

THE FORUM

With this issue, we inaugurate a regular feature in the journal. THE FORUM will provide a framework for practitioners to respond to specific questions related to the theme of each issue of Reflective Practice. The reader will find a rich variety of responses to two questions from several professions. You are invited to continue this conversation on our Web site at <http://www.reflectivepractice.org>.—The Editor



2008 FORUM Questions

What qualities of the helping person are needed for care in the context of fear?

Are the strategies of care different when fear is all around us?

Response from Joretta L. Marshall

Fear creeps into my daily life in ways that sometimes surprise me. As I work with students who are training to be pastoral leaders, I am aware that their fear sometimes immobilizes. Other times, their fear generates a renewed courage to move forward in their work. Students have much to fear: failure in the classroom or in ministry, exposure of being “found out,” saying something others perceive to be stupid or dumb, stepping out in ways that will put their futures in jeopardy, not taking a strong enough stand, creating a conflict because of beliefs, disappointing home churches, or being inadequate before God. As caregivers, their fears are mirrored in the faces and lives of those with whom they work. All of this, of course, is compounded by the fear of participating in a church and a culture that understands violence and war more than peace and that constantly reproduces oppressions that keep people in their places. In such a world, fear may seem more than we can handle.

I seek to engage four qualities in those who would be caregivers. First, my hope is that those who provide care can recognize the importance of healthy fear and can distinguish it from the kind of fear that binds. Healthy fear mobilizes people into action and into claiming a sense of agency that they might not even know that they have. The fear that binds, however, becomes a prison that makes it impossible for people to make choices or to feel that they have options in their lives. It is unhealthy fear that immobilizes, dehumanizes, and moves people toward greater isolation or increased violence. Caregivers must be able to assist others in tapping into healthy

fear, while dismantling the bondage of fear that keeps us stuck in old patterns and destructive habits of the soul.

Second, those who are called to care need to make friends with the fear they carry in their own lives. If we are able to regard fear as something to live through rather than overcome, we can more likely walk with others for whom fear is even more terrifying. We make friends with fear by not allowing it to control our lives or actions. Instead, fear becomes a resource through which we can come to know others, world, God, and ourselves more fully. This quality goes hand-in-hand with the third quality for caregivers. To be non-reactive in the presence of fear is a special kind of grace. To meet fear with increased anxiety or greater fear signals our lack of trust in the capacity of the human spirit or in God.

Finally, good pastoral care requires the ability to listen fully, beyond the words that are born in the midst of caregiving. At times, we hear confessions of the soul that stir up in us a desire to run as far away from the moment as possible. It is precisely at those moments that we must find a way to sit, listen fully, and tend carefully. There is not one single response in these moments; rather we bring our whole being into the moment in order to hear in ways that move us beyond fear. Therein we hope to glimpse the images of the One who hears our fear and who sustains us in the midst of it.

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There are multiple strategies necessary for the future if we are to invite the world to move away from the overwhelming power of fear toward a life of engagement and pro-activity rather than reactivity. Pastoral caregivers must build networks of care for themselves that challenge, nurture, and call us to accountability. We need to continue to find ways to be in conversation with peers, colleagues, social justice advocates, mentors, pastoral counselors, and others so that we might more faithfully be present in the midst of the fears of the world.

We need to continue to find ways to be present to God in the midst of our differences. In particular, we must develop a culture of care that can be sustained in the face of otherness at personal, social, political, spiritual, and ecclesial levels. At the moment in our culture, our fear is tearing us apart rather than encouraging us to move toward one another so that we might face the future together in new ways. It is difficult to build a culture of care

if we avoid those things that are difficult for us or for others. Only when we face fear honestly, seek to be present to it faithfully and carefully, will we be able to work for justice and seek mercy in the face of all that comes our way.

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Response from Edward K. Rynearson

This is a vexing question to pose to a mental health clinician. I have been a practicing psychiatrist for nearly forty years. In that time, I have dealt with all manner of fear in others. I have vicariously experienced the fear of patients being always therapeutically detached—as a clinician needs to be. Fear in this instance is within the other, not myself.

To be sure, when working with severely disturbed patients, there have been situations when I have been directly threatened or attacked. Those instances, however, are so brief and controllable that I have little but vivid images when I summon the memory but not an intrusive or persistent sense of fear or dread.

There have been several life-threatening experiences that left me terrified for a time. The most salient is when I was thirteen years and swimming for the first time in the Pacific Ocean. I had learned to swim in the lakes of Minnesota and was euphoric in the mistaken illusion that I had mastered the ocean—riding the large waves, curled over their cresting foam that swept me up the beach. But late that afternoon, unlike the placid lakes of Minnesota, this beach hid a rip tide that carried me beyond the waves and my family. Of course, I panicked and tried to swim back to shore. After five minutes, the tide thankfully spent itself. I was able to head slowly for shore. A lifeguard swam toward me and stood beside me as we climbed out of the surf. I was shaken and shaky and determined to head back into the waves to disguise my fear (as any thirteen year-old boy would do), but the lifeguard insisted

that I sit on the beach to catch my breath and let him teach me about swimming in the ocean. I can only paraphrase what he said, “You have forgotten the most important lesson of swimming—and especially when you swim in the ocean—you have to learn how to float again. That’s what saves you in the ocean. If you float, you can stay out there for hours.”

His advice turned into a personal mantra for me. Whenever I feel overwhelmed, I say, “float and flow,” and can visualize myself on the surface of an enormous force that I cannot master—like being in the ocean and being swept away from shore. Paradoxically, the way to master my fear, like a dark current, is to keep from struggling against it—not to surrender to it, but to maintain my autonomy on its surface until it spends itself. That mantra is accompanied by a kinaesthetic or physical sense of release, a major resource of transcendence—by immersing myself in Nature. It is the capacity for transcendence and joining in something beyond myself that helps me in mastering fear.

My other major resource of transcendence is in my empathic identification with the potential frailty and humanity in everyone I meet. Recognizing our inevitable vulnerability and insignificance draws me closer to others. Knowing that we are all connected by universal experiences, including grief, makes me less fearful.

In the last twenty years, I have specialized in caring for family members who have experienced the violent death of a loved one, and in the last five years, I have spent considerable time in the Middle East training Palestinian and Israeli clinicians in community strategies for intervention. Not surprisingly, these trips have taught me more than I could possibly teach. There is one memorable lesson of transcendence of fear and grief taught to me by a Palestinian mother who had witnessed the violent deaths of five of her children. I will leave you with this recounting of our visit that I wrote the day after we met.

The night of their deaths, Palestinian terrorists attacked the Israeli settlement with rockets and mortar from the far edge of the family’s strawberry field. Within minutes an Israeli tank drove to the base of the observation tower and opened fire with rockets, cannon and machine gun straight across the field and into the village. The terrorists escaped, but five of the family’s children were killed when a rocket fired from the tank made a direct hit on the wall beside their house where they huddled for protection.

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The mother needed to talk, and needed to talk to me. Her eyes were fixed on mine through the compulsive retelling, interrupted only by Ibrahim's translation. She re-enacted the dying of her children in vivid detail so I would witness a recounting of that drama not only through her words, but visually witness the space where this had happened, where she pointed—the edge of the field, the base of the tower where the tank was parked, even struggling to her feet to point to the wall where the children had been killed.

The father insisted that I examine rocket fragments gathered from the death site—another mute remnant of evidence verifying that this had really happened.

Four of the children had died immediately. They buried two, but two were so disintegrated that there was nothing left to bury. Weeks after the deaths, they were still finding body parts of children scattered across the field.

The fifth child, badly disfigured and burned, was transferred to a trauma hospital in Israel where he died. The Israelis would not allow her to visit him and now she waited for his body to be returned to Jabaliya so he could be buried beside his two brothers.

One of the daughters said they were having recurring nightmares of the attack, and the five-year-old son was wetting his bed and refused to separate from his parents, "...but he's getting better." In spite of all this suffering, the mother stared at me and insisted that she did not want revenge for what happened. She only wants the deaths of her five children to be the "the last deaths of this awful war."

To me, the mother's message went beyond that shared capacity for stoicism and solitary persistence, and beyond the all too familiar demands for retaliation and retribution. It was her admission of vulnerability that allowed her to empathize with the suffering of every family, Palestinian and Israeli. She wanted my witnessing to serve an enlivening connection through and beyond her tragedy—that the deaths of her children might promise the beginning of reconciliation with Israeli families who were also suffering—to stop the killing.

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Response from Valerie Miles-Tribble

Against the backdrop of global conflict and rapid social change, the complexity of fear defies simplistic labels. Fear can debilitate or paralyze when people are overwhelmed by feelings of helplessness. Fear can also inspire selfless acts of heroism or superhuman efforts that defy physical limitations. Fear can drive others to anger and violence. Sadly, the fearful mystery and wonder of God has been politically co-opted by polarizing ideologies. The fervor of religious self-identity as liberal, progressive, conservative, evangelical, Christian Right, Moral Majority, or fundamentalist is symptomatic of fears about power and dominance. And yet, fear's motivating force can initiate personal transformation to counter the anxieties of a given situation—although medical research still investigates, with suspicion and reticence, correlations of the power of faith, prayer, and healing.

How then do we prepare for caregiving in such contexts where fear shapes behavior and weakens the core of faith? We begin with our own fears, biases, fragilities, and strengths. Erik Erikson reflected poignantly on his formative influences with these words: "It is only in our lifetime that faith in change has gradually given way to a widespread fear of and superficial adjustment to change itself—and a suspiciousness concerning faith itself."²⁹ Our experiences and contextual influences of the times affect how fear is manifested. To counter those fears, faith practitioners, as supervisors or caregivers, need extraordinary patience, prayerful humility, and non-patronizing compassion. Openness to diverse cross-cultural views will enable us to listen genuinely and then foster non-judgmental mutuality through non-combative dialogue to minimize discord. Such qualities of the helping person are urgently needed in a context of fear in order to advance justice, promote sustained care, and foster conciliation for the sake of positive social change.

When fear is all around us, are the strategies of care different? Both the catastrophic Indian Ocean tsunami and Hurricane Katrina on the American Gulf Coast gave us visible images of human debilitation and motivational action in the face of fear. What captivated our attention were not only manifestations of helpless resignation, anger, or reprisal, but selfless heroics and undeterred hope, despite the stubborn social realities of classism or racism that triggered uneven civic responses to both tragedies. War and political devastation in the Middle East, Rwanda, Kosovo, Darfur, and more recently Pakistan or Kenya are human-generated crisis fueled by fears of religious and

ethnic difference and disparities of economic power. The media sensationalized post-September 11 phobias toward Muslim or Islamic groups as a threat of extremist terrorism, perpetuated or real, linger. Socio-cultural differences elevate fears toward one group or another, whether blacks, immigrants, homeless, or gays. Fear of loss, change, isolation from family and friends and the stigma of being ostracized, banished, or rejected are as traumatic as the loss of freedom or loss of life. When our aim is positive change in the human condition, our strategy of care is no different in the midst of fear except that the need for conciliation is exponentially greater in order to demonstrate faith in God and love of humanity.

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The call for faith communities to be peacekeepers places a burden and opportunity to balance fear with hope. For those who question faith or hold a fear of fear itself, deepening our spirituality as a core ingredient of life becomes all the more crucial as a way to counter fear. Proactive resolutions help to minimize the confluence of debilitating and motivating aspects of fear that also cause conflicted emotional responses in the same person or among persons within the same congregation or community. Recent studies show intrinsic benefits of internalized faith in its capacity to buffer existential anxiety

and strengthen reasoning ability with positive attitude. However, the caregiver's positive change agent role cannot be a distant endeavor, but requires devoting one's life to making a difference in the lives of others. Faith in action requires committed engagement for and with people as a discerning listener, open learner, compassionate mediator, and servant leader—ironically, all qualities refined from our theological sense of fear—with worshipful awe, deference, and faith in a God of justice and love who ultimately will prevail.

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Response from Paul Steinke

The Swiss Protestant supervisor-in-training at Bellevue, Maria Fuchs Keller began her program by attending the regional bi-annual "Supervision of Supervision" conference for supervisors-in-training (SITs). When I asked her for impressions of the two-day event she said: "I could not believe how fearful they are." Most certification committees begin with fear. I know I was shaking in my boots. Maria's European vantage saw SITs exhibiting fear in a context designed for their learning and fellowship.

What are we to make of this fear? Are the certification and the supervisory training process unnecessarily terrifying? Are the SITs expressing anxiety exacerbated by "the presence of fear" all around us? The word "fear" is derived in part from an Old Saxon word that means "ambush." Does the anticipation of ambush, of danger just around the bend, characterize what is happening to our SITs? I am helped in my answer to these questions by a remark Association for Clinical Pastoral Education (ACPE) supervisor Kathleen Ogden Davis of Hartford Hospital made to a SIT who had just expressed her need to be more courageous: "You don't need more courage. You need more fear." It was another way of saying the old chestnut, "I don't want anybody in the foxhole with me who is not afraid."

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Fear and survival go hand in hand. We live in a threatening world. It has never been otherwise. Haven't folks always whistled as they walked through the graveyard at night? Walter Bruggemann always reminds me that "hurt is hope's home." Hope is not some ether of optimism floating willy-nilly in a horizon of sunshine. Fear is hope's home. Pastoral caregivers risk their own fear to minister to patients terrified by the failure of their bodies. We need not be afraid of fear. It makes us alert to the dangers that are both present and possible. We minister to the fearful out of our own fearfulness. We supervise out of our own fear in "the cross-grained" experience that is clinical pastoral education.

Around three hundred words in the English language express emotion. Thirty-six of those words express fear and its synonyms. "Anxiety" is not listed under the words for fear. Anxiety is a generalized feeling that things are out of whack in my life, a kind of internal trembling. It seems to

me that “perfect love casts out” anxiety, not fear. And “perfect love” seems to be God’s province. Part of the power of pastoral caregiving is that we are connecting to people by listening to their fear-filled and anxious stories of suffering. In the pastoral communion at the bedside, caregivers hold the patients’ fear or anxiety in their hands for a few moments. We may be “casting out” fear and anxiety for a few clicks of the clock. In my bailiwick of teaching pastoral caregiving and teaching folks to teach pastoral caregiving, we need less courage and more fear. Alan W. Watts, a Zen Buddhist wrote: “Running away from fear is fear, fighting pain is pain, trying to be brave is being scared.”

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Response from Douglas M. Thorpe

In the world as we know it, fear is part of our emotional landscape. Sometimes fear is more prominent. Sometimes it recedes into the background, but it never goes away entirely. All that changes is the specific set of fears we confront and the ways those fears are exploited by others to manipulate us.

On the morning of 9/11, I was at home in Arlington, Virginia, about five miles from the Pentagon, when the plane struck. My wife was at her office a block from the White House. For weeks after the terrorist attacks, Air National Guard fighter jets patrolled the skies above us, even as airline traffic was diverted away from the area. The distinctive crackling roar of military aircraft came and went day and night.

A couple of weeks after 9/11, a woman called to make an appointment at the pastoral counseling center where I work. She complained that she was constantly nervous and could not sleep. In our first session, she recounted the time when, as a young girl, she had refused to eat her dinner. Her father had turned to her mother and said, “Well, then, I guess she’ll have to go. Pack her suitcase.” The parents proceeded to stand the girl on

the front porch in her coat, clutching a suitcase, watching the traffic go by on the road and wondering what her fate would be. After several hours, the parents let her back in the house with a stern warning never to complain about dinner again. Now, some sixty-five years later, exhausted from sleepless nights listening to the jets overhead and filled with fear day after day, she tearfully asked me, “Will it always be like this?”

It will always be like this, just as it has always been like this. The “new normal” is in fact the old normal, the usual state of human existence. The threats have, for many of us, changed from those faced by our ancestors to contemporary threats of terrorism and mass death, but fear is always with us. Since fear is, and always has been, part of the context in which we give and receive care, the qualities of the helping person and the strategies of care in the context of fear remain the same as always. Caregivers need to be able to feel and acknowledge fear—their own and that of anyone they seek to help—without fear seizing control. Some threats are real. Fear warns us of the threat against our safety, a valuable service, and motivates us to take action to reduce the danger. Denial under the guise of bravado—or more insidiously under the guise of “courage”—masks reality instead of facing it squarely. On the other hand, panic never helps. Only clear-eyed assessment of risk can lead to strategic planning to enhance safety.

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Empathy helps caregivers understand fear in circumstances that would not frighten them. Especially for those socially privileged by gender, race, economic resources or other factors, empathy is required to understand another’s fear in a situation that would raise no fear in the less vulnerable person. If fear is a reaction to an invasive threat, care requires well-defined limits. Power to help is power to harm. Caregivers need to establish the safe limits of their exercise of power.

By remaining self-aware, caregivers can use what is stirred inside them for the benefit of those asking for their help. Fear can be contagious. When fear forms a major portion of a problem presentation the emotion can sweep over both parties or activate strong defenses against such unpleasant emotion. Caregivers need to know their own vulnerabilities and characteristic coping strategies so they can tolerate the display of fear and connect with it without losing themselves.

When the writer of the Christian epistle 1 John wrote, "There is no fear in love, but perfect love casts out fear" (1 John 4:18 NRSV), fear of judgment was at the top of his mind. Other fear can be assuaged by love as well. Caregivers who are willing to pour themselves into caring give witness to people in fear that they are not alone, they will not be abandoned, and they will be aided as far and as long as aid can be given.

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Response from Cynthia Tomik

As a clinical supervisor for a hospice program, I supervise nurses, social workers, chaplains, certified nursing assistants, a volunteer coordinator, and office staff. Because we share a common humanity, hospice staff lives with the same fears as millions of others—fears ranging from war and weapons of mass destruction to environmental and social issues. As professionals, we choose to work in a field that regularly confronts us with our fears of death.

Of all the qualities a helping person needs to practice in the context of fear, self-awareness is primary. As I understand it, self-awareness includes the ability to acknowledge and face one's own fears, remain present in the moment, and sit with (rather than flee from) discomfort, pain, anxiety, and fear. Self-awareness means that the caregiving person knows her places of strength and of weakness. She also knows her fears. Knowing her fears will allow her to bring them to the surface where they have less power than if they had remained hidden in her subconscious mind. With her fears acknowledged, she can sit with her discomfort long enough to gain insight and wisdom that comes from facing her fears.

Courage is also at the top of my list of qualities needed for caring in the context of fear. I found two vastly different dictionary definitions of "courage." The first claims that to have courage is to have no fear, while the second definition acknowledges that fear exists yet a person with courage faces fear with "self-possession, confidence, and resolution."⁵ Fear exists in the world,

and we provide care in the context of fear. The latter definition of courage allows caregivers to be with others within the context of fear without being overcome by fear. Courage and fear co-exist as long as the caregiver is aware of his fear, acknowledges it, faces it, and remains present with it.

Our strategies of care are different depending on the type of fear we are facing. If someone is in immediate danger from earthquakes, bombings, etc., the strategies will resemble crisis intervention. When fear is a backdrop in daily life, strategies for care may need to address such issues as global warming, societal fears such as poverty, and personal fears such as fear of death. Such amorphous and uncertain fears can cause people (clients, clinicians, and supervisors) to become guarded, mistrustful, and defensive. Fear may also be related to the clinical situations. For example, in the world of hospice, clinicians can be fearful of litigation. Or, good-hearted clinicians can develop a fear that the needs of clients will become overwhelming if the demand for attention becomes high or if one's caseload is too high or a patient's medical and psychosocial issues too acute. Working with people at the end of life may also unearth the caregiver's hidden fears of death.

As a supervisor of clinicians in the presence of death, it is important to be aware of what strategies are needed for the caregiver as well. In hospice, for example, it is important to provide a container for hospice staff to debrief and reflect on how working in the context of death and fear affects them. Self-awareness, acknowledgement, facing the fear, and remaining present with it are critical strategies for both clinicians and supervisors in hospice care. With the long list of daily tasks to accomplish, reflection, self-awareness, courage, and container creating are easy strategies to neglect.

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Response from Graeme Gibbons

By January 1944, German Lutheran pastor Dietrich Bonhoeffer had been confined in the military section of Tegel Prison in Berlin for ten months. The

prison had no air raid shelters for the seven hundred prisoners, most of whom were German soldiers. They were, however, exposed to the regular bombing attacks on Berlin from British and American aircraft. Although imprisonment had confronted Bonhoeffer with the full range of human emotions, fear or terror remained an affect that for him evoked shame. It should not be expressed outside of the confessional. After a night of heavy bombing and screaming and shouting in the prison cells, Bonhoeffer wrote to his friend Eberhard Bethge on February 2, 1944: "People here talk quite openly about how frightened they were. I don't quite know what to make of it, for fright is surely something to be ashamed of."⁶ In the same letter, Bonhoeffer wrote this:

My present companion, whom I have mentioned several times in my letters, is getting worse and worse. He has two colleagues here, one of whom spends the whole day moaning and groaning, and the other literally messes his trousers every time the alarm goes, and last night even when the first warning was sounded!⁷

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Imagine with me that Bonhoeffer's reflections about his experiences in Tegel Prison were presented to a supervisory consultation. How would I respond as a pastoral supervisor to this pastor who was living in the midst of fear and anxiety. In the same letter of February 2, 1944, Bonhoeffer continues:

When he told me about it yesterday—still moaning—I laughed outright and told him off, whereupon he would have me know that one mustn't laugh at people in distress or condemn him....I told him in no uncertain terms what I thought of people who can be very hard on others and talk big about a dangerous life and so on,

and then collapse under the slightest test of endurance. I told him it was a downright disgrace, that I had no sympathy whatever with anyone like that, that I would throw any such specimens out of the party for making it look ridiculous, and so on....I don't believe I find it easy to despise anyone in real trouble, and said so quite unmistakably, which may have made his hair stand on end; but I can only regard that as contemptible.

I would be tempted as a supervisor to focus on the harshness of his response. On further reflection, however, I would acknowledge the maturity Bonhoeffer demonstrated by not sharing his own fear with these frightened men. Some pastors who had learned their pastoral caregiving working with grieving individuals and families may have been tempted to respond with synchronous sharing—what psychoanalyst Heinz Kohut referred to as a

twinship response. While “grieving with those who grieve” is an appropriate response to sadness, fear calls for a different response. Fear does not help fear. An alternative response is required. A complementary rather than a synchronous presence has been found to be empathic.

Ronald Lee, a pastoral psychotherapist with significant supervisory experience, distinguished fear from distress and then suggested that in response to fear it is the ability of caregivers “to counterbalance the client through calming and not a prolonged sharing in the fear that clients report as being empathic.”⁹ Fear is a different affect than distress and requires a different response, a response that is complementary rather than synchronous, calming and soothing rather than a participation in the suffering. The calming, soothing function of the caregiver or supervisor is to reduce fear to an acceptable level, but not to eradicate it.

In Self Psychology terms, Bonhoeffer’s response to his companion’s fear comes from an idealized presence. “For Heinz Kohut, the major consequence of idealization is the visualization, stronger cohesion, and increased adaptability of the idealizer...[Kohut] recognized that for some patients, viewing someone else as being ‘wonderful’ motivates them to further develop their own centre of initiative.”¹⁰ Well done, I would say to Pastor Bonhoeffer as his supervisor. You have tried to put your prison companions in touch with ideals and values that might have been part of their lives before the war. Your response holds up to your companions a tough love.

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Various studies in psychology argue that a curvilinear relationship is found between fear and task performance, fear and learning. Psychologist Mihály Csíkszentmihályi has devoted his career to the study of optimal experience and captured it in the word “flow.” This is what he proposes:

Flow tends to occur when a person’s skills are fully involved in overcoming a challenge that is just about manageable. Optimal experiences usually involve a fine balance between one’s ability to act, and the available opportunities for action. If challenges are too high one gets frustrated, then worried, and eventually anxious. If challenges are too low relative to one’s skills one gets relaxed, then bored. If both challenges and skills are perceived to be low, one gets apathetic. When high challenges are matched with high skills, then the deep involvement that sets flow apart from ordinary life is likely to

occur.¹¹ If Bonhoeffer's prison companions could discover internal competence to match the challenge of their situation, fear would be overcome by flow.

In supervisory workshops about moving from parallel process to twinship, to use the language of Heinz Kohut, I have developed the concept of "forward edge" transferences—transferences that recognize healthy childhood development in the unconscious depths, although they remain in the form of fragile tendrils within that are thwarted, stunted, or crushed. Marion Tolpin a psychoanalytic Self Psychologist from Chicago contends that "fragile tendrils of remaining healthy needs and expectations are not readily apparent on the surface.... We have to be primed to look for them in order to see them and tease them out from the trailing edge pathology in which they are usually entwined."⁴²

I am very aware that our knowledge of the emotions or affects has developed significantly since 1944. One of the most significant developments has been in the area of the neurosciences. If I was supervising Bonhoeffer today, I would focus his attention on a later paragraph in the same letter from 1944: "Yesterday Susi brought me the big volume on Magdeburg Cathedral. I am quite thrilled with the sculptures, especially some of the wise virgins. The bliss on these very earthly, almost peasant-like faces is really delightful and moving. Of course, you will know them well."⁴³ I think that the change in mood that is evoked by looking at the pictured faces of the wise virgins is important.

Neuro-psychologists remind us that two particular parts of the brain, the amygdala and the orbital medial prefrontal cortex (OMPFC), play an important role in the regulation of our fear. The amygdala works very fast in alerting, ahead of our conscious awareness, a variety of brain centres that a fight/flight response is required. On the other side of our regulatory system, OMPFC can inhibit the amygdala based on conscious awareness. On the other hand, when we are very frightened and have high levels of amygdala activity, the OMPFC becomes inhibited and struggles to regulate our fears, and we have trouble being rational and logical.⁴⁴

I would encourage Pastor Bonhoeffer to contemplate the faces in the pictures because we know "that when individuals with post-traumatic stress disorder look at fearful faces they display increased amygdala activation and decreased activation in their OMPFC."⁴⁵ Further "it stands to reason that the opposite social context—a kind and accepting face—may have the opposite affect on neuroplastic processes."⁴⁶ This is not unlike Bonhoeffer being moved

by the pictures of sculptures of “some of the wise virgins” in Magdeburg Cathedral while in prison. I would encourage Bonhoeffer to see if gazing at those faces might have a similar calming effect on his terrified prison companions. In my own work as a hospital chaplain, I have often found that to give to an orthodox patient an icon with a peaceful face upon which they could gaze helped them relax.

Empathy is a crucial quality of the helping person caring in the context of fear. It fosters vicarious introspection, affective responsiveness, and bonding. Empathy is often tinged with identification and seldom perfect, and in the midst of fear it is not enough. When we are surrounded by fear, it is important not to respond by sharing our fear. A complementary response communicating calmness, strength, and courage will be more helpful than entering a fearful twinship. Research suggests that frightened people are helped when the caregiving strategy lifts them above the fear and places them in touch with values and ideals that provide and represent soothing and calmness. In working with fear, the task is to reduce its excessiveness. As noted above, the calming and soothing function of the caregiver does not eradicate fear but reduces it to a tolerable level. The reading of sacred books of scripture, the offering of discerning and calming prayers, and the sensitive sharing of the sacraments of the Church are strategies that people have found helpful over the centuries. The blissful faces of the wise virgins lifted Bonhoeffer’s spirit and evoked a sense of joy in the midst of the terror. In the future, pastoral care research and teaching should give careful attention to the helpful nature of positive affects in the presence of fear.

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NOTES

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