

12. What do you consider to be significant contributions you have made in the past five years to:

a) Volunteerism in your community (100 words or less):

I spent 1983 - 84 as a volunteer consultant and group leader for Irvine Children's Educational Center, a non-profit early intervention program for developmentally delayed children and their families. In this capacity, I advised the director on staffing issues, made home visits to individual families, and through facilitation of group discussion, gave support and guidance to parents dealing with disabled children. Since January, 1985, I have served as a volunteer respite worker for Advocates for the Developmentally Disabled, taking disabled children into our home to give parents a much-needed hiatus from childcare. In addition, I have participated in the University's Speakers Bureau for the past 5 years, during which time I have given several community presentations on such topics as the doctor-patient relationship, child management, and family coping processes in response to physical illness.

b) Your professional field (100 words or less):

My primary professional contributions fall 2 two categories: 1) I consider myself to be a pioneer in terms of the integration of clinical psychology and academic family medicine; ie, helping to develop a multidisciplinary approach which encourages a humanistic perspective in medical education. I am one of very few tenured non-physician faculty in my field, and belong to the original generation of "health psychologists." Both my published writings and professional presentations have identified and explored theoretical and pragmatic issues relevant to the role of psychology in medicine. In addition, through teaching and tutorials with medical students and residents over the past 8 years, I have been able to promote an appreciation and understanding of the value of psychological, sociological, and anthropological viewpoints in achieving optimal patient care.

2) More recently, I believe my research has advanced the understanding of family coping processes, particularly as they operate in families faced with a serious illness or medical condition in one of their children. I believe this is a topic of particular importance because it can provide insight into that most basic of questions: how are individuals facing enormous physical and psychological stressors able to respond with courage and hope, and find meaning in the circumstances of their lives? I bring a somewhat unique perspective to this issue, combining a strong clinical involvement (through consultation and private practice) with a solid research orientation, reflected in over 30 refereed publications and a similar number of paper presentations at national meetings of professional associations relevant to my chosen field.

14. In the next ten years, I hope to have developed a more sophisticated understanding of my area of research expertise, ie., family coping. In particular, I am interested in moving beyond descriptive studies to intervention projects which aim at the development of model, community-based programs which can provide cost effective services to help parents successfully cope with disabilities and life-threatening medical conditions in their children. I am particularly interested in the third world applications of this concept. As an extension of these interests, I intend to write a book summarizing what I have learned as a researcher and as a clinician; and to be involved in projects introducing these concepts to underserved communities.

An additional goal is to become more of a leader within the University of California system. I am interested in moving into leadership positions (e.g., President of the Representative Assembly, Associate Dean of Women, Dean of Medical Education, Dean of Students) where I might have greater ability to influence educational policies. In this respect, I would like to become more of a spokesperson for a certain approach to physician training, ie., one which emphasizes values, ethics and physician self-awareness. Beyond this, I see myself as potentially participating on advisory commissions at both the state and national levels to influence decisions regarding research funding and the establishment of priorities in medical education.

In some respects, I see myself already as a healer of others, albeit an imperfect and "wounded" healer (cf. Asklepios, 1959). My professional ambition for the next ten years is to deepen this ability on an individual level, and to translate it to a systems level. I would like to become more adept at moving systems (specifically my own university, but perhaps other social systems as well) in an ethical, humane direction.

15. My personal goals in the next phase of my life involve deepening my spiritual life and broadening my understanding of my own religious heritage (Judaism); and rigorously exploring what implications these pursuits have for my daily life. During the process of obtaining tenure at UC Irvine, I believe I matured a great deal. I would like to extend this process of "growing up," of trusting myself to be an initiator rather than a reactor, of setting internal goals, rather than only focusing on the demands of an external system. I hope I can evolve into a model for other professionals, particularly in the field of medicine, and help identify for them unique aspects of humanistic and value-oriented leadership in an environment dominated by basic science priorities and technology. I hope to be able to deepen my awareness of myself on many levels, as a physical, emotional, moral and spiritual being. This will include encouraging my own authenticity and letting go of defenses, not for the purposes of narcissistic self-absorption, but to enhance my interactions with others.

I have recently completed a phase of my life in which the majority of my energy was confined to a fairly narrow sphere: advancement of my professional career and development of my nuclear family. I now see myself as entering a phase of life in which I can afford to focus on broader issues, and emphasize service rather than external or material success.

In the next ten years, I hope to develop the personal wisdom and grace to function as an interpersonal "healer," not in the Aristotelian sense of an unmoved mover, but rather as the most moved of movers (Stein, 1985); to be able to exert a truly therapeutic influence in any kind of relationship or situation; and to allow myself to develop increased intimacy with myself and consequently with others.

15. (cont'd.)

Finally, I hope to continue to deepen and cultivate my marriage of sixteen years, and to raise my children in a tradition of intellectual inquiry combined with compassion for their fellow human beings.

16. Growing up as the eldest of 3 children, with an often sickly mother, I learned quickly to be a mediator, conciliator, and sometimes authoritative figure to my younger brother and sister. As a child, my father wanted me to be a judge, because he felt I was fair-minded, reasonable, intellectually acute, and could maintain a compassionate perspective no matter what the outcome. I believe I am still characterized by these qualities. I have always been interested in "what is right," and growing up in the era of the civil rights movement and Vietnam, had plentiful opportunities at an early age to explore the often agonizing choices implied by that commitment. Now, tempered somewhat by the passage of time, I still find myself preoccupied with the question of living purposively, with trying to understand and express through my behavior "the leading of a good life." At the same time, while I have strong beliefs, I believe I bring a balanced approach to issues: I am a pragmatist as well as an idealist.

Basically, I believe in the responsibility of one human being to another, the importance of commitment in life, and the supreme value of self-awareness and understanding. I value the personal, the individual, the idiosyncratic. I value complexity, ambiguity, and uncertainty. I value caring, compassion, and risk-taking. I value the process of human beings connecting fully and completely, one-to-one, group to group, or nation to nation. I value the potential for all these things and more in the human animal, and therefore I believe strongly in educational and political processes which will allow humankind to survive and flourish. I especially value children - "imperfect" children, "gifted" children, average children, neglected and abused children - because within all of them are the seeds for developing the dreams the adult world will never completely fulfill. I would like to believe I am also a hopeful person, not in the sense of being insensitively optimistic, but in the sense of being confident in the value of moral striving. I hope I am also a humorous person, appreciating the ironies of life, and happy not to take myself or others too seriously.

If I had to summarize my life, I hope I could honestly say that it was a life about love and courage, and letting go of fear. This psychological attitude is one which I believe to be of great importance, both in terms of the doctor-patient relationship, and more broadly, affecting the survival of human civilization. I am immodest enough to believe I know something about how to develop this attitude in myself and in others.

At this point in my life, having considerable skills and training in terms of being an effective people-helper on an individual and family level, I would like the opportunity to contribute this perspective on a broader social level. I feel I am well-positioned in the University of California to be influential in terms of promoting my own ideas and values. As vice-chair of my department, I am regularly called on to participate and provide direction in decision making situations, both within my department and within the university. As Director of one of the more well-established behavioral science programs in Family Medicine, I believe I have developed considerable expertise regarding multidisciplinary training in family medicine which has been recognized both within my university and on a national level. As a tenured professor, I bring a certain authority to

16. (cont'd.)

various professional contexts involving family medicine. Thus, from several professional perspectives, I feel I am already able to command attention and exert influence. The Kellogg fellowship would enable me to further enhance and effectively utilize these opportunities.

17. Today, the demand for ethical reflection in all walks of life is, on the one hand, more insistent; yet often it seems to receive less and less attention. In the rapidly changing world of medicine, new techniques and possibilities offer few rules or precedents; often society finds itself making decisions with little or no awareness of their ethical implications; and this appears particularly true in the field of health care.

Increasingly, I see medical education demeaning and devaluing that which cannot be objectively measured. As Leon Kass has observed in his book Toward a More Natural Science, there is a discomfiting trend in medical practice and education to give excessive control to a narrowly defined scientific perspective. It is clearly critical to make ethical issues and ethical thinking accessible to physicians. However, I think for most physicians, ethics as a field appears obtuse and overly theoretical.

I am particularly concerned with clinical ethics, or the identification, analysis, and resolution of moral problems that arise in the care of the patient, including such issues as quality of life, patient preferences, familial and economic considerations, and indications for intervention. How are physicians trained to make decisions in such matters; and even more importantly, how are they trained to take into consideration their own humanity and the full humanity of the patient? The doctor-patient relationship is a person-to-person encounter, an I-Thou encounter in Buber's terms, which imposes stringent moral demands on both patient and physician. Yet this moral imperative is rarely more than superficially addressed in physician training.

For example, much can be learned by identifying the value judgments inherent in the language and concepts of medicine. By way of illustration, it is common and comfortable to think of the physician as a highly trained scientist; it is less common, and certainly less comfortable, to think of the physician as a "wounded healer" (K.C. Asklepios, 1959), capable of being profoundly moved by the patient's suffering. Yet it is precisely this dimension which needs further incorporation into medical training.

I have come to believe that health care in the United States is at a critical juncture; and that the emphases and priorities we set in medical education now will determine the nature of the healing relationship in years to come. In particular, I am concerned that issues of ethics, values and personal awareness are increasingly taking a back seat to technology, bioengineering, and economic pressures. Unless this situation is changed, we will end up regarding health care as a commodity, patients as sophisticated machines, and physicians as highly skilled technicians.

Because of this concern, I am interested in exploring policy issues in medical education, both as they are set at the national level, and as they are translated regionally. In particular, I am interested in acquiring a better understanding of bioethics: what issues currently face us; how are they perceived from the scientific and the humanistic perspectives (C.P. Snow's "culture gap"); and how are they addressed in terms of educational curriculum.

17. (cont'd.)

I acquired this concern in an empirical fashion. The more time I spent in a medical institution, the more I realized that my priorities and teaching style differed significantly from that of my colleagues. I also realized that I had little chance to correct this imbalance through my own efforts alone. Yet, as my self-confidence as a teacher increased, and the more I learned about successful human coping from my research and the research of others, I became convinced that physician self-awareness, the ability to sift through difficult ethical dilemmas, the willingness to extend compassion and respect to patients were not peripheral topics, but central to the core of medicine. Indeed, I believe these qualities are really central to the core of being human in a full and complete sense of the word. I believe that, knowing myself much better than I did ten years ago, what I can most uniquely offer my university and the larger society, is some insight into how to approach life's challenges courageously and compassionately. By positioning myself to do so more effectively and more broadly, I would simultaneously be fulfilling my most important personal and professional goals.

Several points of view are relevant, indeed indispensable, in terms of developing a comprehensive ethically-oriented approach to medical education. Clearly, such a project involves the study of the disciplines of psychology, sociology, religion. Just as clearly, it involves familiarizing oneself with the perspectives of clinical medicine and basic science. Political and economic issues are also implicated, since what often is in question boils down to issues of dollars-and-cents. In addition, some familiarity with the field of philosophical ethics would be indicated. Finally, what are the consumers' perceptions, those people whose daily lives are ultimately and intimately affected by medical education issues? Only interdisciplinary, broad-based solutions to the complex problems confronting medicine today are available to us. Less than complete understanding of ethical and value-oriented issues will inevitably lead to short-sighted and fragmentary problem-solving.

I believe the expertise I would acquire from this fellowship would prepare me to achieve much more effectively the professional goals outlined earlier. For example, I believe I would develop improved skills as an institutional leader, and expertise as a spokesperson for bringing multiple perspectives to critical health care policy decisions. My skills as an educator of physicians would also be significantly enhanced and broadened.

Further, The Kellogg Fellowship would provide me with the opportunity to explore in a systematic fashion issues of ethics and values in my personal life which up until this point have been dealt with in a desultory manner, sandwiched in between the demands of my professional career and my family. Like anything, the development of a moral being requires energy, time, and patience, and I am certain I would personally benefit from more rigorous and methodical attention in this area.

SPECIFIC PLAN

- * Visit major centers of bioethics: Hastings Center, Kennedy Center to identify major ethical issues and potential ways of addressing them clinically and educationally.
- * Visit innovative medical educational programs (New Mexico, Oklahoma) which integrate ethical, value, personal issues in their curricula.
- * Complete a basic bioethics reading list, including supervision by leading bioethicists.
- * Participate in a University ethics committee, to learn firsthand what sorts of issues arise and how recommendations are reached.
- * Visit Mother Theresa, to study how a moral, spiritual perspective is integrated with pragmatic realities.
- * Study with Norman Cousins, to learn about the human capacity for healing.
- * Study the life of Albert Schweitzer, to better understand his capacity for strong moral leadership within a healing context.
- * Interview leading bioethicists, notable representatives of the scientific community, deans of prominent medical schools and ordinary patients to determine **a)** what are their beliefs, perceptions, expectations for the doctor-patient relationship **b)** what expectations do they have for the healing process **c)** how do they go about making decisions involving clinical ethics **d)** how do personal values, attitudes, and beliefs enter in to all these processes?
- * Organize a multidisciplinary conference, which attempts to narrow the gap between the scientific and humanistic cultures, by promoting dialogue among professionals and laypersons representing a variety of disciplines and viewpoints.
- * Learn Spanish, to be able to examine better the cross-cultural expression of these issues.

Measures appropriate to the assessment of the success of this learning plan might include the following:

- 1) Evaluation of my degree of involvement in policy-making administrative positions within my community and/or professional institution.
- 2) A written document summarizing suggestions and directions for medical school curricula, which focuses on the introduction of ethical decision-making, values and technology issues, and the promulgation of self-awareness.
- 3) A written analysis of both the content and process of bioethicists, scientists, and the public regarding doctor-patient interactions, the healing process, and ethical decision-making.
- 4) A videotape series demonstrating various forms of doctor-patient interaction and medical decision-making, to be used in resident and medical student training.

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DEPARTMENT OF PSYCHIATRY AND
HUMAN BEHAVIOR
CALIFORNIA COLLEGE OF MEDICINE

IRVINE, CALIFORNIA 92717

November 21, 1986

Kellogg Foundation
Fellowship Program
W.K. Kellogg Foundation
400 North Avenue
Battle Creek, MI 49017-3398

Dear Sir/Ms:

I am writing in support of the Fellowship Application of Dr. Johanna Shapiro whom I have known for eleven years in various professional collegial situations.

Dr. Shapiro came to this university nine years ago and has advanced up the academic ladder very well. As is obvious from her report and curriculum vitae she has been a very active academician in spite of being an equally active mother of three children. She has published over 30 articles and has moved into various leadership roles within the university system. Among these positions it should be noted she is Vice Chair of her department. She seems to have grown and matured well during these years and to be well fulfilling her evergrowing responsibilities.

However perhaps even more important than her academic accomplishments are Dr. Shapiro's personal qualities. She is a concerned compassionate teacher and therapist whose concerns go beyond the confines of academia to an interest in global issues and human welfare. Her deep religious beliefs permeate her lifestyle and she attempts to bring an active compassion to her students, patients and research subjects. Personally I regard these qualities as among the most important, though usually under-appreciated, for teachers and therapists.

I hope you're able to offer fellowship support.

Sincerely,

A handwritten signature in cursive script that reads "Roger Walsh".

Roger Walsh, M.D., Ph.D.
Professor of Psychiatry and
Social Sciences

RW:b1

bcc: J. Shapiro

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101 CITY DRIVE SOUTH
ORANGE, CALIFORNIA 92668

December 10, 1985

Kellogg National Fellowship Program
W. K. Kellogg Foundation
400 North Avenue
Battle Creek, MI 49017-3398

Dear Sirs:

RE: JOHANNA SHAPIRO, Ph.D.

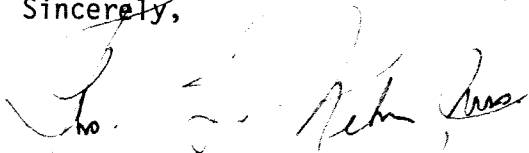
Dr. Shapiro is in many ways a remarkable and unusual faculty person at this medical school. I have followed her career closely from 1978 to August of this year, during which time I was Associate Dean for Academic Affairs in this medical school, as well as interacting with her as a professional colleague - a pediatrician with a special interest in developmental disabilities and the chronically handicapped child. From my knowledge of her, I recommend her for your fellowship program with much enthusiasm.

One of the remarkable attributes of Dr. Shapiro is that she has juggled the responsibilities of being a research scholar, a teacher, an effective therapist for patients, a mother to three children, wife in what appears to be a very happy marriage, and a highly regarded friend and colleague to many of her fellow faculty. She has performed this remarkable juggling act in such a way that she seems to be successful in all of her roles. I have been especially in a position to observe very closely and critically one of these roles and that is her role as an academic scholar. In fact, over the last eight years, I have been sort of a mentor for her scholarly role in an institution and setting in which academic scholarship is highly valued. Many of her fellow assistant professors with much fewer distractions have fallen by the way side while Dr. Shapiro has persevered and achieved. Even in this medical school setting in which the "hard" sciences of molecular biology, physiology, immunology, etc. are valued more than the behavioral sciences, she recently achieved promotion to Associate Professor and tenure.

Dr. Shapiro is an extremely bright, warm and giving person. I believe that she may well be the most unselfish person that we have on our faculty and it is this quality that has made her a warm friend and non-threatening colleague to practically all of the members of the medical school community who know her.

There are many other things that I could say positively about Dr. Shapiro especially in the importance of her recent research having to do with coping strategies in families with chronically handicapped children. However, I have tried in this letter to point out several of her qualities which I believe make her a very desirable candidate for one of your fellowships.

Sincerely,

A handwritten signature in cursive script, appearing to read "Thos L. Nelson, M.D.", written in dark ink.

THOS L. NELSON, M.D.
Associate Dean

Enclosure

TLN/ap