁱ

In the circumstance of intended abortion, “Prayer for a Woman When She Has Miscarried/Aborted an Infant” can be understood as remarkable in that it provides a means of reconciliation with the Church after an abortion. This particular route of reconciliation includes prayers for the healing and forgiveness of the woman. The associated rubrics suggest that the priest direct the woman to penance and possibly prohibit her from receiving communion for a certain period of time. There is an implicit and compassionate acknowledgement of the many unhappy

circumstances that lead women to abortion. In these ways, this prayer is a path for peace and forgiveness for a woman who has had an abortion, and it is a valuable reminder to all people that Christ’s Church includes a path of love and forgiveness for all, no matter what their deeds.

However, in the case of an unintended miscarriage, this prayer is an abomination. Some women who experience miscarriage have feelings of guilt, even though they are not at fault, and a generous reading of the “Prayer for a Woman When She Has Miscarried/Aborted an Infant” might suggest that it serves to cover this base. However, it would be better to pray for a woman’s unwarranted feelings of guilt or responsibility without labeling her as a “murderess.” The long-established miscarriage rite fails to comfort the bereaved and inflicts additional guilt and pain on the mother.

Many priests – if they use it at all – alter this rite on the fly, or pencil in annotations in their copies of the *Great Book of Needs*. While this is appropriate and helpful, it is necessary to systematically review and revise this rite to provide healing for the bodies and souls of women who have experienced miscarriage, and to pray for them in a loving, comforting, and pastoral way. The

Orthodox Church in America has led the way in this regard by approving “A Service of Prayer After a Miscarriage or Stillbirth” in October 2015.ⁱⁱⁱ This rite is full of prayers for the comfort of the bereaved parents, including the petition that “The Lord God will not turn away His face from His suffering servants.” Still, other jurisdictions have yet to create a revised set of prayers or adopt the OCA rite.



A Call for Revised Funeral Rites

In addition to modifying the miscarriage rite to render it comforting and appropriate for the bereaved, there is further need for the creation of dedicated funeral or memorial services for cases of

miscarriage and infant death. “The Order for the Burial of an Infant” is included in the *Book of Needs*, and it addresses the death of a baptized infant or child up to seven years old. The primary difference between this rite and the burial rite for adults is that the child is considered unstained by sin, and thus the prayers for forgiveness in “The Order for the Burial of an Infant” are noticeably absent.

Liturgy is one of the primary ways Orthodox understand and experience the world, encounter loss, and garner hope. The Orthodox Church must sensitively acknowledge miscarriage and infant death in its liturgical offerings, a critical component of grieving – and healing.

Yet there is no funeral rite for instances of miscarriage, stillbirth, or the fleeting life of an unbaptized infant – situations in which the deceased are most clearly without the need for remission of sins. For a Church that so greatly values human life at all stages in the womb, this is a serious lacuna.

Father Alexander Schmemmann said, “The Church has adopted new orders of services for their beneficial effect upon the people, and has replaced these by others when she saw that they were not altogether helpful or necessary.”^{iv} It is time to adopt new orders of services to address miscarriage and infant death. The universal need for a revised miscarriage rite and the creation of funeral rites is especially evident when the centrality of liturgy in the Orthodox community is considered. Liturgy is one of the primary ways Orthodox understand and experience the world, encounter loss, and garner hope. The Orthodox Church must sensitively acknowledge miscarriage and infant death in its liturgical offerings, a critical component of grieving – and healing.

ⁱ Nina Glibetic, “Motherhood in Late Byzantium: Blessing, purification, and penitential rites pertaining to childbirth and child loss,” 40th Byzantine Studies Conference, Simon Fraser University, Vancouver, British Columbia, November 6-9, 2014.

ⁱⁱ “Prayer for a Woman When She has Miscarried/Aborted an Infant,” *The Great Book of Needs*, vol. 1., South Canaan, PA: St. Tikhon’s Seminary Press, 2000, p.16.

ⁱⁱⁱ “A Service of Prayer After a Miscarriage or Stillbirth,” Orthodox Church in America website, <http://oca.org/PDF/Music/Supplemental/service-after-miscarriage.pdf>, October 26, 2015.

^{iv} Alexander Schmemmann, *Liturgy and Tradition: Theological Reflections of Alexander Schmemmann*, Crestwood, NY: St. Vladimir’s Seminary Press, 1990, p. 21.

Carrie Frederick Frost is an Orthodox Christian and a scholar who seeks to understand family, anthropology, iconography, and literature through a theological lens. She received her doctorate in theology from the University of Virginia, and her dissertation, *A Theology of Motherhood*, explores the role of a mother through Orthodox icons, hymns, and rites. She resides in Bellingham, WA with her husband and five children.



ORTHODOX MEDICAL TEAM IN GUATEMALA

GARY LUKEN



SPOTLIGHT ON MISSIONS

In March of 2015, the Orthodox Christian Mission Center sponsored a medical team to the town of Aguacate in northern Guatemala. Aguacate is a unique town in Central America inasmuch as it has a large population of Orthodox believers. It is also unique in that its people have suffered deprivation of life's essential needs for a very long time. Their need presents an excellent opportunity for Orthodox believers in America to assist our brothers and sisters in the faith.

Aguacate is Mayan by ethnicity. This people group has long been persecuted – first by the Spanish Conquistadors, and then by fellow Guatemalans. They have been forced to relocate from fertile lands into an inhospitable area of northern Guatemala, and are now subsistence farmers on small tracts of scarce valley land on hillsides, where cultivation is inevitably leading to irreversible erosion of precious soils.

Recognizing that these Mayan Orthodox Christians had little essential medical care, the

Orthodox Christian Mission Center responded by sending an eight-person medical team. In addition to caring for the medical needs of the people of Aguacate, which the team accomplished as best as their resources and time allowed, they additionally identified the most salient health needs of the local population. The three most critical health needs in the majority of the world's rural and impoverished areas are nutrition, immunizations, and an un-contaminated water

supply for drinking. In the brief time the medical team spent in Aguacate, it was observed that nutrition, though meager, seemed adequate for this harvest year. Immunizations, we are told, are supplied by the Guatemalan government – though this needs to be verified. A pure source of drinking water is lacking. Gastric complaints were the most frequent chief complaint encountered amongst these very dear people.

There appears to be no surgical care available for the Mayans of Aguacate and their region. Hospitals are a great distance away for people who walk everywhere they must go. If they successfully get to the hospital, they will be



People with grave surgical problems die, as do pregnant women with complicated deliveries... These fellow Orthodox Christians need our help.

turned away if they cannot pay, which subsistence farmers of this area are unable to do. People with grave surgical problems die, as do pregnant women with complicated deliveries. Beyond what little medical care the Orthodox Christian Mission Center is able to provide, there appears to be no other care available.

The Mayan people of Aguacate and its region are a wonderful people filled with Christian charity, patience, love, and

forgiveness. These fellow Orthodox Christians need our help. They need an uncontaminated water supply, they need a reliable source of medical and surgical care, and they need essential medications to meet their basic health needs. They are eager to help themselves if given a few resources, and they are very gratifying to serve, befriend, and worship with. It is the hope of the medical team, that these observations will open the hearts of North American Orthodox Christians communities to help the Mayan Orthodox of Aguacate in a sustained way.



Gary Luken is a physician in St. Marys, Georgia. He was born and raised in the Midwest before moving with his family to Asia. He returned to the Midwest to obtain higher education and complete medical school. He is a member of St. Paul Greek Orthodox Church in Savannah.



HOLY UNMERCENARY HEALERS

MAGDALEN DUGAN

On November 1, we celebrate the Feast of All Saints when we are reminded that, as the Church Militant, we too are called to be saints. The Orthodox Church recognizes a category of saint especially inspiring to medical professionals – the “holy unmercenary healers.” It is sometimes assumed that “unmercenary” refers only to those who labor without payment, and certainly those saints living and departed who heal without earthly reward inspire us greatly, but the term “unmercenary” has a broader meaning. The opposite of “unmercenary” is not “paid” but “mercenary,” which does not refer to those who earn a living through their services, but to those for whom money is the primary focus. A mercenary soldier, for example, serves only for a fee, without commitment to a cause, while a soldier who is a patriot has cause and country as a primary focus, whether being paid or not. We, too, can be unmercenary healers, even while collecting a paycheck, if our focus is love of God and love of those who need healing.

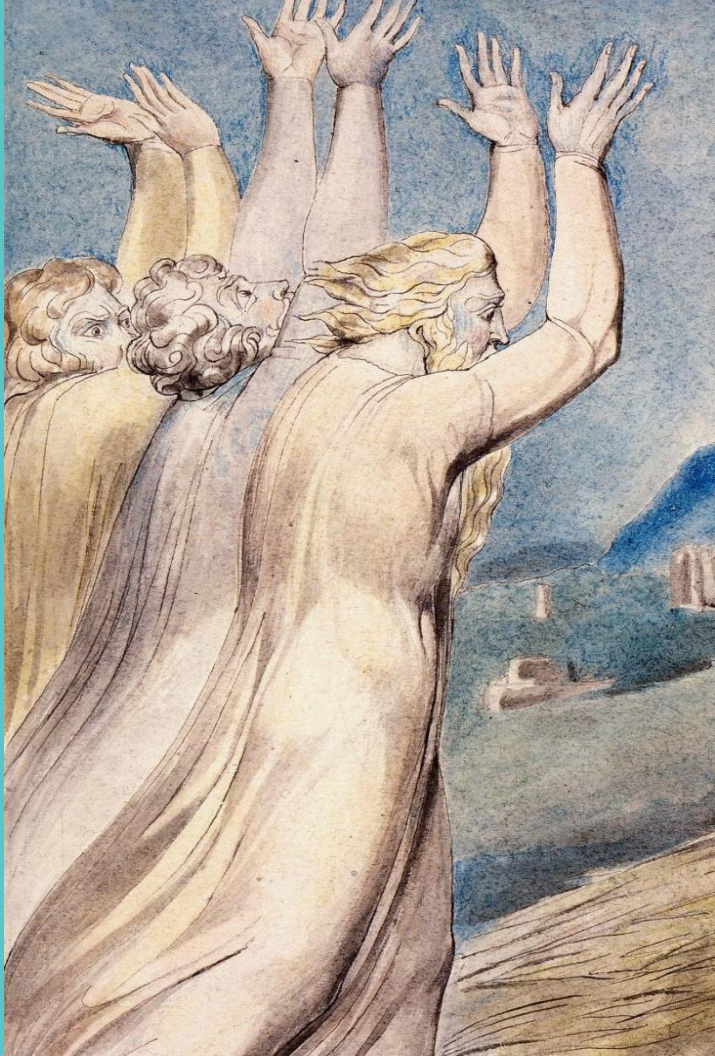
Saints Cosmas and Damian provide us with an excellent example of unmercenary healing, and in fact they are the patron saints of OCAMPR. These brothers lived in Arabia in the late third century. Trained in medicine, they freely, and often miraculously, healed the sick. They were among those unmercenaries who actually refused payment for their services,

but more inspiring and more immediately applicable to the work of healthcare professionals is the way in which they healed through fervent prayer and through God’s love. An article on the website *Body Theology* describes their work in this way: “Cosmas and Daian saw in every patient a brother or sister in Christ. For this reason, they showed great charity to all and treated their patients to the best of their ability.”

In I Cor. 12, Saint Paul tells us that healing is one of the diverse gifts of the Holy Spirit, and in Mt. 10.8, our Lord Himself commands, “Heal the sick...Freely you have received; freely give.” Let us strive to imitate the holy unmercenary healers Cosmas and Damian by freely, prayerfully giving God’s love to those in need of His healing.

HEALING SAINTS





CALL FOR PARTICIPATION

OCAMPR exists to foster dialogue between Orthodox Christians in healing professions. *We welcome* our readers' letters, questions, and thoughts.

We invite our readers to advance this dialogue by submitting articles, editorials, book reviews, research, and writing of general interest to healing professionals. Submissions should be attached as a Word document and emailed to Fr. Peter Kavanaugh at: fatherkavanaugh@gmail.com

SHARE

Please *share* this Newsletter with colleagues, clergy, and friends who would be interested in the work of OCampr. If you have received a forwarded copy of this Newsletter and would like to be added to our mailing list, tell us at: ocamprinfo@gmail.com.



JOIN

Orthodox Christian professionals in and allied to medicine, psychology, and religion and meeting the qualifications for membership are invited to join OCAMPR as Professional Members. Other applicants, such as students and nonprofessionals, may join as Associate Members.

VISIT

OCAMPR.ORG

FOLLOW

