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The Center for the Study of Science and Religion began in 1999 with a startup grant from the office of the Provost. The idea for it emerged from a confluence of two events, one personal and the other political. I had just agreed to give the Schoff Lectures for The University Seminars on a topic of my choice. I chose to consider my own religious life as a scientist in those lectures, which have since been published by Columbia University Press as “The Faith of Biology and The Biology of Faith”. In that decision, I saw that I needed a place for further discussion, and so I decided to create the CSSR for that purpose.

The political reason went back more than a century. My wife Amy’s great-grandmother had owned a large farm in what is now Slovakia. This farm was first appropriated by Hungarian fascists in the Anschluss when the region was called the Slovak Republic, then by the Nazis in World War II, then by the Soviets with the establishment of the Czech Soviet Socialist Republic in 1945. With the fall of the Soviet Union and the division of the C.S.S.R. into the Czech Republic and Slovakia in the early 1990s, I was determined to capture some recognition of our family’s lost connection to that farm. So in picking the name for my center, I chose one that carried the same initials as the Soviet satellite, the C.S.S.R. Try googling either CSSR or C.S.S.R., and you will get the CSSR first and then, only very much thereafter, the Czech Soviet Socialist Republic.

The CSSR has undertaken many adventures in its short history. These have given it many shapes and addresses, as one door has opened or another closed. Some of these doors have been physical links to neighboring institutions and centers, while others been more abstract portals, bringing the CSSR to many different ways of pondering the intersection of the natural world with the difficult task of knowing how to act well in any given situation.

The CSSR’s first location outside of the Department of Biological Sciences was a set of desks in a big room in Low Library. At various times thereafter it was linked to and located in the Department of Religion, the Martin Luther King building of The Riverside Church, Knox Hall of The Union Theological Seminary, and the Hogan Hall offices of the Earth Institute.

With Earth Institute affiliation came a capacity to put up our own CSSR website, to offer a novel series of public CSSR seminars and symposia, and to create field-work programs with neighboring communities. In that period the Earth Institute made it possible for the CSSR to bring on board Cynthia Peabody as Associate Director and Miranda Hawkins as Administrator. Their work, and their mentoring of our many student interns, has maintained the CSSR for the past six years, and has led to our website’s archive of public events, including a number of broadly interdisciplinary, well-attended symposia in the last five years.

Now, in its fifteenth year, the CSSR will return to its initial configuration. Beginning in the fall of 2014, it will be
located once again in the Arts and Sciences. I will remain Director and I will be the sole administrator; once again all CSSR programs will be co-created with student interns and volunteers, and managed by them, as in the CSSR’s initial years. The differences from 1999 will be large, however.

Our student programs will be funded from the gifts of friends, as they have been for the past two years. Most wonderfully, among these gifts is an endowment from Harvey Krueger College ’51, Law ’54. The yield from that endowment has supported CSSR students in their work this year, and it will continue to do so in the future. Though the CSSR will return to an earlier structure, there are projects already underway that will continue speak to the ways that I have myself changed in the past fifteen years, taught as I have been by my colleagues and my students, to think self-reflectively about my own priorities in asking that initial question that forms the agenda of the CSSR:

If scientific data cannot answer the question of what is the good and the right thing to do in any given situation, where else but by inward self-reflection can the answer be found?

All projects of the CSSR in the upcoming academic year and beyond will depend on students’ willingness to learn from their work, and to write about themselves as well as their work when they summarize their work for the CSSR. The CSSR has convened a small group of faculty Advisors from various disciplines, so that it can assure every student in every project the opportunity to engage in some aspect of science, some study of religious or secular works involving moral judgments, and some self-reflection. In this context, in the 2014-2015 academic year the CSSR will offer a mix of curricular and experiential student programs, most already in place, but some new.

Experiential programs for AY14-15

AY, both semesters: Volunteer Program at the Terence cardinal Cooke Hospital
Summer: Internship with the Medical Director of the Terence Cardinal Cooke Hospital
Summer: Unite for Sight, Internship in Public Health eye care, Ghana

Academic programs for AY14-15

AY, both semesters: University Seminar on Slavery and Memory
AY, both semesters: EEEB 4321, “Human Nature”
AY, both semesters: BIOL 3700, “Independent Clinical Research”
AY, both semesters: we have proposed a student-initiated research course for both summer and during the academic year: “Workshop on Science, the Humanities, and Self-Reflection”.

The future of CSSR’s public programs remains unpredictable; the CSSR currently has no outside grant support at all, nor do we foresee any likelihood of being competitive for such support without links to congenial and collaborative groups interested in sharing work and ideas.

As Director, I also hope to stabilize and extend the reach of the CSSR through affiliations in 2014 and beyond. I have begun to explore affiliations - with shared funding and shared seeking of funds - that might re-link the CSSR to those Centers and institutions in which I now hold an affiliated or adjunct faculty position: Columbia’s Department of Environmental, Evolutionary and Ecological Biology, Union Theological Seminary, and The Earth Institute at Columbia University.
In addition I have begun discussions about possible collaborative arrangements with colleagues at the Columbia Center for the Study of Ethnicity and Race, the Columbia Center for Science and Society, The Jewish Theological Seminary of America, Communion and Liberation, and the Columbia Program in Science and Art of the School of the Arts. In all these conversations, I will have in mind what I have learned from the CSSR, my colleagues and my students in the past fifteen years.

I opened this essay with a story of the CSSR’s origins in the history of what was the late and unlamented C.S.S.R. Let me close with a quote from Vaclav Havel, the first President of the post-Soviet Czech Republic, from his 1979 book, “The Power of the Powerless.”

“A genuine, profound, and lasting change for the better – as I shall attempt to show – can no longer result from the victory (were such a victory possible) of any traditional political conception, which can ultimately be only external, that is, a structural or systemic conception. More than ever before, such a change will have to derive from human existence, from the fundamental reconstitution of people in the world, their relationships to themselves and to each other, and to the universe.”
Events

FALL SEMESTER

October 8th
An Ethics of Vulnerability: How Bioethics and Ecology Challenge Political Philosophy and Humanism
Corrine Pelluchon

November 13th
Reimagining the Cosmos: A Conversation between Dr. Brian Greene and Krista Tippett
recorded for Krista Tippett’s NPR program, On Being

December 10th
Religious Responses to Modern Slavery
Rabbi Rachel Kahn-Troster, Reverend Noelle Damico, and Shonnie Ball

SPRING SEMESTER

April 2nd
Telling it Slant
Susan Kinsolving

March 4th
Immigration Reform, Human Trafficking, and Climate Change: What is the Connection? And Why They are Moral Issues for People of Faith
Patrick Carolan

Video recordings of past events can be found at cssr.ei.columbia.edu under Events Archive
Terence Cardinal Cooke

CSSR-TCC Clinical Based Summer Internship for Pre-Medical Students

This 10-week paid summer internship offers four Columbia University college sophomores and juniors from Columbia College, the Fu Foundation School for Engineering and Applied Sciences, Barnard College, and the School for General Studies the opportunity to study end-of-life and palliative care at ArchCare at Terence Cardinal Cooke Health Care Center (TCC) under the supervision of Medical Director Dr. Anthony Lechich. Summer interns execute an original research project troubleshooting challenges in end-of-life care and palliative care specific to TCC and submit a final paper at the end of the summer. Summer interns also blog about their day-to-day experiences. The summer internship had been offered to two students per summer from 2004 to 2012 and was expanded to include four summer interns in 2013 due to generous gifts from the Krueger Family Foundation and devoted CSSR friends William Sherer, and Charles Borrok.

Terence Cardinal Cooke “At Your Service” Volunteer Program

The “At Your Service” Volunteer Program was launched in September 2012 with the dual purpose of fulfilling Columbia’s pre-medical student community’s demonstrated yearning for meaningful clinical experiences within the larger New York City community and creating a base of support for TCC’s caregivers. Each “At Your Service” volunteer joins the TCC interdisciplinary care team for 2 hours per week to troubleshoot satisfaction issues and raise morale for TCC’s 150 sub-acute rehabilitation patients. Each “At Your Service” volunteer also spends two hours each week visiting with TCC nursing home residents identified by staff as having little community support whom they “adopt” for the duration of the semester.

More information can be found at the program’s blog: cssrtcc.wordpress.com

See pages 10, 11, 18 and 19 for reflections on CSSR-TCC programs.
Unite for Sight

The CSSR has partnered with Unite for Sight to send two Columbia students on a public health trip to Ghana this summer. Unite for Sight aims to mitigate preventable blindness, both nationally and internationally, through raising awareness of and funds for proper eye health. They employ a “grass roots” method by partnering with local professionals in the Greater Accra region. Their goal is to assist the Greater Accra region in developing a permanent eye care health infrastructure that is readily available to the majority of residents.

Classes

Human Identity

Current Faculty: Robert J. Pollack, PhD, Marya E. Pollack, M.D., M.P.H.
Past Faculty: Cynthia Reville Peabody, M.L.S., M. Div., Marcia Sells, J.D., Pilar Jennings, PhD

The course focuses on human identity, beginning with the individual and progressing to communal and global viewpoints using a framework of perspectives from biology, genetics, medicine, psychiatry, religion and the law. W4321 evolved from a Columbia College Core Capstone course developed initially from a Ford Foundation grant to the Center for the Study of Science and Religion, and is cross-listed as well with the Center for the Study of Ethnicity and Race. As a graduate level course, it is open to interested seniors and graduate students including those from the Medical Center campus.

Independent Clinical Research

Faculty: Robert J. Pollack, PhD

This is an independent clinical research academic-term course offered in both Fall and Spring semesters and open to undergraduate students in Columbia College, the Fu Foundation School for Engineering and Applied Sciences, Barnard College, and the School for General Studies in which “a student must provide a written approval from a mentor and submit a research proposal. BIOL 3700 will provide an opportunity for students interested in independent research work in a hospital or hospice setting. In these settings, where patients and their needs are paramount, and where IRB rules and basic medical ethics make “wet-lab biology research” inappropriate, undergraduate may well find a way nevertheless, to assist and participate in ongoing clinical research. Such students, once they have identified a mentor willing to provide support, participation, and advising, may apply to the faculty member in charge of the course for 2-4 points/semester in BIOL W3700. This course will closely follow procedures already in place for BIOL 3500 [Independent Research] but will ask potential mentors to provide evidence that students will gain hands-on experience in a clinical setting, while participating in a hospital- or hospice-based research agenda.
Cynthia Reville Peabody

Get It Right

My friend Miss D. tells me great stories; full of fancy and magic and love. I haven’t known Miss D. for very long; our friendship began when she was already very old and frail, had dementia, and was too deaf to hear anything I have to say. But her health is no impediment to her forming welcoming, compassionate friendships. Every time I visit Miss D. she squints through her very smudged glasses, throws her skinny arms toward me and says, “You are the best!” She inquires after my health: did I eat breakfast, did I travel safely today, and do I change my travel routes often to confuse any stalkers. I nod yes to every question and anxiously await the day’s story - usually a cautionary tale from her long life.

Lately I find myself coming back again and again to a particular story. Years ago, when Miss D. and her mother moved from Puerto Rico to Brooklyn, her mother became deeply depressed; so Miss D. was sent to live on Long Island with a foster mother who was a German immigrant. Miss D.’s foster mother, whom she called Oma, taught her German and English and, most importantly, how to twirl a baton. If a brown girl can twirl a baton, Oma told Miss D., she can pass as a white girl (only American white girls are baton twirlers). Of course, should Miss D. be found out, the baton was a weapon against bad people who don’t like brown girls. Whenever Miss D. tells me this story she demonstrates twirling techniques, flipping her fingers around and circling her arms. Miss D. always insists that I learn to twirl a baton – it’s a safety thing.

One day, after she returned to live with her mother in Brooklyn, a fat nun asked Miss D., “What the heck are you, Puerto Rican? American? German? A Twirler?!” Miss D., baton in hand, responded “I’m not sure” to which the nun bellowed back “You don’t know what you are!?” Miss D. calmly replied, “Oh I know, but I want to get this right. Ask me tomorrow.” That’s a Miss D. story I love, just twisted and fantastic as it is. As the children’s author Patricia Pollaco says, “Of course its true, but it may not have happened.” As I prepare to leave the CSSR I am guided by this story again and again.

I came to the CSSR as a longtime librarian turned seminarian with no science background. I was intrigued by the notion that we might be able to consider the world from a perspective that combines the best of science with the best of religion. The more I learned about evolution, cooperative ecologies, complexity theory, and human identity the more I embraced the mission of the CSSR. As a CSSR staff member I was encouraged to take my newfound enthusiasm in any direction that might add to the Columbia community. At first I stayed within the academy and marveled at the intellectual richness at play in our interdisciplinary seminars, symposia, and classes. But the eloquent speeches and well-reasoned arguments wore thin and I found that I was very restless. A small group of very intelligent people “entering into conversation” wasn’t enough for me; I felt that their conclusions and resolutions weren’t valuable unless they were made actionable.

Where else but at the CSSR could I make such a seamless jump from academy to activism? Bob Pollack, Rev James Forbes and Rev Arnold Thomas introduced a CSSR satellite office at Riverside Church and the CSSR was instantly at the heart of community justice work. We brought activists, advocates, artists, and organizers across...
Broadway to teach Columbia scholars a little something about how to give feet to good ideas. We learned to cooperate with (not dictate to) community eco-justice groups, and food justice advocates, and youth ministries. The wonderful resources of the Earth Institute informed and enriched our work with West Harlem Environmental Action (WEACT), Faith Leaders for Environmental Justice, Green Map Systems, New York Faith and Justice, and Youth Ministries for Peace and Justice. I’d also like to believe that we helped to lessen Columbia’s reputation for being the big, bad neighborhood bully.

I admit that after quite a few years of full-on activism and advocacy restlessness set in once again. Environmental justice, food security, and peacemaking are worth fighting for but they are also urgent, exhausting, and sometimes daunting goals. I longed for more intimate, “doable”, social justice work. The CSSR didn’t fail me here either; I took advantage of the Center’s long-established connections to Terrance Cardinal Cooke Medical Center (TCC) and began to work with the Pastoral Counseling Office. Every Tuesday I meet one-on-one with five TCC residents. My friends at TCC, one of whom is Miss D., entertain and instruct me with fantastic stories, teach me to separate what’s of value from what’s fluff, and give permission to both delight and despair (sometimes at the same time) at the sorrows and stupidities of everyday life.

As I leave the CSSR, friends and colleagues who are curious about my future employment ask, “What the heck are you, a scholar, an activist, a counselor, a librarian?!” My rich experiences at the CSSR gave me the remarkable opportunity to realize that I am all of those things, all at the same time. My seven years at the CSSR are my baton. I couldn’t be more grateful. As for what I will do come July 1st, “I want to get this right. Ask me tomorrow.”

I felt that their conclusions and resolutions weren’t valuable unless they were made actionable.

The arc of my career in geriatrics and palliative care began in 1977 where I had been deeply involved with the Department of Community Medicine of St. Vincent’s Hospital in Greenwich Village. There, I made house calls on the homebound elderly in the Chelsea-Village Program as part of that faculty and came to love the personal nature of house calls, the bohemian clientele, and the chance to keep people going at home. However, at that time I also developed a deep conviction for those needing nursing home care from the Village Nursing Home where I also had been assigned a panel of patients and later served on the Board of Directors. I found that those among us whose fate it was to spend their final years in an institution were extremely vulnerable and often in great need of good care, advocacy, and ultimately the right to not die alone. The clientele in the Village Nursing Home were a further distillation of the bohemians that sought the camaraderie and artistic ground zero of the Village of the 20’s, 30’s and 40’s. The characters I got to know there remain vivid in my memory. There was the legendary “Auntie Mame” of Patrick Dennis fame was to become my patient and, at times, mother confessor or Jack Miller a vaudevillian stage actor who shared the bill with the Marx Brothers before they were even called the Marx Brothers and who said about W.C. Fields..”he was a g..d.. scenery eater who needed a quart of booze just to get warmed up!” Also, one of my patients who when I asked “What do you want for Christmas Tony?” replied; “Gimme the big pill Doc, gimme the big pill.” I
did not have one nor could I find a little pill that would
disabuse him of the notion that this life was no longer
for him. Each of these lives will remain a part of mine
for as long as I live.

In June of 1994 I found myself suddenly out of a job
as the year I had spent as the managing editor of the
cable medical news show Medical News Network end-
ed abruptly in bankruptcy. Fortunately and timely was
the available medical director position, open for six
months, at the Terence Cardinal Cooke Health Care
Center on 1249 Fifth Ave. I took my resume to Mr.
Leahy, the president at that time and he hired me to
start working on July 18, 1994. The Center was a good
fit as it catered to the same population I had been ac-
customed to at St. Vincent's Medical Center, the old
Village Nursing Home and the Kateri Residence where
I had served as medical director from 1985 to 1993.
In a sense I felt I was “coming back to the fold”. It was
where my medical skills were best offered.

TCC at that time was still expanding its bed capaci-
y having been re-invented as a long-term care facility
when it was taken over from bankruptcy by the Arch-
diocease of New York. This transaction was performed
under the sage business leaders of the day, Terence
Cardinal Cooke, Monsignor Cassidy and other pow-
erful Catholic friends to the Cardinal. Shortly after I
came we expanded to 729 beds comprised of geriatrics
patients, 156 late-stage AIDS patients, 40 Huntington's
disease patients, severely disabled children and young
adults in need of hospital level care who were the re-
main ing population of the scandalous Willowbrook fa-
cility closed by the State of NY. TCC also has a clinic
for persons with developmental disabilities serving the
many clients from group homes, local households and
other settings. The clinic is also a uniquely appointed
facility whose mission is to address the needs of many
who are often shunned by the mainstream providers
around the city. My colleague, Dr. Bill Duggan, a neuro-
ologist and my former resident during internship at St.
Vincent's in 1970, was the medical director of the clinic.
When I applied for the job he told me “come here and
join us Tony this clinic is the closest you’ll get to feel
the same mission in action as we had at St. Vincent's.”
He was so right.

The motto of the center is derived from the teach-
ings of Cardinal Cooke that “life is no less beautiful
when accompanied by illness or weakness, hunger or
poverty, mental or physical handicaps, loneliness or old
age”. This sentiment really pervades the mission of the
Center. In our children's unit where the most one can
expect is a grimace that may or may not be a real smile,
a gaze toward a loving nurse that may or may not be
cognitively informed there is still the constant out-
pouring of love from the staff, the volunteers and the
few beleaguered parents who still have the strength to
visit. The turnover there is the lowest of all of our units
as the staff has come to a steady state of devotion and,
in return, the solace of knowing they are so needed.

The program for the long-term care of persons with
AIDS was established in 1988 at the order of Cardinal
O'Connor. In this program we have seen the lethal toll
of the HIV virus initially resulting in an average time
until death of 110 days. Now our current profile of
patients, where the HIV virus can be held in check, is
characterized by adverse behaviors derived from the
ravages of lives broken with addictions, grinding pov-
erty, and ostracization. All are cases who we try, often
vainly, to reach. Soon after my arrival at TCC I recall
meeting Mr. Bill Simon the former Secretary of the
Treasury of the United States in a stairwell while on
his rounds as a Knight of Malta volunteer. We spoke of
his volunteer service at TCC especially the AIDS pro-
gram. He told me that he had learned more about
life in TCC on the HIV units than in his many years in
Washington. He would sit and play cards with the pa-
tients who would be joking and enjoying his company
and oftentimes not be there on the next Sunday for
the rounds. I too have experienced this many times. I
recall one patient who I bonded with over weeks and
months whose liver failure was taking over and who
still managed to wheel himself to the smoking room
and cafeteria for a coke. Toward the end he was given
the option to go to Calvary Hospital to die in their
expert hands. On the day of discharge he asked to see
me. I came into his room and sat near him. He said,
“Doc, I don’t want to go. I want to stay here because I
love you. You have been good to me and are the only
person in the past many years that has shown concern,
and warmth. My own sons have deserted me and said
they will not visit me before I die and I deserved it.” He
did not go to Calvary and died the next day. There are many such examples for all of us here at TCC.

The relationship that we have cultivated over these many years emanated from a chance meeting that I had with Bob Pollack. He and I were at a New York Academy of Medicine dinner and placed at the same table. We chatted and he was intrigued at the prospect of having students experience the work of the Center. The summer internship program ensued and began a stream of interns each summer that continues even more robustly today. To a person the students, through their private moments with the sick and dying, have been moved and their care ideals affirmed. It has been deeply moving for me to see the plight of their charges pull on the student’s sense of empathy and duty to serve. It has served me as well in knowing that the sense of caring and dedication that they tendered to those most in need will inform their own practices in years to come.

In the past several years the interns have helped me focus on what I have now come to realize is the missing element in nursing home care. It is the duty we have as the experts and the stewards of the care to recognize that death in these precincts is certain and therefore our solemn duty to prepare the dying, their family and loved ones and the teams who care for them well with the best equipment, medication, and science available. I have tried to argue that the history of nursing home care has evolved from the hell hole characterization of the 1970’s to the highly regulated, litigated, sensationalized industry we have today. What I have seen is not necessarily overall improvement but rather a sanitized picture that has the appearance of probity but the absence of humanity.

My favorite moments come not in proclaiming our flawless Department of Health Survey but rather hearing that a student has found out that the patient they thought was “out of it” turns out to have been a significant participant in the Battle of the Leyte Gulf in WWII. When one student was with me a few years ago I approached a patient who had just come though hip surgery at the age of 90 and on the next day was in significant pain. I said to him, “the Battle of the Bulge is behind you now so it’s going to get better”. He replied: “Thanks Doc. But you know… I was IN the Battle of the Bulge so I have a good basis of comparison.” He then said wistfully, “it was really rough doc. My sergeant used to say when we were in battle, ‘take off your wet socks at night and lay them on your chest when you sleep so they’re a little drier in the morning.’” Then he laughed. After that each morning I hit him for another WWII story. I was there with him again in Belgium in 1944 and with him in this new fight. We both loved it. He walked out. I often say to the students if it wasn’t for the patient contact, being part of their lives and brightening their experience I wouldn’t put up with all of the extraneous compliance rules. A recent article from England showed that the only consistent influence on the survey on quality of life in the residents in nursing homes was the amount of direct, caring, interpersonal contact. Even the 5 Star rated facilities will score low on the quality of life measures if the joy of life and demonstrable love of staff to patient is missing.

The goal for the future students, staff and other trainees is to spread that message, to allow participants to feel and act on those feelings of empathy and care so that the recipients know they are accompanied, they are cared for and they are allowed, at crucial times of illness, to trade the notion of cure at great cost for that of care with the attendant comfort and solace that we all deserve if we are fortunate enough to see the end of our lives coming.

Dr. Lechich is the Medical Director at Terence Cardinal Cooke Health Care Center and a close friend and collaborator with the CSSR.
The CSSR says to scientists: you can gain success upon success; you can win it all in the lottery of life and rejoice.

But will you also sit with us? Will you be here now, in this place, and share this meal so we can talk about the future of our earth and society?

Bob and Amy showed the CSSR students that our voices were part of the conversation. We trusted each other. We worked hard. The CSSR was experiencing rapid growth. We were ready.

Bob showed us how to examine local and global issues by starting with a simple step: sitting down with the many people who have something to contribute to a solution, no matter how unexpected their ideas might be.

When this happened, great things were created.

You have a place at this table.

Bob taught me not to shield my eyes from flaws in systems or people, including myself. Through every event, conversation or meal, we the CSSR crew would unfurl a bolt of cloth and carefully sweep it up in our arms, squeezing the space between humans’ opposing entities, our conflicting notions, our prejudice and paranoia; also our elegance, our strength, our resilience, our expansiveness and our intelligence.

Now, enjoy a maple candy from Vermont.

CSSR alumni hold memories of food and shared conversation

at small tables jammed in the corner, squeezed shoulder to shoulder

with friends, fellow students, community leaders and scientists whose work was

changing the future of our planet.

It is here, in memories that sway and hum with

the brush of waiters’ aprons hurrying by and

cheeks flushed pink by gratitude for this moment of community

and connection

and potential

and the spaciousness created by giving a podium to the soul;

it is here in these memories that the CSSR continues to give my heart roots in this world.

Alisa Frohman is the Program Coordinator at Dickinson College’s 50-acre organic farm in Carlisle, Pennsylvania. She graduated from Columbia in 2006 and worked with the CSSR from 2004-2006 as the events coordinator.
Interdisciplinary research is a challenging and exciting project. To explore the possibilities of interdisciplinary research in relation to a problem as compelling as global climate change and human behavior is especially rewarding. For me, having the opportunity to explore these questions as an Earth Institute Fellow at the Center for the Study of Science and Religion at the Earth Institute of Columbia University was a profound intellectual journey and a most companionable experience as well.

I am a theologian (a what? yes, a theologian!) whose research addresses the dynamics of motivation for environmental advocacy among faith-based environmentalists. This may not seem like the classic locus of research for a sustainability scholar at the Earth Institute. But the intellectually hospitable and morally-driven home provided by the Center for the Study of Science and Religion made it possible to research these questions in an interdisciplinary fashion, among cutting-edge sustainability researchers across the natural sciences and social sciences.

I first encountered the CSSR through a podcast which featured Bob Pollack as moderator of a discussion between Jeff Sachs and E. O. Wilson. During the conversation, Bob avowed that protecting the planet involves a moral responsibility. I contacted him and thus began a relationship I am proud to continue until today. Knowing that there already exists a large movement of faith-based environmentalists actively working for that goal, I applied for an Earth Institute fellowship, arguing that understanding the factors that drive their advocacy is a significant part of supporting this critical segment of civil society.

Being at the CSSR was a great place to research this question! The many symposia, seminars, lectures, gatherings, and informal meetings offered new perspectives and gave me a real sense of the conflict of approaches and perspectives that need to be bridged to create effective interdisciplinary dialogue. Conversations and collaborations with Cynthia Peabody and all the members of the CSSR were especially enriching. The Earth Institute Fellows’ bimonthly seminars and twice-annual symposia themselves brought me into contact with the perspectives of critical disciplines whose professional languages are so different from my own. Most particularly, I am grateful to have worked with many members of the Center for Research on Environmental Decisions. Their work in environmental decision theory has become an important and ongoing conversation partner. The Lenfest Center or Sustainable Energy also offered fascinating connections with scientists, through the Tipping Point dialogue between scientists and artists and other Lenfest Center events.

My research while at the CSSR has resulted in four articles (one forthcoming), a guest editorship of a special science and religion issue of the Union Theological Quarterly Review, and a book manuscript in process. Most importantly, however, is the enduring conviction that reaching across the language barriers of different disciplines is not only challenging, but essential. The work of building a sustainable society demands cooperation and demands the inclusion of all perspectives. The great legacy of the moral vision of the CSSR and the legacy of Bob Pollack’s courage in creating the CSSR is just that -- the insistence on inclusion, which is a pathway to justice.

Dr. Lothes is currently an assistant professor of theology at the College of Saint Elizabeth, Morristown, NJ, and convener of a task force on energy ethics with the Catholic Theological Society of America. From 2007 to 2010 she was an Earth Institute Fellow with the CSSR.
When I, like the other CSSR alums, was asked to contribute to the final newsletter, I immediately wanted to take part. What a fitting tribute a collage of memories and experiences would be. What a perfect way to express my gratitude to Bob and Cynthia and Miranda. But as I sat to write, I faltered. How would I capture my emotions and impressions in words that are sincere and accurate without sounding sappy or corny or trite?

If I were asked to write about my other postdoc at Columbia, the one in the Evolutionary Primatology laboratory, I wouldn’t worry about sentimentality. I could competently write up a list of the technical skills that I will apply in future work. In my CSSR postdoc, I also learned technical skills, like grant writing, and I will also apply the skills I acquired in future work. But, my experience in the CSSR extended beyond the acquisition of concrete skills; it had a much deeper, and more personal, effect on me. I already knew how to focus closely on a specific question as a PhD trains you to do. But at the CSSR, I found myself looking at the big - no, the vast - picture. Bob, through mentoring, sharing ideas, and patient explanations, revealed a world to me of connections between concepts I ordinarily would have perceived to be disparate, even adversarial.

For an example, look at the CSSR itself: science and religion. We learned very quickly the center was not about the scientific study of religion. Rather, religion in the CSSR encompassed faith, spirituality and morality. Science in the CSSR was informed by religion and religion was informed by science. The revelation that cooperation was a behavioral strategy that had evolved both biologically through natural selection and culturally through the Golden Rule led me to conversations and collaborations I could not have imagined. Through Cynthia’s guidance and example, my perspective broadened to consider social justice and environmental biology – how scientific and moral validation strengthens the argument for a green planet. I have learned from two great role models to look beneath the surface of a topic to see the concepts that define it.

The CSSR was a think tank teeming with intelligent and generous people. I hope its influence on me is something that never fades. And, I hope reading this essay has provided some glimpse into my metamorphosis. I offer my sincere gratitude for the deep, important, but rather abstract, changes that have expanded my mind. I would also like to offer thanks for very specific things.

Thank you, Bob, for seeing the cosmos when I was literally focused on a monkey in a tree.

Thank you, Cynthia, for explaining to me with no sign of annoyance the difference between the study of religion and theology.

Thank you, Miranda, for running the day-to-day grind smoothly and for making the office a fun place to hang out and chat for a bit.

Dr. Nikitopoulos is an assistant professor of Biology in the Life Sciences dept at New York Institute of Technology where she is researching cooperation and communication in non-human primates. Dr. Nikitopoulos worked with the CSSR as a postdoctoral research scientist from 2005 - 2010.
Meaning Despite Uncertainty in Medical Genetics
Weiyi Mu

I had the privilege to work for the CSSR for four years as an undergraduate student. The opportunity to participate in university event organization was exciting; the access to CSSR’s excellent events and courses provided an enriching environment to grow. Each lecture was a forum for dynamic and conscientious discussion, attended by university affiliates and local residents alike. Clearly, so many were captivated by questions unable to be pursued by a well-designed experiment.

In particular, I remember a lecture by clinical geneticist Dr. Wendy Chung, in which she presented a series of ethical challenges in modern medical genetics. Although the genetic diagnoses were often straightforward, there were no clean answers to questions of an ethical nature. As a science major whose job description required facts and numbers by rote, I found myself unexpectedly drawn to these questions. What is our moral obligation to our patients with incurable diagnoses? How do we help patients make the best decision possible in the face of uncertainty?

Now, as a pediatric genetic counselor in a busy genetics clinic, I routinely face those very questions. As part of the clinical genetics team, I help to evaluate and provide counseling for hundreds of patients per year with indications ranging from hereditary seizure disorders to multiple congenital anomalies. In order to confirm a diagnosis, we have a battery of genetic tests that has now expanded to include genome-wide analysis. These tests have the ability to scan or read through entire gene-containing portions of a person’s DNA, but even the most comprehensive test has its limitations.

“**What is our moral obligation to our patients with incurable diagnoses? How do we help patients make the best decision possible in the face of uncertainty?**”

Many parents hope that genome-wide testing will provide them with a clear diagnosis and prognosis. Sometimes it does, pinpointing the exact malfunctioning gene with relative certainty. Other times, however, the answer is more of a “maybe” rather than a definitive “yes.” For example, imagine a child who was born with fragile blood vessels, resulting in a high risk for severe bleeding. Genome-wide testing will scan through thousands of genes, many of them not well understood. We may receive a result that finds mutations in three or four genes related to blood vessel formation, but have limited certainty that any of them are actually associated with disease.

In addition to uncovering results of uncertain meaning, genetic testing also has the potential to identify insidious diseases completely unrelated to the initial reason for the patient’s visit. For instance, we might send genome-wide testing to determine an underlying genetic cause for a child’s intellectual disability, but may receive a result that the child has a 70-80% lifetime risk of developing colon cancer.

An important part of my role as a genetic counselor is to make sure that families receive informed consent for these complex genetic tests. Already littered with jargon, the language of medical science is foreign to most patients. Each family must then imagine an extrinsic scenario for which they have little prior experience to draw upon. I often wonder just how “informed” the consent really is. How am I to prepare the patients and their families for this small but salient possibility of incidental findings? Can I truly prepare them to receive uncertain and unexpected results?

Despite these multiple founts of uncertainty — in searching for a genetic diagnosis, in the prognosis of a rare and little-known disorder, in the interpretation of genome-wide test results — families continue to search for meaning in their genetic diagnostic odyssey. The meaning of a diagnosis is different for each family. Some parents seek the diagnosis for its own sake. They seek an answer, a reason for why this has happened to their
family. For other parents, the diagnosis itself is irrelevant; more important to them is treatment and management. Their priorities include changing the feeding tube, scheduling the next brain CT scan, or working with the elementary school to set up an individualized education program.

I often share with my patients that there are two “whys.” The first “why” is etiological. What genetic or environmental factors may have contributed to this particular disease? The second “why” is existential. Out of all families this rare and irreversible genetic syndrome could have happened to, why did it have to be mine? What is my purpose in watching my child suffer? Advances in genetic testing have improved our odds of discovering the first “why.” The second often has no answer; it is only a journey.

As I look back on my years at the CSSR, I see that they were the beginnings of my understanding of this complex intersection of meaning and medical genetics. I hope to see the CSSR continue to explore these questions of meaning in science and medicine for many years to come.

Weiyi worked with the CSSR from 2006 to 2010 as events coordinator and webmaster while pursuing her BA in Biology and Music at Columbia University. She went on to receive her ScM in 2013 from the Johns Hopkins University, where she now works as a genetic counselor.

A Lesson Learned - Reflection of a TCC Intern

Huili Zhu

My interaction with the CSSR began as a summer internship at Terence Cardinal Cooke (TCC) Health Care Center in the summer of 2011 and evolved into something much more. Today, I still reflect on all of the time I spent with the residents of TCC, my fellow intern Ashley Shaw, and Dr. Lechich, the chief medical officer. As an aspiring physician, I treasure most those experiences and the lessons I learned while at TCC.

I learned first-hand the concept of Cura Personalis, caring for the whole person. When I met Ms. C for the first time at TCC, I noticed little beyond her drooped face and limp arms. But soon I learned that this 45-year-old woman had suffered massive brain damage and a stroke that left her quadriplegic seventeen years ago. At this point, the doctors could do little for her in terms of treatment. I would wheelchair her for strolls in central park on those summer afternoons. I read books and played music for Ms. C everyday. She became excited whenever I read rapidly. Sometimes, I would read extra fast just to see her smile. When she laughed, with a unique snort, two beautifully sculpted dimples would shine on her chubby cheeks. From meeting Ms. C and many others like her, I realized that patient care takes a holistic form, one that entails respect for the unique circumstances of each individual and attention to his/her overall well-being. I learned that even though medicine may not cure every patient, physicians, nurses, and other health-care providers can strive to make patients feel well in the time they have and improve their quality of life.

The summer of 2011 with CSSR and TCC was a memorable summer for me. I was exposed to palliative and end-of-life care for the first time. I listened to precious recollections of WWII and the Harlem Renaissance from the residents. But to me these people were more than just residents. They were drummers, singers, writers, artists, fathers, and mothers. I witnessed the intricate web connecting the work of nurses, doctors, physical therapists, social workers, and the health care administrative staff. Most importantly, I learned that caring for a patient entails providing care for the whole person.

Huili is currently working at Massachusetts General Hospital Cancer Center in Boston. She participated in the summer program of CSSR in 2011 as a palliative care intern at Terence Cardinal Cooke Health Care Center.
Lessons from CSSR-TCC programs

Ashley Shaw

I am a Columbia College Class of 2013 alumna who undertook pre-medical studies with a major in Biology and a concentration in Art History. In the fall of 2009, I moved away from my Chinese-Taiwanese immigrant family in Torrance, California by the beaches of Los Angeles across the country to New York City in pursuit of the city's arts and diversity.

From June 2011 until the present, I have participated in four CSSR student programs. After my sophomore year I was a summer intern with the CSSR-TCC Summer Clinical Based Internship for Pre-Medical Students. I continued my work at TCC that fall through Professor Robert Pollack's Independent Clinical Research Course in the Biology Department. In Spring 2012, I explored ways to more fully integrate TCC's chaplains into the interdisciplinary team process of setting goals of care for those at the end-of-life. At the beginning of my senior year, I helped launch the TCC “At Your Service” Volunteer Program. Lastly, I studied with my CSSR professors and mentors Cynthia Reville Peabody, Dr. Robert Pollack, Dr. Marya Pollack, and Marcia Sells during my senior year in their seminar course, “Human Nature: DNA, Race, and Identity.”

After graduation, I became a full-time Project Coordinator at Terence Cardinal Cooke in the departments of Quality of Life and Medical Administration. I now coordinate various patient satisfaction, quality of life projects, and medical resident and fellow clinical rotations at our facility. I have the distinct pleasure and privilege of continuing my undergraduate work at TCC by mentoring summer CSSR-TCC interns, overseeing the day-to-day operations and expansion of the “At Your Service” volunteer program, and maintaining effective facility systems and protocols for implementing quality palliative care. In August 2014, I will be attending medical school.

What I wish to discuss are three educational philosophies and practices of the CSSR that produce its unique and invaluable learning environment: service orientation, self-reflection, and the concept of the non-biological family. In the spirit of the Center for the Study of Science and Religion, what follows will be a self-reflection of how I have grown through my three years with the CSSR.

Service Orientation

Service orientation is the core tenet of the CSSR-TCC Clinical-Based Summer Internship for Pre-medical students and the TCC “At Your Service” Volunteer Program. TCC is a 609-bed skilled nursing facility in Manhattan’s East Harlem neighborhood that serves New York’s most vulnerable and marginalized populations: an intersection of frail, medically complex geriatric patients who are not infrequently admitted to TCC on their deathbeds, adult HIV/AIDS patients who suffer the health and psycho-social consequences of marginalization, generations of families with Huntington’s disease, and people with severe developmental disabilities. Many of our patients and residents struggle or have struggled with substance abuse, addiction, chronic homelessness, psychiatric illness, poverty, and neglect at home. What does this mean for the students who come to intern or volunteer at TCC? It means that the work done by interns and volunteers is absolutely essential to TCC’s ability to fulfill regulatory guidelines governing patient’ quality of life, advocacy, and patient satisfaction. Student efforts at TCC are also essential to the healthcare professions’ modus operandi of doing what is right by the patient in providing extra time and manpower to perform the little gestures of reassurance that preserve our patients’ and residents’ dignity.
and ensure that they feel loved and valued. Within their first (often chaotic) hours at TCC, students quickly come to understand the meaning of service orientation by being enveloped in the needs of the elderly and infirm going through various stages of dependency. The dependency of TCC’s residents and patients upon the person who happens to be passing by their half-open door – often a volunteer – to stop, peer in, and notice that the call bell is dangling out of reach, for example, has been my most effective teacher in the meaning of “service” during my time at TCC. In their written and verbal reflections, other CSSR-TCC students have described to me similar teaching moments in which they were best taught the extent to which they were needed by our patients’ dependency, trust in us, and gratefulness for our assistance with even the most basic, humble tasks.

As both a former intern and someone who has helped recruit and select our interns and volunteers for the past two years, I believe that this service orientation differentiates CSSR-TCC programs from other extracurricular activities and professional development programs popular with students hoping to enter the healthcare professions in two fundamental ways. The first way has to do with the unique and irreplaceable nature of the duties performed by our students. If these duties are not performed by the students then they are not performed at all. Students have contrasted their experiences at TCC with previous “clinical exposure” such as shadowing clinicians in major medical centers or interning in research in which the student’s relative inexperience and lack of professional degree or certification make them a liability to the facility and the patient, ironically ensuring that in their quest to “gain clinical exposure” they are almost never allowed to interact directly with the patients in a meaningful way.

The second way has to do with the manner in which the service orientation expected at TCC unravels the neat metrics by which pre-clinical students learn to compare themselves to their peers in the fierce competition for slots at top medical schools. Unlike in most other pre-medical summer internship selection processes, a candidate’s grades, publications, test scores, leadership activities, and past take the backseat to their ability to demonstrate their willingness to grow through vulnerability and acts of compassion for those facing death and dying.

Self-Reflection

Self-reflection is the ribbon that weaves together all the CSSR student programs. It is unique to the CSSR among my various undergraduate courses and experiences that self-reflection is not the means to an intellectual research product but the actual end itself.

Self-reflection is the core tenet of the 10-week CSSR-TCC Clinical Based Summer Internship for Pre-Medical Students. The internship program is an immersive experience that aims to inspire the self-reflection that emerges when a college sophomore or junior arrives at the frontier of healthcare and shares the experiences of patients, loved ones, and caregivers at the end of life. It was made evident by Dr. Pollack and Dr. Lechich that our summer intern blog entries about our day-to-day thoughts and experiences at TCC were just as important as our summers’ end project papers – and it was emphasized that they would become part of the core teaching material for the next set of interns and those interested in the work of the CSSR. The CSSR holds true to this promise and adds each new set of interns’ blog entries at the end of each summer to a growing body of student literary works in the spirit of narrative medicine. During my time at TCC, intern blog entries have been presented in a variety of settings including professional medical conferences, Columbia University courses in addition to having been submitted for publication in peer-reviewed medical journals.

Volunteers in the TCC “At Your Service” Volunteer Program are also asked to engage in monthly reflection writing exercises and to participate in twice-monthly reflection sessions on Wednesday evenings at Columbia University planned and led by volunteer student coordinators. Past reflection topics have asked volunteers to write about identity in terms of their own experiences with illness and the experiences they share with residents and patients at TCC as well as to reflect on what they give and take from forming relationships with resident and patients with divergent life experiences. Our volunteers agree wholeheartedly that these formal built-in opportunities for self-reflection enhance
their acts of volunteering by providing a self-directed sense of purpose.

This stance on self-reflection becomes even more radical when one looks at its role within the CSSR’s academic courses. Students enrolled in Dr. Pollack’s Independent Clinical Research Course identify a clinical opportunity in hospital or hospice settings “where patients and their needs are paramount, and where IRB rules and basic medical ethics make ‘Wet-lab biology research’ inappropriate.” In this context, students are evaluated based on their engagement in rigorous self-reflection. In the absence of controlled variables and facility resources to run IRB-approved clinical research trials, I had little to present in my final paper but self-reflection upon my own frustrations with roadblocks in interdisciplinary communication around palliative care in the nursing home and my own thoughts as a non-religious person on establishing standards of pastoral care involvement in clinical-based palliative care interventions. This seemed acceptable to Dr. Pollack and Dr. Lechich, and I passed both of my semesters in the course receiving academic credit that sent the message that my academic-year work at TCC was my Columbia University education and was not “in addition to” my academic curriculum. The academic credit I received for my self-reflection encouraged me to include my academic-term work at TCC as a “special feature of my educational background” on my applications to medical school.

I did not come to fully appreciate the role that the CSSR’s insistence on self-reflection had played on my holistic Columbia College experience until I took “Human Nature: DNA, Race, and Identity” with then CSSR Co-Directors Dr. Robert Pollack and Cynthia Reville Peabody along with Dr. Marya Pollack and Marcia Sells. It was, as it is designed to be, a capstone experience in bridging my academic studies at Columbia College with my growing interests, passions, and work distinct from the classroom. In “Human Nature” that semester, academic and pedagogical hierarchies dissolved. Four professors from four different disciplines butted heads with and between undergraduate and graduate students. All voices were held equal as we discussed the ways in which disability rights, global warming, neuroscience and the law, and the genetic code had shaped and warped the ways in which society forms identities. It was the only course I took at Columbia that absolutely demanded I tackle the meaning and implications surrounding the extensive scientific knowledge of molecular biology, epigenetic modification, and human evolution I had gained in my pre-medical curriculum. It was, I felt, a true testament to the value of the Core Curriculum and a living parallel to its goals. In the spirit of the CSSR, it was self-guided, multi-disciplinary, open, and vulnerable.

“Human Nature” was one of the few courses that challenged me as rigorously as the patients and residents at TCC and perhaps it was this plasticity that allowed me to finally bridge the mental gap I had built between the classrooms at Columbia and the wards at TCC, just 15 minutes east across Central Park. The tensions between autonomy and quality of life inherent in “The Ashley Treatment” considered by the disability rights community, loved ones, and healthcare providers of “Ashley X,” a young woman born in Seattle in 1997 with static encephalopathy of unknown etiology who began to show signs of puberty at six years old, became immediately relevant as I witnessed the struggles surrounding end-of-life care for not only our elderly patients but also for the fifty “Pillow Angels” in the care of our TCC Specialty Hospital for youth with severe developmental disabilities. When we considered the evolutionary development of long periods of dependency upon parents and grandparents in conjunction
with the implications of the 1989 attachment disorder research conducted on children in Romanian orphanages, I came to see just how crucial a role was played by the “foster grandmothers” who come in their red smocks to TCC each day to hold and sing to our Specialty Hospital youth. I think about the “Unspeakable Conversations” between late disability rights advocate and lawyer Harriet McBryde Johnson and prominent philosopher Peter Singer and think about where TCC’s mission, patients, and residents fit into a society’s utilitarian scheme.

“Looking inward has curiously led me outwards into a life-long quest to embrace the human interdependency that, after all, is the only ‘cure’ for a mortal life that allows us to live on after death in the cherished memories of those we love and who love us.”

The CSSR’s treatment of self-reflection as a serious academic, intellectual, and human pursuit has helped me come to an irrevocable mindset that now propels me into my path to becoming a doctor. That mindset tells me that our dependency as humans on the love of others is the fundamental key to our growth at the beginning of life, our will to persist throughout, and our healing at the end. This mindset is reinforced by my own childhood upbringing by my Chinese immigrant grandparents and echoed in the sadness shared with me by our TCC residents when a fellow resident in the building suddenly passes away. It brings a clinical example to mind: In response to the AIDS epidemic in New York City, Dr. Wafaa El-Sadr developed a formal HIV/AIDS “family” program model at Harlem Hospital in the late 1980s that urged healthcare professionals to become the patient’s “surrogate family” – giving patients someone to live for – as the cure for lethal non-compliance with HIV/AIDS treatment regimens.

The enduring gift of the self-reflection that the CSSR has demanded of me is the realization that looking inward has curiously led me outwards into a life-long quest to embrace the human interdependency that, after all, is the only “cure” for a mortal life that allows us, as Dr. Pollack has taught me, to live on after death in the cherished memories of those we love and who love us. The CSSR’s gift and challenge of self-reflection has thus led to the development of its third educational philosophy and goal, the formation of the “non-biological family.”

The Non-Biological Family

As CSSR-TCC Clinical Based Summer Pre-Medical Interns in 2011, my fellow intern Huili Zhu and I were treated as full members of the interdisciplinary care team, allowed access to resources and precious time with physicians, nurses, patients and families, and invited to be part of the most sacred and penetrating intrusions into patient dignity. Dr. Lechich gave us free reign over the selection and implementation of our student projects and our day-to-day schedules. That summer was an educational experience composed entirely of what we made of it. After all, as I have told countless interns and volunteers after that summer: “There is no typical day at TCC!”

Fast forward two and a half years, and I have helped to welcome 10 more interns and 75 “At Your Service” volunteers into TCC’s non-biological family of physicians, nurses, social workers, chaplains, therapists, housekeepers, and loved ones who surround our patients and residents. I aim to model for these newcomers what Dr. Lechich and my colleagues at TCC have modeled for me: we are our patients’ and residents’ non-biological family by virtue of the bonds of the unique caregiver-patient relationship in the nursing home. In the nursing home, as Dr. Lechich says, “The buck stops with us.”

The privilege of membership in the non-biological family comes with the responsibility of responsiveness. “At Your Service” volunteers have to commit to seeing their long-term companions at the same time each week, making sure to inform them when they are going away for academic holidays, and preparing them for big changes like the volunteer’s graduation or moving away. This phenomenon is what keeps our volunteers coming back semester after semester: Someone is always waiting for them at TCC, and the volunteer’s sense of responsibility to this person tugs at their hearts. In our bi-weekly reflection sessions, volunteers share how touched they are by our residents’ and patients’ concern for them borne out in their sharing safety tips...
for navigating around different New York City neighborhoods, shared life wisdom, and worrying whether they are dressed warmly enough for inclement weather outside on their bus trip back to Columbia’s campus.

In imparting the concept of the non-biological family, students’ time at TCC also trains them in the difference between sympathy and empathy in the clinical setting. Many students have expressed that being among a nursing home resident’s only friends in the world challenges the notion of “clinical distance” when that resident passes away. As with one’s own family, students find that what happens to their companions at TCC evokes strong emotional and intellectual reflections on their own battles with illness or mortality. Such a connection transcends bonds based on sympathy and challenge students to fully experience for themselves the joy and grief of accompanying friends and loved ones at the end of life.

The most important lesson I will take from being a student of the CSSR is the lesson in viewing another’s education and experience as vital to my own educational, personal, and professional journey.

The responsibility of responsiveness holds true within the CSSR student family as well. Our student programs can only be as strong as our investment in one another. I have had the privilege to watch the program double from two volunteers per summer up until 2012 to four interns per summer starting in 2013. The seventy-five “At Your Service” undergraduate and graduate student volunteers who have joined the CSSR-TCC non-biological family are proof of the CSSR’s dedication to supporting its members, old and new. Two current members, Kerstin Nolan and Michael Jiang, have embodied the plasticity of roles played by different members of a family at different times by transitioning from “At Your Service” volunteers in 2012 to CSSR-TCC interns in 2013 back to “At Your Service” student volunteer coordinators in 2014.

I, too, have felt immensely rewarded in the transitions I have taken within the CSSR’s non-biological family. Peer mentoring the CSSR-TCC summer interns has solidified within me the understanding that each student takes from TCC a unique set of lessons and experiences and contributes something unique and individual to our patients and staff members. I am now in the position to pay it forward by providing letters of reference and recommendation so that our students may go out into the world to share and teach what TCC’s patients and residents have taught them. I have had the recent privilege and joy of sharing my transition to medical school with my CSSR non-biological family and being able to experience it as a shared victory of all those who have taught me during my three years at TCC with the CSSR.

The most important lesson I will take from being a student of the CSSR is the model I have had in my CSSR mentors — Dr. Robert Pollack, Dr. Anthony Lechich, Cynthia Reville Peabody, Marcia Sells, Dr. Marya Pollack, Miranda Hawkins, the CSSR’s closest friends Bill Sherer, Harvey Krueger, and Charles Borrok, and my student peers which include CSSR-TCC interns Huili Zhu, Rachel Shenkel, Eileen Yung, Steve Kwon, Michael Jiang, Kerstin Nolan, Bryana Williams, and the entire ‘At Your Service’ volunteer corps — is the lesson in viewing another’s education and experience as vital to my own educational, personal, and professional journey. The CSSR not only surrounded me with a non-biological family of peers and mentors who taught me and grew with me but also the guidance and inspiration to keep growing that family.

It is in these ways that the CSSR’s devotion to the educational philosophies and techniques of service orientation, self-reflection, and non-biological family will empower its students to envision themselves as part of something larger than themselves and rooted in interdependency — the highest and most noble aims, I believe, of the inquiries set forth by religion and science.

Ashley Shaw is a Columbia College Class of 2013 alumna involved with the CSSR and TCC since 2011. She is currently taking a gap year before attending medical school in fall 2014 and working as a full-time Project Coordinator in Quality of Life at TCC. Her interests focus on the unique clinical, psycho-social, and health equity issues faced by the Medicare-Medicaid dually eligible frail elderly.
Galileo’s Theory in Context
Patrick Higgiston

Cosmos: A Personal Voyage is the title of the popular television series created by Carl Sagan for the Public Broadcasting Service in 1980. The series, which presents a survey of science history for a lay audience, was accompanied by a book of the same name. In Cosmos, while discussing the intellectual atmosphere of the seventeenth-century Dutch Republic, Sagan mentions in passing the work and trial of Italian physicist, Galileo Galilei (1564-1642):

In the Dutch tradition of encouraging freedom of thought, the University of Leiden offered a professorship to an Italian scientist named Galileo, who had been forced by the Catholic Church under threat of torture to recant his heretical view that the Earth moved about the Sun and not vice versa.

Sagan states in a footnote that, “in 1979, Pope John Paul II cautiously proposed reversing the condemnation of Galileo done 346 years earlier by the ‘Holy Inquisition.’” He also contrasts the “courage of Galileo... in promoting the heliocentric hypothesis,” to the lack of action by other, “residing in less fanatically doctrinal parts of Europe.”

For his part, John Paul II often spoke of the Galileo Affair. In 1983 he said:

...the experience lived by the Church at the time of... the Galileo case has permitted a maturing and a more correct understanding of the authority which is proper to the Church...Thus it is understood more clearly that divine Revelation, of which the Church is guarantor and witness, does not involve as such any scientific theory of the universe...

What was Galileo’s offense to the Church, and what error does the modern Church claim? Sagan is true to the letter of the Holy Office’s condemnation of Galileo, but does this give us the whole picture? Can we claim that the Church was fanatically doctrinal in its condemnation of Galileo? The choice of context will determine how these questions are explored, and there are a number of ways we can approach this question. Olaf Pedersen argues that “a more satisfactory understanding of the ultimate causes of the condemnation will be found if...the whole affair is seen not only as an episode in the history of science, but also as an important event in the history of theology.”

In the context of the history of theology, Galileo’s challenge to the Church and the Church’s eventual response can be understood as conflict over the interpretation of Scripture. The stage for this conflict was set, partially by Copernicus’ theory, and partially by Galileo’s groundbreaking observations and subsequent promotion of Copernican theory, but most significantly in a theological sense by the exegetical doctrine established for the Church by the Council of Trent.

A Chronology of the Galileo Affair

In 1543, Nicolaus Copernicus, lying on his deathbed, publishes his text Six Books on the Revolutions of Celestial Orbs, in which he suggests a hypothesis and model that assumes the Earth revolved around a motionless Sun. On one hand it receive some support in
intellectual circles, and on the other, some notice for its absurd contradiction of received Aristotelian wisdom. The responses do not have any special fervor. Most significant is the lack of proof to substantiate such a bold claim.

The Copernican system does not gain the official attention of the Catholic Church until the early seventeenth century. During the Counter Reformation of the late sixteenth century, the Roman Inquisition is renewed in 1542 under the title of the Congregation of the Holy Office, and the Congregation of the Index is established in 1587 as a tool of censorship for prohibited books. These bookend the doctrinal and institutional reform at the Council of Trent (1545-1563).

In 1610, Galileo publishes The Starry Messenger, an account of his discoveries with a telescope, including mountains on the moon and satellites around Jupiter, both of which contradict Aristotelian philosophy. His observations are confirmed by Jesuit astronomers, and he is warmly greeted when he travels to Rome. He continues to make discoveries, his letters are often published, and he sometimes engages in disputes with writers from around Europe, earning him some enemies in the process.

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There are two instances of the Copernican theory (and implicitly Galileo) being preached against by minor figures in 1612 and 1614. However, in 1615 a Carmelite friar, Paolo Antonio Foscarini, publishes a book that attempts to show that the Copernican system is not contrary to Scripture. He seeks a private review from Cardinal Robert Bellarmine (1542-1621), whose response is considered an unofficial position of Church orthodoxy. Galileo responds to Bellarmine’s arguments in his 1615 Letter to the Grand Duchess Christina, which is copied and circulated privately.

In 1616, the Holy Office censures the Copernican theory as “formally heretical” and the Index places On The Revolutions on its prohibited list. Galileo meets with Cardinal Bellarmine twice. First, he is asked to neither hold nor defend the Copernican theory (though he still believes he can discuss it as a hypothesis), and second, he receives a document stating that he has not been forced to recant or do penance. He is also granted a friendly audience with Pope Paul V.

In the following decade, both Bellarmine and the pope die, and the latter is succeeded by a friendly defender of Galileo, Maffeo Cardinal Barberini, now Pope Urban VIII. In 1624 Galileo has six long conversations with Urban. Encouraged that he might have an opening to defend the Copernican system (if only as a hypothesis), he begins work on the Dialogue on the Two Great World Systems, which he doesn’t complete until 1630. It is published in 1632, complete with an Imprimatur, and is greeted with controversy. It is perceived as a thinly veiled defense of the Copernican system (as a reality, rather than a hypothesis), a ridicule of the Aristotelian system, and a mocking representation of Urban VIII. It also presents no new evidence in support of Copernicus’ theory. Galileo is summoned to Rome and put on trial by the Holy Office. He abjures and curses the opinion that the Earth moves around the Sun.

To understand the theological dispute at the heart of the Galileo Affair, we must understand the doctrinal climate, as established by the Council of Trent.
The Exegetical Context Set by the Council of Trent

The Counter-Reformation was motivated partly in response to the Protestant challenge, and partly in order to bring much needed reform to the Church. These practical concerns were accompanied by the need for doctrinal clarity, and an underlying intention to re-establish the Catholic Church “as the sole channel of grace and salvation vis-a-vis the Protestant view of the church as a mere congregation of believers chosen by predestination.” To address these concerns, Pope Paul III (to whom Copernicus’s On the Revolutions was dedicated) called a Council in the Italian imperial city of Trent in 1545.

The Tridentine decree that is most relevant to the Galileo Affair came from the Fourth Session, in 1546. It states that “no one, relying on his own skill, shall,—in matters of faith, and of morals…wresting the sacred Scripture to his own senses, presume to interpret the said sacred Scripture contrary to that sense which holy mother Church…hath held and doth hold; or even contrary to the unanimous consent of the Fathers.” The Council defines the Church’s authority in interpretation as applying to matters of faith and morals and asserts that unanimity among the Church fathers is equally binding.

This text leaves room for interpretation, which Cardinal Bellarmine and Galileo would explore a half-century later. They would ask: What exactly are matters of faith and morals? What evidence from areas outside of faith and morals justifies a reconsideration of interpretation? Is unanimity among the Fathers valid when we ask questions the Fathers would never have considered?

Cardinal Bellarmine Interprets the Tridentine Exegetical Program

Cardinal Bellarmine’s response to Paolo Foscarini in 1615 is a good example of how the Tridentine decree of the Church’s interpretive authority in matters of faith and morals might be understood in the context of the Copernican theory. Foscarini argued that the Bible “was written to be understood by all men and hence employed popular rather than scientific language. God chose to reveal only what could not be discovered by the light of reason; the rest he left to human disputation.”

In response, Bellarmine allows for the hypothetical treatment of the Copernican theory, an approach that “saved the appearances” by presenting it as a mathematical model and not a description of the actual truth, which requires more rigorous evidence. Given that the Fathers all agreed with a literal interpretation of the parts of Scripture that describe the Sun’s motion around the Earth, and given that the Copernican theory lacks sufficient evidence, he says we must maintain the literal interpretation. Further, even though this interpretation is not explicitly a matter of faith, it falls under Trent’s decree on account of its status as revealed truth. So while maintaining a very strict, perhaps fundamentalist, understanding of what counts as a matter of faith (everything written in the Bible), he leaves open the possibility that an adequate evidence of Copernicus’ theory would permit a cautious reinterpretation of the text.

Galileo’s Theology in the Letter to the Grand Duchess Christina

Galileo’s Letter addressed Bellarmine’s argument directly, while maintaining the authority of the Church and appealing to the Fathers’ tradition of exegesis. His first argument is that “the holy Bible can never speak untruth—whenever it’s true meaning is understood.” He points out that the Bible describes an anthropomorphic God, speaking of God’s hands, feet, and eyes in ways that cannot literally be true. Likewise, the sun’s motion is so widely assumed that the inspired authors of Scripture would not attempt to address the reality of the matter, since that is not their purpose. Galileo wishes to define Scripture’s absolute authority towards its central purpose: “the service of God and the salvation of souls.” When describing phenomena beyond this purpose, we should begin “not from the authority of scriptural passages, but from sense-experiences and necessary demonstrations.”

For Galileo, both Word and Nature proceed from the same source of truth, so they cannot contradict one
another. Galileo also enlists Augustine: “If anyone shall set the authority of Holy Writ against clear and manifest reason, he who does this knows not what he has undertaken,” and is in danger of false interpretation, against which the authority of Church protects.

Galileo addresses the unanimity of the Church Fathers on the matter of the Sun’s motion. He argues that the question of the sun’s motion or stability was not even considered with any debate of any kind by the Church Fathers. “Hence it is not sufficient to say that because all the Fathers admitted the stability of the earth, this is a matter of faith; one would have to prove also that they had condemned the contrary opinion.” Since the agreement of the Fathers was insufficient, the matter of the earth’s motion does not contradict them. It is not a question of faith. He concludes that modern theologians must rely on philosophers and astronomers to determine the truth. Bellarmine cannot foreclose the matter.

As theology, Galileo’s Letter suffers from a lack of rigor: although he marshals some Fathers to his cause, his attributions lack context. He leaves himself open to the charge of choosing statements that only support his argument. He leans heavily on Augustine. However, it is clear and persuasive, and perhaps well received by the lay intellectual audience. Though widely read, it was not published, and appears to have made no impact on the prohibition of Copernican theory or On the Revolutions.

The heart of the Galileo Affair was a conflict over the interpretation of Scripture. The Church’s interpretation of the exegetical decree placed the burden of proof on astronomers to provide convincing evidence of the Copernican theory. Though this was a prudent strategy on the Church’s part, the strict demand for demonstrative proof was increasingly moot in the work of astronomers.

We might wonder why Galileo did not offer Bellarmine the scientific evidence that he requested, thereby sidestepping the theological controversy of literal interpretation, and perhaps saving the trouble of the Holy Office and the humiliation of kneeling to adjure his previous stance. The answer is simple: no such evidence yet existed. Even though Copernicus’ theory was accepted by most working scientists by the end of the sixteenth century, and was fundamental to Isaac Newton’s 1687 Principia and all astronomy thereafter, demonstrative evidence was not available until the parallax of a star was finally observed in 1838. Aristotle himself had pointed out that, lacking an observation of parallax, the geocentric system was most sound. Copernicus attempted to address this, but even Kepler admitted he had not done so sufficiently. Galileo believed the movement of the tides was explained by the Copernican theory, and maintained that this was the undeniable proof of the theory. This is ironic since we know that the tides are not caused by the earth’s motion, but the gravitational pull of the moon: a theoretical construct to which Galileo had no access. The Copernican theory could not yet be proven by science, so Galileo responded with theology.

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Self psychologist Heinz Kohut made a bold statement in his conversations with Robert Randall, suggesting that religion and psychology are simply separate domains. Science, by which he meant psychoanalysis (and under this umbrella we may include psychotherapy), explores cognitive issues and seeks explanations. Religion, he suggested, has the unique function of holding us together, shoring us up, sustaining us, making us harmonious, and strengthening the self against the awesomeness of our transient nature.

Yet I believe that while Kohut wished to protect the sacredness of both healing domains - the analytical realm of psychotherapy and analysis, and the spiritual realm of religious belief and practice - he also feared the personal repercussions of challenging the boundaries of classical Freudian theory. He knew too well the dangers of introducing new concepts to traditional analytic work via his remarkably humane and trenchant theories on empathy. He came up against a powerful rejection of any wish to augment the analytic frame that caused him tremendous personal suffering.

Some contemporary theorists believe this mighty resistance from classical analytic circles had much to do with the space Freud may have created for a substitute religion. Perhaps as Freud sought to pathologize religious belief as eternal pregenital strivings and a childlike unwillingness to grapple with our mortality, psychoanalysis swooped in as a substitute religion with all the fervor, zeal and sectarianism of the crusades. Alas, even today with conferences such as this one on the rise, and a clear wish discussed in a study documented in a NY Times article in 2007 in which the vast majority of prospective therapy clients expressed interest in therapists for whom the spiritual realm is respected and willingly explored, there remains a palpable discomfort in many analytic training institutes and communities regarding both clinicians and patients for whom religion and spirituality are valued. There is a lingering assumption amongst many clinicians disinterested in the religious and spiritual realm, that to be a person of faith necessarily implies a steadfast inability to think critically about one's own faith tradition, to bring an analytic eye to one's religious mentors and community, and to reflect carefully upon the ways our chosen religious path may both help and harm its followers.

But for a moment, to return to Kohut's bold statement, I agree that religion and Western psychology are indeed different realms. I believe their healing potential and value are upheld in so far as we don't seek to conflate them into something they are not, in which the clarity and rigor of their original systems is potentially lost. They have meaning in so far as they are bound back to their traditions. In this way, we may distinguish between our projections onto them, our need to mold them according to our particular longings, and their objective realities.

Tradition, whether it be the rituals of the patient/therapist dyad with the 50 minute session carefully adhered to, the holding of erotic transference that protects against the destructive impulse to act out our sexual feelings, or the built in asymmetry that allows the patient to emerge in his or her own time and without fear of being eclipsed by someone competing for space and time, helps both therapist and patient understand and utilize the analytic discipline.

Religion is, generally speaking, a system for making meaning in which tradition holds its practitioners together. It is organized around symbols, ideas and be-
haviors that are deemed sacred. What the sacred referent is may or may not include a supreme being, but it will in all faiths manifest in communities that invest great power in the shared sacred beliefs and behaviors. Religion, in my experience, is a way of ritually challenging and transcending our ongoing primary interest in ourselves. Most importantly, religion seeks to soften the barrier we typically experience between self and other. It provides tools and images for experiencing a more fundamental sense of inter-being. In this way, it seeks to counterbalance and challenge the consciousness we tend to bring to our secular lives.

Psychotherapy and analysis, in contrast, seeks generally speaking, to explore every facet of our ego consciousness, to bolster our sense of self, and utilize our unconscious contents for increased self-esteem that may fuel a more enriching life, where our personal and professional goals are more easily achieved, and where we develop an increased capacity to tolerate conscious conversation between the multiple self-states. These traditions are self-centric in nature, where the focus is primarily on what the patient can get from others, in terms of increased respect and harmonious interpersonal relations, and less on what the patient might be able to do for others via self-transcendence.

So my intention today is not to suggest a way to mold religion and psychotherapy into a new healing modality, even though I understand that all traditions will adapt to changing cultural milieus and social norms. Rather, I am humbly suggesting that as clinicians and religious mentors, patients and spiritual practitioners we may live into the liminal spaces between these disparate traditions, to find new and enlivening ways that psyche and spirit may be mutually informing.

For I am aware, as are all of you, that as healing disciplines, psychoanalysis and religion are clearly in conversation and have been so since the inception of psychoanalysis over 100 years ago. They are cross-pollinating, and bringing to the healers and practitioners in these divergent realms, increased curiosity about the psyche and the spirit. I believe there is a growing intuition that any healing path that may hold sway in the seeker’s life during times of duress and loss, must address the reality of the psyche and the spirit. To address one without the other is potentially to delimit our capacity for transformation that transcends mere psychological survival.

In the contemporary urban setting that is my home in the heart of New York City, there are myriad cultural factors that may be contributing to this increased wish to find healing that addresses the psyche and the spirit. Some of these issues, I believe, are specific to the frenzied pace of urban life with its unrelenting emphasis on consumerism and conventional success, garnering ever greater professional accolades, and somehow distinguishing oneself from the pack in such a way that provides a sense of justification for one’s life. But there are other issues which transcend this milieu that have contributed to a pervasive feeling of being unmoored, lacking meaning, being in some fundamental way too inconsequential, “like a weed” my patients frequently express.

This feeling of being too small and transient may result from our age of post-modernism, with its dismantling of discernable truths, where nothing is considered inherently of value, but only relative to the perceiver. Furthermore, in this era of pervasive technology, we find ourselves too easily isolated, communing fervently with gadgets and motherboards, rather than sentient beings. So too, in this age of terrorism, fear of impending doom looms large, infiltrating our psyches with a kind of wretched fear that nothing we do or become will ultimately matter. These are formidable issues to face, and it is perhaps unsurprising that during this particular time in history, people in record numbers are aware that they can use all the healing help they can get.

My personal inroad to the realm of psychology and religion came on the heels of the World Trade Center attacks. Like so many of my fellow New Yorkers this was a time of collective grieving and tremendous fear. While sorting through the fallout of these attacks, we were preparing for more, something worse. I had a very dear friend, a 42 year old man, who had died. Rob was a dreamy kind of man that inspired crushes from the most jaded of women and men I knew. He was vibrant and kind, intelligent and searching. He died with a mutual friend who had organized the business meeting that took place on the 106th floor.
But I also knew people who had lost husbands of 30 years, children, and mothers. This time underscored Carl Jung’s sage insight, that we cannot hold our own darkness alone. We seem to need a container when the psyche is at risk of fragmenting, releasing shards of grief, intolerable fear and rage that can threaten our basic self structure. This is the potential impact of trauma - to dismantle the self into so many split off parts that there is no longer a sense of meaningful continuity, of being fundamentally the same person today that I was yesterday.

During this time, it became clear to me that in addition to therapy, a place where I could process the complex intersection of collective trauma with my own personal history and psyche, I needed a way to hold the intensity of affect, the stormy nature of feeling that comes from trauma. It seemed to need different kinds of holding environments for there was a great deal to be held, as there usually is in the lived experience.

What I learned during this time is that in all collective traumas, times of war, terrorism, natural disasters, each individual has his or her own personal window onto the collective experience. Thus, the work is in honoring the reality of one’s own psyche with its immensely personal constituent parts, and the larger world of other sentient beings who are also participating in what feels like a uniquely personal struggle. For me, this dance between my self experience and the collective was the strange timing in the years leading up to 9/11, in which I had begun to consider in my own analysis that the cataclysmic proverbial other shoe I was always anticipating, might not drop after all. Perhaps I could surrender to life with a deeper trust that all would be well.

Oddly, this feeling began to settle within me in a new way in the months just prior to the shoe dropping. Thus my personal journey involved the challenge of cultivating trust even when the proverbial shoe drops. I needed to reconsider and readjust in what and where I had placed my trust. 9/11 taught me something akin to what Victor Frankl called an “attitudinal value,” that when we cannot change our external circumstance, we must change our perspective in order to find meaning in suffering, and thus to build character. To trust in a life worth living only when it promises freedom from suffering, was perhaps not trust, but emotional skittishness.

Having been exposed to meditation early in life, I was familiar with the importance of perception and the state of one's mind. What Frankl referred to was resonant with what I had learned in my early spiritual training - that it is the nature of one’s mind that determines how and why we suffer. From a Buddhist perspective, when we grasp onto anything ephemeral, including our own constantly changing selves, others, and situations, we will suffer. I learned these tenets after a basically secular upbringing that included intermittent trips to Unitarian, Presbyterian, interfaith churches and a few synagogues. During this time my spiritually curious mother had taken me to a meditation course as a 10 year old girl. Together we sat in a circle of other kindly meditators, listening to the mellifluous voice of the instructor who guided us in the basics of following the breath and settling the mind.

As a teenager I would continue to explore meditation through yoga and through the literature of D.T. Suzuki, Krishnamurti, and Jon Kabbat-Zinn. As I entered early adulthood, I began to notice pervasive signs of the basic Buddhist teachings I had learned in the 1st Noble Truth - that with the reality of aging, sickness and death, life is suffering. Between the harrowing images of ethnic cleansing in Bosnia, the plight of Haitian refugees perishing by the thousands, and the onslaught of natural disasters that left people around the globe homeless and helpless, the truth of suffering was ever present. Yet, I was also aware that even in the direst of circumstance, how we perceive and integrate our personal struggles will make the difference between unmanageable pain, and fodder for deepened internal fortitude. And so I began to explore what allowed some people to integrate traumas into a fluid and meaningful life, while others remained in chronic and unmanageable intra-psychic pain.

In my initial graduate studies I explored illness narratives, seeking answers to how we talk about pain and suffering in dependence upon the belief system of the listener. I wished to know what allowed us to bring the truth of personal pain into the inter-personal realm, to share the very experiences that threaten to unmake us,
to destabilize us, with a person who may receive these stories, and thus serve a critical role in knitting us back together again with a psychic fabric that has enough give to hold the unexpected weight of trauma.

I found these studies to be invaluable and compelling, and it is quite possible that if 9/11 hadn’t transpired at that particular time in my life, I would have carried on as an academic and researcher. Yet I discovered something unexpected as I pressed more deeply into both my own spiritual practice and analytic work. It seemed that increasingly, I needed my experience as an analytic patient in order to deepen and understand my spiritual work with its many provocative challenges that touched upon personal feelings and history. So too, in my analytic work, I noticed that the psychic weight of new insight gained about traumas suffered and unhealed wounds, needed another container, a place where I could experience a sacred respite from the complexity of these experiences, where I could simply join the human family with our broad spectrum of pain and suffering, to become like Job, suffering psychic boils with a million Jobsters right behind me shaking their fists at the divine.

Most relevant to my personal entry into the field of psychology and religion was the increasing tendency in my own analysis to talk about and process my relationship with my Buddhist teacher. This was a primary relationship for me, as is typically the case in Tibetan Buddhism where historically students receive teachings from religious mentors who have devoted themselves to their practice. But I seemed to need another place and another healing system through which I could make sense of and integrate what I experienced in this relationship.

For example, my teacher, like all good Buddhist teachers, encouraged me in a variety of ways to soften my attachment to a rigid notion of self and self experience in order to recognize the impermanent nature of all phenomena. These practices can offer tremendous psychological healing as they point to the enlivening sense of possibility that arises when we cease to experience ourselves as being fixed in nature with a particular identity or set of potentialities that will remain unchanged throughout our lives. The shadow side of these teachings, however, is that they encourage a relinquishing of subjectivity that may touch upon narcissistic wounds suffered in families whereby the child’s subjectivity is eclipsed by distracted or disinterested caretakers. Such a child may have learned to let go of their subjectivity too early in life, and thus find in certain Buddhist teachings a ready and sanctioned hiding place.

When I meditate, the process is designed to soften my attachment to a sense of discrete identity. Thus, the methods are not personal in nature. I am not encouraged to review or contemplate my personal feelings about a given conflict or wish, but rather, to sit with the more universal experience of aversion that tends to arise around conflict, or the pull of grasping that tends to emerge around a desired object. My personal history, early childhood experience, my object relations, neuroses and complexes, are all fodder for the process of recognizing how I cultivate and reify a sense of “I”, “Me” and “Mine” that are as transient as all other phenomena.

In therapy, I could explore the complexities of practicing a religious tradition that was both immensely healing and occasionally problematic given my particular relationship to the tradition. In this way, I learned to let go of self in my Buddhist practice and build up my sense of self in my analysis in an ongoing dance of Eastern and Western perspectives. And just as my analysis supported my spiritual practice, my Buddhist practice supported my analytic work. Through the emphasis on recognizing our shared experience, that we are perhaps not the discrete entities we imagine with impermeable boundaries, but rather co-creating each other through the ongoing choices we make in our behavior and speech, Buddhist practice helped me to bring an increased sensitivity to the experience of others in my own analysis. In this way, I was supported in challenging a continued focus in traditional analytic and therapeutic treatment that privileges what the patient can get from others rather than how they may be more sensitized to others.

But this is just one small example of how religion and therapy intersected in my own training and personal explorations. As a therapist, I work with people of all faith traditions, and those for whom the spiritual realm...
is neither pressing nor conscious. And that is fine, too. My job is not to push my clients toward a proscribed path of healing, but to create a space where their sense of what heals and helps may safely emerge. For my religious patients who are Catholic, for instance, we may explore the tendency to feel abandoned by God when life is difficult, and embraced when it's good. In this way, Freud is so very helpful, serving as a kind of scouring pad to one's notion of the divine as parental in nature, alternatively loving and punitive. Together we explore if God might be something more or different than the good and bad objects the patient has internalized. And furthermore, we explore how all beings suffer, yet our human tendency is to personalize this suffering, to take it as an assault upon one's own ego.

For my clients interested in other spiritual realms populated by angels, goddesses and various spiritual entities, we may explore how this vision speaks to their belief that there is a good object out there somewhere. For patients who have known real brutality at the hands of their caretakers, such a vision can be life-giving.

Sometimes my clients are reluctant to address the truth of their religious beliefs. They smile awkwardly and admit concern that I’ll think they’re sicker than I had realized. Total fruitcakes, crackpots, wackos, they say. We have a good laugh and I acknowledge that sharing one’s spiritual experience with another is risky. It is the rare person, after all, who can listen to religious beliefs that contradict or challenge his or her own, without reactive efforts to protect their chosen beliefs through rejecting another’s. And at times my patients are right to imagine that my analytic antenna is up - there are moments when my own countertransference kicks in with fear that a patient may be “lost in space,” seeking refuge in beliefs that may belie worrisome neurological conditions.

But when I wrestle with these fears, which is to say, that I relax back into hearing whatever a patient is able to reveal about themselves, there is increased opportunity to both strengthen the trust my patient has developed through risking a more open exchange, and to learn about their experience, to step into their shoes and imagine how a belief in a judging God or a vibrant goddess might symbolize meaningful and well camouflaged unconscious beliefs.

In my spiritual community, it is the therapeutic process that raises hairs.

It is not uncommon in my Tibetan Buddhist community where I have been studying and practicing for many years, for fellow students to express interest in my work as a therapist. They are curious. How is therapy different from spiritual practice, they ask? Aren’t both healing paths taking us to the same place, a place where neuroses are healed, confidence strengthened, and interpersonal roadblocks lessened? Would a “serious” spiritual practitioner really need therapy?

Some fellow students have called me to talk about their attempts to discuss highly personal matters with our teacher - abusive relationships, children suffering from addiction - only to leave feeling that they are insufficiently spiritual, still tethered to an ego position that is shameful, spiritually remedial in nature. Some students have called to tell me that over the course of many years in therapy, they have never discussed their spiritual practice that is such an important and emotionally sustaining part of their lives. They wonder why they tend to leave this experience out of their therapeutic treatment? In both scenarios, they are trying to find bridges that allow their psychological and spiritual nature to be in conversation.

I understand their confusion and worried musings. In years past, I found myself more easily frustrated by the not uncommon suggestion among spiritual practitioners, that therapy would be rendered unnecessary if people deepened their spiritual practice. I used to vigorously suggest that spiritual practice does not necessarily address unhealed psychological wounds, habituated relational tendencies that are destructive or limiting, or addictions that cause immense suffering to self and others.

While I believed and still believe that it is folly to imagine that religion and/or spiritual practice alone will effectively address the full spectrum of psychological struggles patients bring to the analytic encounter, I know longer feel tethered to convincing others of this possible truth. Instead, and perhaps this has something
to do with the humility that can come with aging, I am more curious about what people experience as healing. I am also aware that even Winnicott suggested that religion might be a quicker route to wellness than psychoanalysis, with its slow pace that seems to deny the reality that it too is happening in real time. We can grow old in our own analyses, waiting for the corrective experience with an analyst who of course cannot ultimately participate in a relationship with the kind of mutuality and equality that may be truly healing.

Thus, I think the territory of religion and psychoanalysis calls for a depth of humility about what heals and helps the human psyche and spirit. As therapists and analysts we are in a profession that proscribes specific tools and rituals that ideally will serve our patients well, helping them work through the vexing symptoms and unconscious content that may sabotage happier and more fulfilling lives. Yet we cannot be certain that our chosen methods will work. Life circumstances can undo years of painstaking efforts to heal - unexpected and untimely deaths that retraumatize a fragile ego cannot always be successfully addressed in analytic work.

Some element of mystery is always at play. Perhaps you may think of it as luck - when, say, an interpretation of a patient’s hostile or erotic transference is received and wrestled with, when a patient meets a romantic partner who can skillfully tolerate their most alienating interpersonal tendencies and love them unconditionally, when a patient’s husband or wife heals from a life threatening illness - all the myriad life circumstances that will influence how a particular therapy works or doesn’t work in the life of a given patient. Perhaps it is luck, perhaps it is mystery. But it is certainly the realm of the unknown that every clinician must work to accept as part of the therapeutic process. And in this sphere of the unknown, religion emerges as another highly influential factor that presses in upon the psyche of so many patients, sometimes healing, sometimes harming, but always present as psychic data for the therapist to respect and explore.

So it is my hope that as the field of psychotherapy and psychoanalysis adapt to the changing needs and experiences of those who seek out these methods for wellness and healing, it will not seek to disavow the analytic frame that has served us well over the course of this past century, but may simply grow more curious about what it can hold. In this way, the patient/therapist relationship may be enlivened by a perspective that is friendly to more parts of the patient’s experience, and that welcomes the realm of mystery that is the home to both psyche and spirit.

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Tell all the Truth but tell it slant
Success in Circuit lies
Too bright for our infirm Delight
The Truth’s superb surprise
As Lightning to the Children eased
With explanation kind
The Truth must dazzle gradually
Or every man be blind

- Emily Dickinson
To reconsider the large question – is the natural normative? – from both scientific and religious perspectives at once, and to examine the social, medical and political implications of our current inability to reach a single answer, the Center for the Study of Science and Religion (CSSR) was founded in the summer of 1999 with support from the Office of the Executive Vice Provost of Columbia University. It is an interdisciplinary, inter-school, collaborative forum for the examination of issues lying at the boundary of the scientific and religious ways of comprehending the world and our place in it.

For these questions to be revisited in a useful way, questioners must be willing to accept the burden of sharing both objective knowledge and subjective experience with each other. This is the work of the CSSR, an enterprise that may be undertaken regardless of the state of convergence of any particular science with any particular religion.