

The essence of spiritual care in health care

“Of candle flame there is a dance that shapes the hand into a shield.”
On the essence of spiritual care in health care

Lecture by

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On translation & metaphors

In translating a poem for you I ended up with a poem that in English is twice as long as the original Dutch. Things change in translation. That is true of poetry. That is true of spirituality. Speaking of spirituality within the context of a particular religious tradition is different than from speaking of spirituality and religion in a broader sense. It is yet another step to speak of spirituality in a non-religious, humanistic or atheistic way. It is still another step to speak of the uses and functions of spirituality in health care. The terms can be so different that it is not always clear what is intended in the translation, which meanings are maintained and which laid aside or lost.

“The essence of spirituality in health care” is not a title I would have thought of myself. However, it is provocative in a helpful sort of way. For the question will immediately be asked, “The ‘essence’ for whom?” “Whose spirituality is being talked about and in what cultural, social, religious or non-religious context?” “In relation to which personal experiences?” “In relation to which understanding of health care?” “Spirituality? Or spiritualities, in the plural?”

It might seem like those are sceptical questions. How can anyone say anything meaningful about the essence of spirituality with all the varieties of form and context and individual preference? I do not, however, mean to be sceptical. I mean to be searching. For it is in asking such questions, time and again, that we can come nearer to the essentials of spirituality, and of health care.

I can obviously not provide an ultimate understanding of the essence of spirituality, even if confined to the context of health care. But neither do I opt for a thoroughgoing individualistic approach. What I hope to offer, besides a translation of a poem, is an approach, a way of questioning, a possible insight into the structure of spirituality, how it seems to me that spirituality works and how that relates to what care is. I hope to illustrate that with an image from the poem.

Reveals this not the trembling fear
that dwells within our troubled hearts,
that one of us in kind so near
from life defenselessly departs.
On glass there is a radiance
that makes the blower pause and yield.
Of candle flame there is a dance
that shapes the hand into a shield.
How meek the powers that prevail,
like crocus cracks the concrete slate.
How precious is the human tale,
as fragile be the human fate.

Verraad ons aller angst zich niet
in wie het leven weerloos liet?
De glasglans stemt de blazer mild.
De kaarsvlam vormt de hand tot schild.
De krokus wijst beton zijn grens.
Hoe kostbaar is een kwetsbaar mens.

Okke Jager

I want to direct attention to one sentence of the poem, "Of candle flame there is a dance that shapes the hand into a shield." Or more literally translated: "The candle flame shapes the hand into a shield." What happens when this sentence is taken to be metaphor of care: a candle flame that shapes the hand into a shield? One might understand the hand as a helping hand, the hand of a caregiver. The candle flame one might take to be a patient, a client or resident, frail, vulnerable, languishing, at the point of being extinguished, withering in the wind.

If that be the metaphor, the hand as image of the helper and the flame as image of the patient, then attention needs to be paid to the grammar of the sentence. What is the subject of the sentence? Who is acting upon whom? The subject, the actor in the sentence is not the hand of the helper, but the flame in its frailty and vulnerability. It is not, in the first place the hand that acts, that does something, but the flame. The flame shapes the hand. The initiative lies in the flame. The hand lets itself be shaped. And in letting itself be shaped, in letting the flame be the primary actor, in allowing the flame to be the subject who acts, the hand offers protective and effective care.

What happens when the image of hand and flame is taken to be a metaphor of spirituality? The flame could be understood as a source of warmth and inspiration, passion and compassion. The hand becomes one who warms himself at the fire, who lets herself be shaped and transformed into a receptive, caring person.

In both cases, as a metaphor of care and as a metaphor of spirituality, receptivity plays a central role, the receptivity for something or someone other. It entails being moved and shaped by that other, being spoken to and transformed by an other.

Care & spirituality

How are care and spirituality related? They basically grew up together. Spirituality and care practices were both born and raised in religious and humanistic traditions. The first hospitals were run by persons of religious orders. In the mean time care and spirituality have grown up and gone somewhat different ways. Their relationship seems to have changed. They are not always on speaking terms in a formal sense. They do still share some basic questions. How do I relate to the fateful circumstances of life? What role does vulnerability play in life? Or power? What does it mean to receive care? Or provide it? What is self care? How do I relate to another person in caregiving? Those are questions of care, but at the same time fundamental existential and spiritual questions. And so care and spirituality share some basic vocabulary and characteristics: listening, relating, tuning in, being touched.

What is spirituality? More than a hundred years ago the American psychologist and philosopher William James wrote about the varieties of religious experience, turning attention away from religious institutions and teachings and focusing on individual religious experience. In the terms we use today one might say he focused on spirituality, lived spirituality. Is that spirituality then, the feelings, acts and experiences of the individual, as James put it? In our time many have wanted to contrast the authenticity of individual, spiritual experience to the institutional and traditional forms of religion.

Similarly we could ask what care is. Is care hospitals and care institutions? No, we might be inclined to say. Care is a lot more than that. Care is a relationship, an attitude. It is an act of attentiveness in putting flowers in a vase, in washing a fellow human being, in seeking conversation with someone who is confused. Likewise, spirituality has to do with attitudes, with ways of looking at things, with the questions that are asked, the recognition and the freedom that are given.

We do need to be careful here. We do know that institutions can be a problem, whether care institutions or religious. They can get stray from their intended purpose. They can serve their own ends. They can be counterproductive or even corrupted. Is the answer then to individualize care? No, the answer is to create better care institutions where humans of flesh and blood and heart and soul are the measure of good care. Likewise we can ask: Is it better to actively individualize spirituality? No, the answer is to better understand how people find new sources for spirituality, hopefully renewable sources, how they mix old forms and new forms together, find new freedoms and create new dependencies, put new wine in old wineskins and old wine in new. The religious and spiritual situation in which we live is very fluid and transitional, but I do not think we are as individual and authentic as we might like to think we are. Both are true: “the times, they are a changin’” and “there is nothing new under the sun.”

Again, I do not mean to be sceptical, just careful. Care is a lot more than institutions but we need to remember to be thankful for the institutions and the practices of care that we have developed. What a great cultural and ethical achievement, what a tremendous spiritual achievement it is, the very fact that we do provide effective health care for the sick, care for the disabled, professional assistance to the mentally confused or limited, aid for the elderly. Likewise, spirituality is more than religious institutions and spiritual traditions, but we are indebted to those traditions for the development of care institutions. And where would we be spiritually without places and times of gathering for religious and spiritual and humane purposes?

Receiving & giving: Anthony & Barbara

For a number of years I worked as a chaplain in psychiatric care, on the grounds of a large mental health institution. That is where I met Anthony and Barbara, two residents in long term care. Barbara sat in a wheel chair. Anthony pushed her. I thought that was very kind of Anthony to care for Barbara, another resident, by helping her get around. I was wrong. It was Barbara who cared for Anthony. Anthony hardly dared to leave his room, let alone venture into the outside. But Barbara took him along, out into the great outdoors. She offered him protection behind her wheel chair, company along the way and direction for his daily life. I thought I had seen that Barbara was dependent, but it turned out that Barbara could get around in her wheel chair without Anthony. I had to change my perceptions. I had to pay more attention to the vulnerability of Anthony and to the power of Barbara.

Life, the saying goes, is give and take. But life begins with receiving. A person receives a lot more in life than he or she can give. In care situations, and institutions, the roles are generally clear. The one person gives; the other receives. The other *has* to receive. There is a lot of moralism in care giving. “You are going to have to let others help you.” “You have to learn to accept your illness, or your handicap.” “You are going to have to learn to live with the consequences.” The care provider has to help and the care receiver – whether one wants to or not – has to let others help her, or him.

Do those who are caregivers get around to asking someone, “What does it mean for you that you have to be helped?” Or asking the question, “Could you explain to me what receiving is?” Or to put the question to oneself, “What does this person need to allow me to help him?” “What does she need to be able to say what she feels?” There is an expression from feminist theology about listening another person to speech. It is about listening in such a way the other feels free and encouraged to say what she is feeling and what her concerns are.

That is good care, that two people, a helper and someone needing help, receive each other, welcome each other, offer each other hospitality. ‘Hospitality’ is a key term in spirituality and it is also a key to good care. Many have learned that it is more blessed to give than to receive. But receiving is generally a

lot more difficult, especially for care givers. It's one of their handicaps. Receiving another person is the best thing one can give the other person.

Receiving is a critical and confronting activity, for a care giver, but also for a care receiver. One gets to see the other person's beauty, but often his ugliness as well. One experiences her power but also her nakedness. One experiences his weakness, but also stubbornness. One learns not to pin another person down in her receiving role, but to see and respect and receive her in her giving role. One looks for another's dignity, something that is not always visible at first sight.

A brief excursion on care ethics & attunement

The name care ethics originally referred to a politically oriented understanding of the fundamental significance of care in human existence. Joan Tronto is the one who formulated four key phases of care:

- *Caring about*, paying attention to care needs.
- *Caring for*, taking responsibility for care.
- *Care giving*, including the proper competence to do so.
- And from the perspective of those cared for: *Care receiving*, being open to care.

Care about others, care for others, care giving and care receiving. What is implied and involved in this whole process but is not explicated in these four points is this:

- *Care tuning*, sensitivity to care needs and receptivity, openness to reciprocity.

The tuning of care to the specific person and need and situation requires no less receptivity in care on the part of the helper than on the part of the helped. There is a lot to be done in caring, in care giving, but what is to be done and how it is to be done requires fine tuning, sensitivity, receptivity. Otherwise the receiver of care only has a passive role and is effectively only the last link in a chain of helping activities that may hurt as much as they help. The receiver becomes an object of care, rather than a subject of his or her care process.

Wheelchairs & perceptions: Carol

It is interesting what a wheel chair does with our perceptions of others. Well known is the phenomenon that those who pass by will talk over the head of the person in the wheel chair. They may say something about the person in the wheel chair but they address the person walking behind it. They will talk to Anthony and frighten him to death instead of speaking to Barbara who would enjoy a conversation.

Carol was a colleague of Barbara. She was a wheel chair rider and a good one, too. She was also a gymnast who could do somersaults in the rings. Carol always arrived too early, wherever she went. As a result I often had the opportunity to have a conversation with her. I am rather tall and Carol sat a bit drooping over. It was difficult to make eye contact with her. I thought I would squat down and get on her level. That seemed logical to me. "Stand up!" she snapped at me. "I am not a child." I had wanted to give Carol my nearness, come close, get at the same level, but it did not feel like the same level for her. She had different ideas about dignity and equivalence.

I had to reshape my thinking and my acting, if not so much my idea of dignity, at least the way in which I tried to express it. It affected my physical bearing that had a different meaning for Carol than for me. I wanted to give her my nearness, closeness, but a hand is only a shield if there is sufficient distance, if there is some intermediate space. Otherwise either the flame is extinguished or the fingers get burned.

There can be no receiving and no real giving without that intermediate space, no hospitality without dignity.

Intermediate space

One might be tempted to think that respecting an intermediate space is primarily a challenge for those who provide physical care, for those who literally touch others. But it is just as much a challenge for those in psychological and spiritual care. And the challenge gets bigger in a health care system that becomes more and more standardized, in which there is not even enough time for effective observation. That means that there is not enough time to really look at and see the person entrusted to one's care. There is no intermediate space. There is no intermediate time.

That is when professionals are needed, but often too much is expected of them. Things are different in different countries, but care professionals in the Netherland are expected to provide the best possible, evidence based care that is of bench mark quality, with ethical reflection, narrative orientation, experience direction and spiritually sensitivity, all within the limits of budget reductions, and with measurable results. Who measures what all that means for those professionals? Who asks whether their original, perhaps spiritual, motivation to work in a care profession still finds expression in modern day care factories? Where is the intermediate space and time for professionals themselves?

The temptation, or the pressure, to only do what is required and no more is great. That is the influence of the market but not the measure of human en spiritual care. The hand is pre-formed, pre-shaped and the flame has to conform. The inner flame as well. Professionalism in care en managing health care is first of all to ask the question, "What is care?" "How do we relate to each other in our care practices?" "Is their intermediate space and time?" Those are questions of a spiritual quality.

Spirituality as a quality of care

I am quite aware that health care today is interested in measurable results and describable procedures. That has, nevertheless, not been the focus of my presentation. What I have tried to do is look behind the health care processes and procedures at what moves and motivates care and how that is related to spirituality. The other work of actualizing assessing spiritual needs of patients and relating them to health care objectives needs to be done.

One of the ways of doing that, however, is to pay attention to the receptivity of patients themselves as a clue not only to their spirituality, but also to their basic needs in health care and to the ethical decisions they make. How are people receptive to nature and natural processes? To technology? How do they fear, defy and actually experience suffering? How do understand human dignity? How do they receive those around them? Is there any reciprocity? Those are basically spiritual questions that affect how people endure their illness or handicap, how they endure all the ins and outs of health care, how they come to ethical and existential choices. It is not just a matter of what people think or think that they think. It is not just a question of their options and choices. It is all relate to their fundamental receptivity. To what do they open themselves and what do they close out. That often says more about their spirituality, but also more about their behavior and ability to relate than anything else. Being attentive to the receptivity of others provides significant clues for the communication and cooperation on good care.

Spirituality is a basic quality of health care. And it works in two ways.

1. Spirituality, having an eye and an ear for spirituality, provides access to the questions and yearnings of patients, clients and residents with respect to their vulnerability and woundedness as well as their resources and vitality, to their feelings of abandonment or support, to their identity in their new role as patient or resident, to their dignity as precious and fragile persons. Spirituality enables caregivers to see people in their vulnerability and dignity.
2. Spirituality promotes personal hygiene and sanitary procedures for health care professionals. How does one relate to another person? What is one's motivation and inspiration, and how does it play a role in one's daily work? What affects a caregiver and what does not? Can one provide care that is not only technically correct and ethically responsible but also personally pure and spiritually sensitive?

Spirituality is not something that needs to be added to care, just one more thing on the check list, although it should be on the check list. More fundamentally, spirituality is a quality of care, a basic skill and capacity. The question is what quality it possesses, if it is characterized by receptivity. Is it such a quality that it gives a sort of radiance to our care practices?

A definition of spirituality, or of care, a description of their essence, is not what I have to offer you here. Nor an instruction on how to do spiritual care in health care. Fortunately there are other speakers to follow who can say things about that. Nor have I touched upon explicit forms of spirituality, like religious gatherings, chaplaincy referrals or multicultural care. Those are important issues because commercial interests and standardization affect those forms of care as well. There is a lot to be said about that, but that is not the place to start.

The place to start is at the basic questions of care, how we understand care, whether spiritual care or health care; what is the nature of a care relation; how spirituality and paying attention to receptivity can direct us to the heart of care. Spirituality cultivates clarity in care communication, facilitates hygiene in care relations. Spirituality shapes us in terms of receptivity. Spirituality helps us to shape care to the vulnerability and vitality of those entrusted to our care. Spirituality promotes intermediate space and time that respect the dignity and humanity of persons in providing and receiving care. That is essential enough.

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