

Essay: Dad and Jimmy

Jimmy Carter and my Dad

by Thomas V. Merluzzi

In the spring of 2006, my two brothers, sister, and I met at a hospital in our hometown to visit our Dad. It was the same hospital in which each of us was born over 50 years prior. He was very ill with congestive heart failure taking its final toll. We met with his physician first – a kind, patient man, who had been taking care of Dad for many years. He explained that he could no longer treat the congestive heart failure without further damaging Dad's liver functioning, which was already compromised. He attempted to hold back tears – there was nothing more he could do. We were touched by his compassion and his connection to Dad. Three sets of sibling eyes trained on me, silently nominating me to be the one to share this information with Dad. My credentials in this area run deep, a psychologist, who does research on coping with serious illness. But even more relevant, I lost my first wife to cancer 22 years earlier when she was only 38. In that instant, in the hospital, I could not think of a more loving thing to do than to support my Dad in this moment, especially in the company of my siblings. What's more, I knew that this would be an emotional but not particularly difficult juncture in Dad's life. After I spoke, he said (paraphrased), "Ok, I am ready to meet my Lord." There was serenity in his voice and face, no tears. He knew that there would be a transformation from this physical world to one he did not fully know, but eagerly anticipated. And, as a lifelong Red Sox fan, he had finally witnessed their first World Series win (2004) since 1918 – the year after he was born. What more could he ask for? He died three months later, having refused all medicine and food, save liquids.

Almost 10 years later, watching President Carter at the press conference where he announced that he had cancer, I was struck by the same serenity that was the hallmark of Dad. Both had deep and abiding faith and both displayed grace under difficult circumstances. Both were devoted to making the world a better place, one on the world stage and one in a small community in Connecticut. One meeting with Anwar Sadat and Menachem Begin at Camp David, the other responding to a call from someone who had hit bottom and needed a hearty meal and non-judgmental company. Neither required accolades. Both entered risky ventures with hope that the outcomes would be worthwhile. One faltering on the world stage in a hostage crisis, the other failing at developing a small side business to earn extra money for

his family. Neither was devastated by these events. Both faced serious illness in their older years. One with a serious form of cancer, the other with a serious form of heart disease. Neither became depressed, maudlin, or angry. After Carter left the presidency, he told Mary Schmich (mschmich@tribpub.com) of the Chicago Tribune, “I have an easy way of accommodating the vicissitudes of life” – this is a sign of a person who can adjust to the ebb and flow of life without extreme stress and agitation. Dad would be less glamorous in his prose, but throughout his adult life he made major changes in his career path and personal views, each time learning and moving on. Throughout the vicissitudes of life and their evolving views of the world, both Carter and Dad retained their moral fiber – their goodness as humans.

My work on religiousness and coping with cancer evolved from people like President Carter, Dad, and my first wife. Early in my work on coping with cancer I conducted in-depth interviews with patients. In response to the question, “How do you cope with a diagnosis of cancer and the treatments for the disease” the answer almost invariably was “with the help of my faith and my family” sometimes the order was reversed. Many social scientists are atheistic or agnostic, though not all, and although the study of religion in the social sciences has a long history, a relatively small number of social scientists study these topics. Moreover, social science research on religion has been typically portrayed as poorly done, weak research, not to be taken seriously. In addition, there are critics in theology and religious studies who lament when social scientists tamper with religion, believing that any time social scientists try to quantify religiousness, richness, complexity, and depth are lost.

One critique from my fellow social scientists is that religion has some components that overlap with non-religious concepts such as social support. Thus, some social scientists may merely think of religion as a proxy for other less complicated explanations such as social support, whereas theologians may endorse a level of complexity, which obviates all scientific study of the topic. Social science can lie somewhere in between. Finally, science is an iterative process, not definitive. Likewise, Pope Francis is teaching us that theology is also iterative.

Thus, when cancer patients tell me that they cope with the aid of “faith and family”, I could consider those concepts as synonymous, that is faith *is* social support. In doing so I lose important facets of faith that may not be contained in non-religious concepts. In contrast, I can delve more deeply into the nuanced

dimensions of religiousness. Along those lines, in a series of studies that compiled data from 44,000 persons with cancer, my colleagues and I found that religiousness and spirituality were positively associated with physical, mental, and social health. Relevant to President Carter's and my Dad's situation, we found that patients endorsing greater overall religiousness and spirituality also reported better physical health, greater ability to perform their usual daily tasks, and fewer physical symptoms of cancer and treatment. This association was stronger in patients who experienced a greater sense of meaning and purpose in life from religion as well as a greater connection to God (Jim et al, 2015, *Cancer*). Spiritual well-being was also associated with less anxiety, depression, and distress, but ironically greater levels of spiritual distress and disconnectedness with God or a religious community was associated with greater psychological distress or poorer emotional well-being (Salsman et al, 2015, *Cancer*). Patients with stronger spiritual well-being, more benign images of God (such as perceptions of a benevolent rather than an angry or distant God), or stronger beliefs (such as convictions that a personal God can be called upon for assistance) reported better social health (Sherman et al, 2015, *Cancer*). These studies do support the relationship of religiousness and spirituality to self-reported health and demonstrate that religion can foster meaning and purpose, which may be beneficial for health. (excerpted from – <http://www.wiley.com/WileyCDA/PressRelease/pressReleaseld-119804.html>)

Also, characteristic of President Carter and Dad is a peaceful and serenely reconciled perspective. Both accepted that they cannot control all outcomes, that life has uncertainty. With age comes a greater acceptance of the limits of control and an increase in the search for meaning in life. In my interviews with cancer patients about their faith and means of coping, they would tell me, "I put it in God's hands", "God has a plan", "let go, let God." This is not to say that their perspective is passive or mere resignation – on the contrary at almost 91 Carter is undergoing radiation and chemotherapy and hopes that all the world's Guinea worms die before he does. Like Carter, Dad was actively involved in treatments and was impressive in his adherence to a complex set of regimens for his heart disease and diabetes. Along these lines, my students and I have conducted several studies on "letting go" – placing control with God (<https://www.youtube.com/watch?v=g9OFlCpk3Aw>). We have found that cancer patients who defer control to God for outcomes ("it is in God's hands") or are partners with God in forging outcomes, have better quality of life, cope better, and are less depressed than cancer patients who believe in God but also believe that

they must assume responsibility for the outcomes of the illness. One need not have God in mind in order to “let go” but what is critically different in the spiritually based form of letting go is the belief in continuing effort on God’s part. They tell me, “I do not have to do it all”, which must provide solace at a time when one might also feel a bit overwhelmed by the disease and its treatments. Some studies have shown that highly religious people tend to use more extreme medical interventions (such as life support) at the end stages of life perhaps because they believe that only God can determine the end of life. Then there’s Dad, a deeply devout person, who in his final days was able to let go and, and there’s President Carter, who has stated that he can accept any outcome; both doing this graciously. So, on both the world stage and in the confines of a small town, two lives have run a parallel course when we look deeply at what underlies their gracefulness.

One might assume that I am an apologist for religion. In truth, I am more like my skeptical social science colleagues. However, I am profoundly respectful of religious and spiritual people and appreciate that their beliefs are transformative in everyday life and especially in the face of serious and life-threatening disease. Also, in no way am I arguing that health outcomes are solely a function of religiosity. In the studies summarized above, the effects were statistically significant but also modest in size, leaving room for many other causes of health and well-being that should be available to everyone, especially good evidence-based medicine. Nonetheless, it is heartening to witness the spiritual graciousness with which many people, including Jimmy Carter and my Dad, have faced serious illness and life’s end.