CATHOLIC SOLIDARITY IN HEALTHCARE

THIS PRESENTATION OUTLINES

THE CENTRALITY OF FAITH TO CHRISTIAN SOLIDARITY AND TO FAMILY LIFE, THE BUILDING BLOCK OF SOCIETY

PSYCHOLOGICAL THEORIES OF FAMILY AND EARLY CHILD DEVELOPMENT AND HOW THIS INFLUENCES HOW INDIVIDUALS INTERACT WITHIN FAMILIES AND WITHIN IN SOCIETY

THE ROLES AND RESPONSIBILITIES OF NATIONAL AND INTERNATIONAL AGENCIES AND NURSES TO WORK IN SOLIDARITY WITH EACH OTHER TO SUPPORT CHILDREN AND FAMILIES IN A CHANGING AND MODERN WORLD

KEY CHURCH DOCUMENTS ON THE GOSPEL CALL TO SOLIDARITY TO CARE FOR EACH OTHER AS ONE WORLD, ONE FAMILY IN CHRIST
RECOGNIZING OURSELVES AS INDIVIDUALS WHO ARE INTERDEPENDENT WITH OTHERS

We are all born unique as individuals but each of us is dependent on others around us, our families, our society, our Church and on God. We do not live alone. We are born to live, work and age in solidarity with others or an ‘Other’.

The 20th century French psychoanalyst Jacques Lacan 1901-1981 believed that as individuals, following our earliest relationship with our primary carer or mother, we all go on to develop an innate relationship with a higher external ‘Other’ that lasts throughout life. This relationship with an ‘Other’ is commonly accepted to be a relationship with God.

St Augustine (354-430 AD) argued ‘God has made us for himself, and our hearts are restless until we find our rest in Him’. If we are not at peace with God we are not at peace with ourselves.
ACKNOWLEDGING OUR DEPENDENCE ON GOD

The ancient religion of Hinduism believed that through contact with divine gods man struggled on earth through purification to achieve one-ness with the ultimate divine power. St Thomas Aquinas (1225-1274 AD), was greatly influenced by ancient Greek teachings particularly of Aristotle (384-322BC) that we are all born with a telos or purpose in life. In his work Summa Theologica (1265-74) he tells us we are all created by God in the image of God, imago Dei. Our whole life journey, from birth into the family in which we are nurtured to grow into participation or solidarity with the wider society or culture within which we live and age is an exitus reeditus, a path of temporary separation during which we search for a greater union and solidarity with God to whom we eventually return.
WORKING IN SOLIDARITY WITH GOD:

Judaism has been called the mother of religions. The Judaic Old Testament writings tell us of a series of covenants between God and His people. God’s pact with Adam and Eve seen as God’s first covenant with Man. Covenants with Noah, Abraham and with Moses uphold God’s clear plan for family life and respect for one another. This is written into all the Abrahamic religions of Judaism, Islam and Christianity.

The 10 commandments given to Moses (Mosaic Law, the Decalogue or Torah) provide the underpinning framework of many of our contemporary 21st century legal structures. Later covenants with David and the temple and with Jeremiah on the coming of the Messiah were to prepare the Jewish people for the coming of the New Testament.
THE CHRISTIAN CHURCH: OUR CALL TO SOLIDARITY WITH OTHERS WITHIN FAMILIES AND WITHIN SOCIETY

In the New Testament Jesus, as son of God, is born into the Holy Family with St. Joseph as temporal head of the family and Mary as mother. This Holy Family forms the role model for all family and social relationships.

Like Buddhism which grew from 1000-500BC and Sikhism born around 1500 AD, Christianity through the Gospels speaks out against social injustice: ‘When did we find you sick or in prison and go to see you...in so far you did this to one of the least of these brothers of mine, you did it to me’ (Matthew 25:39-40).

Through the birth, life, and death of Jesus on the cross, the universal symbol of Christ’s Church on earth we are given a new covenant with God and new commandments to love and care for everyone as a member of Christ’s family, even the marginalised members of society.

Talcott Parsons the American sociologist (1951) described the family as the ‘building block of society.’ The family is where we first learn about ourselves, the teachings of our faith and how to interact with society.
EVELYN DUVALL (1957) identified 8 developmental family life stages that influence how family members interact with each other and within the society into which they born to live, work and age.

**STAGE I:** Marriage & the joining of families

**STAGE II:** New birth / families with infants 0-30 months

**STAGE III:** Families with pre-schoolers

**STAGE IV:** Families with school age children

**STAGE V:** Families with teenagers

**STAGE VI:** Families as launching centers as children leave family home

**STAGE VII:** Middle-aged families

**STAGE VIII:** Aging / retired elderly within families
FOWLER (1987) described 7 life stages of faith development:

**UNDIFFERENTIATED FAITH (0-3 years)**
Children learn basic trust from their parents at home.

**INTUITIVE-PROJECTIVE FAITH (3-7 years)**
Fantasy and fact mingle—the child develops concepts of God and right/wrong.

**MYTHIC-LITERAL FAITH (School age)**
The child tends to accept faith and beliefs passed on by those around him/her.

**SYNTHETIC-CONVENTIONAL FAITH (Early teenage)**
Individuals remain in but start to question their beliefs, faith, cultural, and social systems.

**CONJUNCTIVE FAITH (Midlife)**
A time of reflection and return to past beliefs.

**UNIVERSALIZING FAITH (Midlife or beyond)**
A visionary level of faith through which the individual in preparation for death can develop a higher mystical relationship with God.

**INDIVIDUATIVE-REFLECTIVE FAITH (Older teenagers / young adults)**
Individuals critically analyse their faiths and beliefs and may start to look to other systems for their spiritual needs.
Many 20th century psychologists have reinforced the value and necessity of a secure family life during early childhood and have identified problems in how we relate to others where this has been interrupted.

Sigmund Freud (1856-1939) produced psycho-analytic theories that bad experiences during early development of the id, the basic primitive need of the baby to demand food and care, of the ego, development of identity and cognitive awareness and the super-ego, the conscience, knowledge of right and wrong could all lead to disturbances in relationships in later life.

Abraham Maslow’s Hierarchy of Needs (1954) highlights that basic physical needs have to be met before individuals can go on to experience safety, security, friendship, achievement necessary to be able to function at the higher aesthetic level associated with spirituality.
John Bowlby’s studies on attachment (1944, 1951, 1956) identified that if children do not experience a continuous warm loving attachment with the primary carer, usually the mother, in early life, the child would go on to develop behaviour problems and difficulties in relationships with others in later life. Bowlby attributed juvenile delinquency to early long term separation from the mother.

Later studies by Rutter (1972) and Main and Solomon (1986) reveal lack of affection through institutional care, continuing family discord, domestic violence, parental substance abuse or mental health problems, poverty, social deprivation or disconnected parenting by a parent maltreated as a child can all adversely affect development and social behaviour of the child.

Mary Ainsworth (1965) worked with Bowlby to produce further studies on attachment that identified that the quality of parenting influenced the emotional security and wellbeing of the child.

Lamb (1987, 2010) and other studies on family breakdown identified absence of a father male role model increased risk of depression in girls and in boys under achievement at school, substance abuse, anti-social behaviour, joblessness.
Three key documents in the UK 2010-2014 have highlighted current trends and concerns around the increasing instability of family life and the impacts of this on society. The documents promote the essential role of health professionals in working with families to ensure that children have the best start in life to ensure healthy family functioning and best long-term health outcomes for individuals through adulthood and into old age.
FAIR SOCIETY HEALTHY LIVES
MARMOT REVIEW 2010

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects.

‘Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work, and age. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society.’

‘The benefits of such efforts would be wider than lives saved. People in society would be better off in many ways: in the circumstances in which they are born, grow, live, work and age. People would see improved well-being … and they would live in sustainable, cohesive communities.’
‘There is a great deal of massively compelling evidence in favour of … intervention at the earliest possible time in the life cycle … during pregnancy, promoting breastfeeding, understanding the cues of tiny babies or ensuring pre-schoolers develop social and emotional competence as well as the basic cognitive skills needed to learn, the strong message is that young life rewards early support… delivered via the primary caregiver(s) – typically the mother.’

‘Health visitors, midwives and other professionals who work with children and their families are key to ‘ensuring ‘better health in the foundation years ‘ through addressing ‘risk factors likely to result in future problems for particular families, without waiting for those problems to emerge.’

‘If we want an affordable society that works well, we need to invest in the best possible, evidence-based early years’ programmes to address this issue’
A foetus or baby exposed to toxic stress can have their responses to stress (cortisol) distorted in later life. This early stress can come from the mother suffering depression or anxiety...a bad relationship with her partner, or an external trauma such as bereavement. There is longstanding evidence that a baby’s social and emotional development is affected by the quality of their attachment to their parents.

Research reveals high levels of cortisol produced by stress can pass the placental barrier in pregnancy.

‘By the 1001st day, the brain has reached 80% of its adult weight. From birth to age 18 months, connections in the brain are created at a rate of one million per second!’ Early experiences ‘shape a baby’s brain development, and have a lifelong impact on that baby’s mental and emotional health’.
UNICEF the United Nations Children’s Fund founded 1946 with an international agenda of promoting the rights of children states: ‘We believe that nurturing and caring for children are the cornerstones of human progress. UNICEF was created with this purpose in mind – to work with others to overcome the obstacles that poverty, violence, disease and discrimination place in a child’s path. We believe that we can together, advance the cause of humanity. We advocate for measures to give children the best start in life, because proper care at the youngest age forms the strongest foundation for a person’s future.’

Poor maternity and child health care is associated with both increased child mortality and poor long term health outcomes.

CICIAMS is one of many organizations to have international NGO representation to UNICEF. UNICEF describes its own own role as one of working with governments, national and international agencies, and civil society ‘to support effective and life-saving actions at each phase in a child’s life – from prenatal care in a mother’s pregnancy to effective and affordable health care through childhood and into adulthood.’
Children represent the future and ensuring their healthy growth and development ought to be a prime concern of all societies. Nearly three million children died in 2011 within a month of their birth – due to lack of access to safe maternity and neonatal care.

Universal health is ‘one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition’.

WHO The World Health Organization, founded 1946, the directing Health Authority for the United Nations and global health states the following:

‘The social determinants of health are the conditions in which people are born, grow, live, work and age’

‘Active ageing allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society.’

‘Ageing takes place within the context of friends, work associates, neighbours and family members. This is why interdependence as well as intergenerational solidarity are important tenets of active ageing.’
Thomas Merton
1915-1968 Trappist monk and Catholic writer in his book *No Man is an Island* (1955) wrote ‘We do not exist for ourselves alone’.

Aristotle 384-322BC stated ‘the whole is greater than the sum of its parts’ and that an emergence of change of the whole occurred when one or each of the smaller parts changed.

Emile Durkheim later developed this as 19th century functionalist theory - social stability was only achieved if state and other agencies and individuals all functioned as they should for the common good.

Pope Paul VI (1965) stated in *Gaudium et Spes* ‘Every day human interdependence grows more tightly drawn and spreads by degrees over the whole world. As a result the common good, that is, the sum of those conditions of social life which allow social groups and their individual members relatively thorough and ready access to their own fulfilment..involves rights and duties with respect to the whole human race’.

Aristotle’s theory was further developed by Max Wertheimer and other early 20th century psychologists as Gestalt theory ‘the whole is the sum of its parts’ interdependent on each other for the whole to function.
‘Far from being self-contained individuals, we are, in truth, always mutually dependent. We are made for one another. This is verified by the sense of fulfilment and satisfaction we experience when we act in generosity and solidarity with those in need. We are not isolated individuals who happen to live side by side, but people really dependent on one another, whose fulfilment lies in the quality of our relationships.’

reminds us all that God ‘calls man to seek him, to know Him, to love him’ and that the Church also demands a social responsibility of ‘Respect for the human person’ through which "everyone should look upon his neighbour (without any exception) as 'another self'.”
Catholic Solidarity through Interdependence

- Solidarity with God
- Solidarity with people in other countries and with the Earth
- Solidarity with the Church
- Solidarity with health, education, and other social care agencies
- Solidarity with other external family members and friends

Prayer and Care

The Association of Catholic Nurses
England and Wales
As Catholic nurses we can also use our professional knowledge and skills to work in solidarity with many Catholic agencies working for the common good of Catholics and Christians and people from other faith backgrounds at local, national and international level.
Working in solidarity with Catholic agencies that support beliefs and of the Catholic nursing profession in contemporary healthcare

THE NATURAL FAMILY PLANNING TEACHERS ASSOCIATION and MARRIAGE CARE both teach and work with new research on the physiology of menstruation to identify time of ovulation and fertility more accurately –dissatisfaction with the health risks of modern methods of artificial contraception leads to high sterilisation rates in the general population indicating a need for further investment in research into natural family planning.

The LIFE organization offers pro-life sexual health education in schools targeted at reducing teenage pregnancies and terminations and offers counselling for women considering or who have had an abortion with accommodation and practical help for unsupported mothers. The Church condemns abortion as an act of taking life but Cardinal Cormac Murphy-O’Connor (2008) reminds us ‘Abortion is not only a personal choice. It is also about the choices our society makes to support women, their partners and families who face difficult decisions’. As Catholics we call for the sanctity of all life to be respected particularly the vulnerable, the sick, the marginalised and in end of life care.
CARITAS CARE provides fostering/adoption and works with other agencies to support vulnerable individuals and groups on a range of social care issues – providing support for the homeless, the elderly, physically disabled, adults with mental health problems and ex-offenders.

CELEBRATING FAMILY works to uphold the value of family life and to ensure all families feel welcome in the Church including vulnerable single parent families and families that have experienced divorce who can benefit from the emotional security and stability a Church environment can offer.

CEDAR works with other agencies to educate and support victims of domestic abuse which can impact on safety and wellbeing of children, the elderly, sick, disabled or any marginalised family member. Catholic Child Protection agencies work with statutory agencies to safeguard children at risk of significant harm.

CARITAS the international Catholic relief agency provides both emergency relief and long term support to poor countries in the developing world to establish basic healthcare and education.
Pope Francis I
World Day of the Sick
Message 2014
‘The proof of authentic faith in Christ is self-giving and the spreading of love for our neighbours, especially for those who do not merit it, for the suffering and for the marginalized.’

Pope Benedict XVI in Deus Caritas Est (2005) describes 4 different types of love and caritas as care stating ‘As a community, the Church must practise love. Love thus needs to be organized if it is to be an ordered service to the community.’

‘Whether the lay apostolate is exercised by the faithful as individuals or as members of organizations, it should be incorporated into the apostolate of the whole Church’
Decree on the Apostolate of the Laity
Paul VI 1965
Pope John Paul II on solidarity has stated "Globalization presents the demand for solidarity, particularly the construction of a more human world for all." (2002, Global Forum in Rome.)

‘World Day of the Sick aims to stimulate reflection on the subject of health, whose fullest meaning also alludes to the harmony of human beings with themselves and with the surrounding world….. I encourage international organizations to promote initiatives in this field that are inspired by wisdom and solidarity, and always to strive to defend human dignity and to protect the inviolable right to life. ‘ Pope John Paul in his last Message for World Day of the Sick (2005)
Catholic Bishops England and Wales
Choosing the Common Good 2010

‘The common good is about how to live well together. It is the whole network of social conditions which enable human individuals and groups to flourish and live a full, genuinely human life. At the heart of the common good, solidarity acknowledges that all are responsible for all, not only as individuals but collectively at every level.’

The Missionaries of the Sacred Heart USA tell us ‘Solidarity helps us see other people and nations as our neighbours. This part of Catholic teaching challenges us to redefine our concept of neighbour, remembering always that every person, regardless of how different they might seem to be from us, is also a child of God, and therefore our brother or sister. We are called to overcome barriers of race, religion, gender, nationality, ethnicity, and economic status and to work for global peace and justice. We are one, human family and we must go beyond our differences.’
Once again we exhort our people to take an active part in public life, and to contribute towards the attainment of the common good of the entire human family as well as to that of their own country. *John XXIII Pacem in Terris 1963*

There can be no progress towards the complete development of individuals without the simultaneous development of all humanity in the spirit of solidarity .......... she ought to ‘scrutinize the signs of the times and interpret them in the light of the Gospel.’ *Paul VI Populorum Progressio (The Development of Peoples) 1967*
CATHOLIC SOLIDARITY IN HEALTH CARE

LIVING THE GOSPEL

JOHN 17:21 ‘May they all be one, just as, Father, you are in me and I am in you,’
REFERENCES AND BIBLIOGRAPHY


BOWLBY,J (1951) Maternal Care and Mental Health ,Geneva,World Health Organization


DUVALL,E (1957) Family Development , Philadelphia,Lippincott


MASLOW,A (1954) Motivation and Personality

MERTON,T (1955) No Man is an Island ,New York Harcourt Brace USA


PARSONS ,T (1951) The social system. Glenco , IL USA : Free Press


POPE FRANCIS I (2014) World day of the Sick Message accessed online 01/06/14 http://w2.vatican.va/content/francesco/en/messages/sick/index.html

POPE JOHN XXIII (1963) Pacem in Terris accessed online 01/06/14 http://www.vatican.va/holy_father/john_xxiii/encyclicals/index.htm

POPE JOHN PAUL II (2002) Global Forum in Rome


POPE PAUL VI (1965a) Decree on the Apostolate of the Laity accessed online 01/06/14 http://www.vatican.va/archive/hist_councils/ii_vatican_council/index_po.htm

POPE PAUL VI (1965b) Gaudium et Spes accessed online 01/06/14 http://www.vatican.va/archive/hist_councils/ii_vatican_council/index.html

POPE PAUL VI (1967) Populorum Progressio accessed online 01/06/14 http://www.vatican.va/holy_father/paul_vi/encyclicals/index.htm


UNICEF (2014) accessed online 01/06/14 http://www.unicef.org/


WHO (2014) accessed online 01/06/14 http://www.who.int/en/