

Humanities: Art, Language, and Spirituality in Health Care

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Walls and Barriers. Polish Achievements and the Challenges of Transformation: Building a Hospice Movement in Poland

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Recently, the 25th anniversary of the tearing down of the Berlin Wall, which took place in 1990, was celebrated, enjoying wide coverage and press interest from all over the world. However, the 30th anniversary of the beginning of this dismantling of the regime in Eastern Europe, launched under the auspices of Solidarity in 1980, enjoyed much less attention. That event, however, yielded democratic change in Poland after nine years, soon followed by Hungary, Czechoslovakia, and finally, the German Democratic Republic, the reunification of which crowned that long and painful process. The Wall, pulled down in 1989, became the symbol of the reunification which is still continuing both in the transformation of societies, as well as emotional and spiritual spheres of social and individual lives.

Although democracy in Poland and Eastern Europe is only 25 years old, it was not given to us in an evolutionary way. It was rather a long fight with a communist regime but also with a human mentality. Practically until 1989, a specific type of mentality dominated, called “Homo Sovieticus.”^{1,2} It was the embodiment of a consecutive stage of the evolution of *Homo sapiens*, resulting from a successful Marxist social experiment across the territories of Eastern Europe. From the sociopolitical point of view, it was characterized by people’s subordination to the collective and authority, adrift with conjuncture (conjuncturalism), opportunism, no respect toward collective property, and an inclination to petty theft in the workplace, both for personal use and for profit. From a psychological perspective, “Homo Sovieticus” appeared to lack any personality and dignity, being intellectually

enslaved, incapable of independent thinking and acting, apathetic, and passive, yet demonstrating aggression toward the weaker individuals, while keeping a servile stance toward those who were stronger. What is characteristic of this stance is the escape from freedom and responsibility, which Erich Fromm (1941)³ described in his work tackling the mechanisms of the subjugation of people. These features, mentioned herein, were even reinforced and hardened because of isolation from world culture, limitations on people traveling abroad, a strict censorship of information in the media, and omnipresent propaganda. Sadly, this wall of mental enthrallment, isolation, and the propagandist distortion of reality has proved to be more difficult to dismantle than the Berlin Wall.

In opposition to the “Homo Sovieticus” mentality, also present among health service staff, the activities of medical volunteers have been developing. It was the start of the contemporary hospice movement in Poland from 1981 onward. Such a humanist-humane and Christian sensitivity yielded the initiative of helping terminally ill and dying people in Cracow, managed by Cardinal Karol Wojtyła (the future Pope John Paul II) within the framework of the Synod of his Archdiocese.^{4,p.22} The activities of a group of enthusiasts, inspired by lectures and the practical work of a nurse, Hanna Chrzanowska, were supported by Dr. Cicely Saunders, whose friendship to Poland and Poles is widely known.⁵ The visits of the creator of the contemporary hospice movement to Poland inspired the creation of St. Lazarus Hospice in Cracow in 1981—the first NGO registered in Poland under

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the Communist authority. The plan to build a hospice house after the model of St. Christopher's in London proved too ambitious at that time, so we had to wait 15 years for its opening. Nevertheless, the public debate undertaken then on the place of very ill people in society, as well as the issue of how to make our medicine more humane and to take on the stance of "A Good Samaritan," had a tremendous value for the overcoming of the "Homo Sovieticus" mentality in the then health care and social welfare systems in Poland.

After Solidarity was subdued in Poland by a military junta on 13 December, 1981, the spirit of solidarity with the suffering found a new expression in the form of home hospices and care for dying people and their relatives, based totally on volunteers. Doctors, nurses, students of medical colleges, and representatives of other professions organized this care together with Catholic parishes. This form of hospice care was initiated in Gdansk by professors and students of the Medical University together with Reverend Eugeniusz Dutkiewicz, a Catholic priest called "the father of the Polish hospice movement".⁶ This simple model of care, based on the accommodation available at the Church and the voluntary work of medical professionals, subsequently developed in other towns and cities all over Poland. The voluntary system, created from the need of people's hearts, found support in the contributions sent to Poland, including medicines, rehabilitation equipment, beds, and materials for dressings. These all became tools in the work of the teams of volunteers, while human solidarity fostered the expansion of the number of people involved in the system, offering domestic care to people in the whole country.^{4,p.23} Through subsequent years, the fight against the "Homo Sovieticus" mentality in the health care system was based on this demonstration that it is possible to serve people in need as a physician, nurse, pharmacist, medical assistant, social worker, or spiritual-religious aide, giving help without expecting any payment. Indeed, this phenomenon of social commitment to the care of the terminally ill, which was the beginning of palliative-hospice care in Poland generated extraordinary effects, locating Poland at the top of the European system of this type of care.⁷ And it is this exceptional history of the overcoming of barriers and obstacles, the history of the development of the successful cooperation of the medical milieu with the communities of the faithful, and the cooperation of professionals and volunteers in the palliative-hospice system in Poland, which is described in the book "In Solidarity. Hospice-Palliative Care in Poland," accessible as an open source for all people interested in this issue.⁴

Undoubtedly, the religious bias of Poles and their links with the Catholic Church had a special

significance for this process. At the time when the socialist order collapsed, religiousness was the alternative power in the state, next to democratic authority, becoming an important element of the Solidarity movement and continuing throughout subsequent years. It strengthened in the form of "Homo Religiosus" on the basis of the religious ideals formulated by the great Pole, John Paul II, and the Catholic Church, as both of them enjoy great social trust. Years of democracy, freedom, and often reaction to the dominance of a Catholic vision of the world gradually fostered the appearance of a new mentality, lacking a straightforward religious connotation, "Homo Spiritualis." Maslow's hierarchy of needs⁸ gained a new dimension: now, it was not only the satisfaction of the basic needs (physiological and emotional) that counted but also an interest in the need for spiritual development, with the appearance of an emphasis on self-realization and transcendental pursuit. Polish people, as well as the citizens of other countries of Eastern Europe, gained a new motivation and sense of life, finding them both in religious motivation and the quest for individual spirituality, linked to humanism and the need for freedom from any structures and dogmas whatsoever.

Twenty-five years after democratic change in Poland, religiousness still plays an important role in social and individual life in the country, ranking as one of the highest in Europe.⁹ Thus, it can be stated that "Homo Religiosus," enjoying more than a 1000 years of Christian tradition, has managed to oppose the mentality of "Homo Sovieticus." Both types of morality excluded each other; thus, Polish society became divided and, as a result of a rebellion and a culmination of activities in society, the colossus with feet of clay finally collapsed (Dn. 2:31–45). Practical implementation of common spiritual values in the Catholic Church and solidarity in practice of helping others can be seen in the life sequence of one: me, as first author of this article. Being a teenager in the time of Solidarity I was involved in the sociocharitable actions organized for those who were oppressed by the regime. Those activities had led me from volunteering for those in need for the roman-catholic priesthood, where I recognized serving people in need as my main mission in hospital and home care hospice, which later became the topic of my scientific research. After ordination, I had worked in Gdańsk as hospice chaplain and volunteer coordinator. Soon I'd learned that theology and good will are not enough to be a good chaplain in end-of-life care.¹⁰ I've studied psychology, spirituality, and eventually have completed a psychooncology course in Rome Gemelli Policlinic. I have spent over a year at Notre Dame University doing my doctoral research, working also in hospice and hospitals, with the possibility to see the structures of

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