

Introduction

“I know that this is important, but I really can’t picture myself doing it.”

The warm morning sun, along with fresh-roasted Vera Cruz coffee, took the chill out of the air as we sat together in a small outdoor plaza. A circular fountain muffled the sounds of passing cars; craggy mountains were striking against a blue sky in the distance.

My colleague, a family physician, was speaking about her misgivings about incorporating spirituality in her practice of medicine.

“I see how prominent all of this has become...” she said, “... hundreds of articles, courses in medical schools, protocols for spirituality assessment... but it still seems daunting to have those kinds of conversations with the people I see day in and day out.”

“Tell me about a patient you have seen in recent times who has touched you in some way,” I asked.

She paused, watching a cactus wren swoop down to grab a wayward muffin fragment.

I saw an elderly man in the office with two of his middle aged children, a son and a daughter. A new patient, the first time I had met any of them. The man had had a stroke a few months before and was alert but had great difficulty communicating. His kids brought him in because he was sick... he really looked under the weather... and they were concerned about whether he was developing pneumonia.

I took care of the medical business... he was sick but didn't have pneumonia... and in this visit that was otherwise pretty matter-of-fact, I thought I saw some real tenderness in the way the son helped his father down from the exam table. I said something like “You folks really look fond of your dad... tell me a little about him.”

They immediately brightened, telling me how he had raised them as a single parent after the death of their mother and how he had always insisted on being self-employed so he would have the flexibility of being

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there for them with school and everything else that kids do. We spoke for a short time about a few more details... the dad had worked in the woods, built a modest home, eventually had a small taxi business and was known in his community as someone who would be generous and patient. The daughter concluded, "We never had very much money, but even when we were hungrier than we would want to be, we always knew we were loved."

Hearing this, the dad broke into a broad smile, too. You could see how much he cherished his children, and I think it really meant something to him to have them tell those things to his doctor. When we left the room, they all heartily shook my hand and the children said how glad they were that I was now his doctor.

"In times like those," she reflected, "I am reminded about what a privilege it is to be able to be a part of people's lives."

"I can see," I suggested, "that you already know something about good spiritual care."

HESITATION ABOUT SPIRITUAL CARE

This story is far from unique. My experience is that the health care clinicians I have known... physicians, nurses, behavioral health specialists, alternative medicine practitioners and many others... are generally aware of the rising tide of interest in spirituality in health care, but often lack a clear sense of what this might mean for them. They warm to the *idea* of spirituality in health care, but are not sure how this idea can find its way into the day to day practice of their professional work. Principally, the hesitation about spiritual care that I hear from health care clinicians takes three forms.

Time

First, some clinicians say that they are held back by *time*. The assumption is that good spiritual care requires extended conversations that take more time than the fast pace of health care allows. "I'm booked every ten to fifteen minutes all day," an internist points out;

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“How can I make the time to talk with people about their spiritual lives and struggles without ending up staying late into the evening?”

Of course, time can sometimes be an ally in providing spiritual care. The time that clinicians have to get to know someone in a health care visit, and, more broadly, the time that clinicians have to get to know people in continuity relationships can help with the development of healing relationships and the exploration of spiritual issues.

I would argue, however... and we shall discuss... that clock time does not have a necessary relationship with good spiritual care or with healing. In workshops, I sometimes ask participants to identify events in their lives where someone has touched or influenced them in a meaningful way. The stories I hear typically encompass very little time. An unforeseen reaction of charity when someone knew that they had done wrong. A word of recognition about someone's efforts out of the public eye. A comment pointing to inner resources and inviting someone to let their light shine more brightly.

Medical intuitive Caroline Myss PhD reports a dramatic story that was told to her about a patient who had made his way back from very serious depression.¹ The patient said that his healing journey really began when he had decided to kill himself. He had concluded that life was not worth the pain he was feeling and he had worked out plans to end it all. On his way to his appointed demise, he had to walk a few city blocks and found himself stopping at a crosswalk, along with vehicle traffic going the same way. A woman who was driving the first car in line stopped for him and their eyes met. She smiled. He crossed the street and she drove off, but the warmth of that momentary human contact gave him a glimmer of hope and led him to question his plans. The man later recounted that the woman “brought me back to life with that smile.” Dr. Myss' comment is that the woman “channeled grace” to the distraught man. A four-second spiritual intervention!

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Skills

The second hesitation I hear from health care clinicians about spiritual care has to do with *skills*. The assumption is that good spiritual care requires theological sophistication and specialized knowledge and training in models of spiritual assessment and intervention. “Chaplains spend years learning these things,” a social worker asks; “How can I do justice to people’s spiritual issues without that kind of background?”

Of course, spiritual care does involve skills. What do you say to a man with a life-compromising illness who tells you that God has abandoned him and he wishes to die? There may not be a single right response to this situation, but some responses are less good or better than others. Skills and approaches to such situations are learnable; perhaps this is why you have picked up this book.

I would suggest, though... as we shall also discuss... that spiritual care by health care givers is not fundamentally defined by skills and techniques. At its foundation, spiritual care by health care givers is about intention and presence. The word I typically use is “embodiment;” the way in which a healing spirit is embodied in the person and presence of the health care giver. You can have the greatest and most sophisticated spiritual skills possible, but without healing intention and compassionate presence, you are likely not to get very far with the abandoned man with the life-threatening illness.

This foundational role of intention and presence should come as good news to health care givers for two reasons. First, there are encouraging data that these things matter in the process of health and healing. Second, most health care givers have these things in spades. I find very consistently that people choose health care careers because it is important to them to make a difference in the lives of other people. The family doctor who was originally a public health nurse in a rural clinic in Guatemala and wanted to learn medicine to be able to serve people in a more substantial

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way. The medical assistant who works at an inner city clinic in the neighborhood where she grew up as an expression of giving back to her community. The physical therapist who was deeply impressed and appreciative of the care given him by an older physical therapist... now a mentor... who worked with him after a motorcycle accident.

The “origin stories” of people serving in health care often point to events that have cultivated or nurtured a spirit of caring and a commitment to healing. The system of health care, with its administrative demands and productivity requirements, may sometimes dampen this spirit, but in most clinicians, the spirit remains in at least humble form. Even among physicians who are substantially disillusioned with the medical care system, I often hear comments such as, “I really feel bitter and burned out with the superfluous things in my job, but my saving grace is that when I close the door and I’m there with a patient, I feel some of the same energy and joy in connecting with people that I did when I started out.”

I believe that affirming the compassionate values and basic people skills that health care givers bring to their work is essential in the conversation about spirituality in health care. Some of the greatest wisdom comes not from outside, but from within.

This book, then, balances affirmation and skill development. Affirmation of the values and skills that are already there, along with conversation about some specific additional approaches that can enhance the ways that health care givers provide spiritual care.

Fear

The final hesitation I hear from health care clinicians about spiritual care has to do with *fear*. Unlike concerns about time and skills, the hesitation about fear is largely unspoken. Health care givers may express some apprehension or concern that engaging in conversations about spiritual topics will take up inordinate and unavailable amounts of time, but the issue of fear runs deeper than that. I think it has to do with fear of invalidation.

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Most of us who have graduate degrees and health care credentials have been able to be professionally successful because we are good at controlling the world around us. A physician can orchestrate a multidimensional workup of a series of medical complaints and mobilize a large cast of characters to carry it out. An acupuncturist knows the subtleties of depths and qualities of pulses, which, to the rest of us, would be completely incomprehensible. A caseworker knows the eligibility criteria for various types of health care and public assistance and can work with systems to help patients take advantage of the resources that are available. All of us can generally put our personal feelings and distractions aside in order to do what we need to do.

We take pride in our abilities to know what we are doing. It is a source of validation that we know what we are doing.

Venturing into the uncertain territory of spiritual care calls this into question. An oncologist recounts,

The patient and his wife came back for the second visit after his cancer diagnosis and he said that he was so angry at God for doing this to him... and he certainly was angry. I really didn't have any idea what I could say that would be helpful... do I tell him that God really didn't cause his cancer? Do I just reflect back to him what he said? I think maybe I'd be pretty angry at God, too. The two of them left just as upset as when they came in, and that's hard to take.

For most of us, this is a painful place to be... having had the experience of not knowing what to do, and fearing that we were therefore unable to help somebody at a point of their suffering and need.

I'm not sure that fear completely goes away, and I would not make the claim that this book will enable readers to pursue spiritual care with complete confidence, comfort and assurance. After all, fear is often a fellow traveler on any journey that is worth taking. My hope, however, is that the affirmation that you already bring a great deal of wisdom to this enterprise, along with our ex-

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ploring together some additional concrete perspectives and skills, will strengthen and empower you in your own unique approach to spiritual care.

SPIRITED CONNECTIONS

The main body of this book is organized into three sections, representing three interrelated arenas in which we may bring positive spirituality into health and wellness care. They are; our *personal* spirituality as clinicians and human beings, the *clinical* approaches we pursue in supporting the spirituality of patients, and the *organizational* spirituality that is expressed in the culture and values of health care organizations.

The personal arena: Connecting with what matters to you

If the foundation of spiritual care by health care givers is about intention and presence, then our own spirituality holds utmost importance. The issue is not that we need to follow some prescribed or formal spiritual path, but rather that we need to connect with the things in our lives that matter the most to us.

We will review data suggesting that pursuing our own deepest values and cultivating personally meaningful qualities of character promote wholeness and well-being. Do you value compassion? Be compassionate. Do you value gratitude? Be grateful. Do you feel most alive when you are serving somebody else? Serve. Do you pride yourself on bringing a spirit of peace to people in conflict? Bring peace. Whatever it is that you most cherish about how you wish to live your life, it is the connection and expression of those qualities that help you to be centered and grounded. When you are centered and grounded, your presence with people... and the spirit that you bring to your work... will be palpably different from when you are not. When you are really present with people, you are already providing good, foundational, spiritual care.

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The clinical arena: Connecting with what matters to your patients

For most of us, our clinical work with people in health and wellness care is the focus of our professional mission. We may bring a variety of personal motivations to our work... a curiosity for science, a passion for leadership, a desire for financial stability, a joy in a camaraderie of caregivers... but ultimately, the work we do is focused on healing suffering people and fostering wellness and wholeness in all of us.

We will consider approaches to spiritual care in the clinical arena in considerable detail. The common theme or direction of these approaches is supporting people on their own unique spiritual journeys by helping them to connect with what matters most to them. Where does the patient in front of you find meaning and purpose? What is her life “about?” What does he hope the legacy of his life would be? What does she consider sacred? What is he really passionate about? What sustains her in hard times? Answers to such questions, as we shall see, provide a vital backdrop for patients’ choices about health practices, a template for patients’ charting the places where they will invest their time and heart, and a wellspring of wisdom and direction in adversity.

The organizational arena: Connecting with the shared energy of people working together

Organizations have souls as much as people do. Organizational soul comes by a variety of names; “spirit,” “atmosphere,” “culture,” “tone,” “environment,” and so forth. Some organizations “have it,” some do not, and the difference is usually palpable.

I suspect that you have experienced (or perhaps heard from other people) about great places to work, and experienced (or heard from others) about places where work was pretty demoralizing. Practicing in and living near the state capital of Maine, I have known a large number of state employees over the years and heard their stories about work. Occasionally I hear about state departments

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where people really believe in what they are doing... protecting a watershed, preserving a historic past, providing educational services for teenage mothers... and work together with a spirit of respect, support and joy. I hear of other state departments or units where people are predominantly putting in their time until they are fully vested in the retirement system, and where the workplace spirit seems to nurture suspicion, micromanaging, backbiting, and protecting one's own turf. Clearly, the former group of departments will support the health and well-being of employees better than the latter group, and I would bet a pair of Red Sox tickets that the former group of departments would show much better indices of productivity and organizational functioning, as well.

There is, in fact, very substantial literature in the business community about the relationship between organizational spirit and parameters of organizational functioning and success. One of the very early books in this area was "The Soul of a Business" by Tom Chappell, a narrative of the history and evolution of Tom's of Maine, the organic personal care products company that Chappell founded with his wife, Kate.² Starting from their home in Kennebunk, Maine, the Chappells built a business that was profitable but, by the late 1970s, had reached a plateau. Tom believed that something was missing, and he negotiated with his board to drop back to half time and to devote the remainder of his time to studying theology at Harvard Divinity School.

He had a blast, studying Martin Buber, Jonathan Edwards and other spiritual writers, and bringing back to Maine a new energy for integration of spiritual wisdom and consciousness in business practice. With his board, he then revisited the kind of organization they wished to lead, in terms of empowerment of employees, stewardship of the environment, and substantial engagement with the local community. The results of this undertaking, from a purely business standpoint, were striking.

So, too, in health care. There are good data in this arena, as well, as we will review. The short summary is that health care or-

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ganizations that pay attention to organizational soul... a shared sense of mission, respect and empowerment of employees, a spirit of community and caring among workers... do better than organizations that do not with respect to employee retention and satisfaction, patient satisfaction, performance improvement and process measures, and health care outcomes.

Three interlocking pieces

I believe that all three arenas are vital parts of the larger picture of spirituality in health and wellness care. Spiritual care is incomplete without attention to personal spirituality, as well as clinical approaches, as well as organizational soul. Take one in isolation... a common example being good clinical skills in dis-spirited practitioners or disempowering organizations... and the challenges of providing good spiritual care over time become formidable and prohibitive.

Stated positively, the possibilities of providing good spiritual care can be exciting in the setting of centered and grounded practitioners, with solid and practical clinical approaches, in organizations that empower staff and patients alike to bring out the best that is within them.

I tell participants in my workshops that 92 percent of the literature on spirituality and health care addresses the clinical arena, 7.5 percent of the literature addresses the personal arena, with a scattering of publications addressing the organizational arena. I confess that I am making these numbers up, but I suspect that they would come close to the actual emphasis in each of these three arenas.

In the main body of this book, we will consider each of these arenas in detail, exploring what they are, why they matter, how they interrelate, and how they may be nurtured.

POSITIVE SPIRITUALITY

What is “positive spirituality?” Is some spirituality “negative?” What does “Positive Spirituality in Health Care” mean?

Good questions. Thanks for asking.

Consider; a parent anguishes over why a loving God would visit a three year old child with cancer. A man dying of AIDS struggles to reconcile his homosexuality with his lifelong devotion to the Catholic Church. A middle-aged woman is drawn into a sexual relationship with her pastor... which she ends... and faces challenges of forgiveness and trust.

These are serious spiritual issues; challenges that call into question people’s core spiritual values about themselves, the world and, indeed, the nature of the Divine. I think that clinicians in health and wellness care can work with people around issues like these to a lesser or greater extent depending on a number of factors, such as our skills and experience, our comfort level, and the kinds of ongoing relationships we have had. Often, however, people struggling with issues such as these can be best served by spiritual care professionals such as chaplains, spiritual directors and clergy.

“Positive spirituality” complements the journey of identifying and healing spiritual issues. Positive spirituality comes at spirituality from the other direction. The question is not “What is wrong?” The question is “What is right?” The question is not primarily how spiritual suffering and spiritual wounds can be healed; the question is more one of identifying and encouraging people’s spiritual values and resources, and bringing those values and resources to bear in people’s journeys toward health, coping, dignity and wellness.

The positive spirituality conversation takes shape along lines I have described above, and will explore in considerable detail.

- *What is your life about?*
- *What matters to you?*
- *What do you care about?*
- *What is sacred for you; what do you cherish?*

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- *What sustains you and keeps you going in adversity?*
- *What are the qualities of character that you most take pride in and try to express in your life?*

As I write this, I saw a patient this week for the first time, who described a lifelong history of abuse and mental health issues. She began the conversation with a recitation of the various psychiatric diagnoses she had accumulated... PTSD, depression, bipolar disorder, and borderline personality disorder... and then proceeded to describe the terrible physical and sexual abuse that had been visited upon her by her father over a number of years. She had had multiple suicide attempts, the most recent three years ago upon the death of a cherished grandfather. One could feel and see the weight of this suffering in her telling the story.

It occurred to me to confirm with her that she had indeed not attempted suicide in the last three years... this was the case... and to ask why. For much of this time, she said, she had been engaged in caring for her widowed grandmother, spending time with her and helping her with her own health problems, until the grandmother passed away, as well. Did my patient think that her caring for the grandmother had anything to do with her refraining from suicide attempts during this time? Yes, she believed that it did. How would she put into words what it was about caring for the grandmother that helped her to remain on this side of suicide? She paused,

I think it gave me a purpose in my life, a purpose for being on this planet.

We spoke more about the idea of “purpose” and how that had made a difference in her life; one could see and feel the weight of the suffering diminishing. This is “positive spirituality.”

Of course, she has some significant spiritual issues to address. How do you deal with years of sexual abuse at the hands of someone who should be a champion and protector? What does “forgiveness” mean and how might this at some point be a part of the journey?

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Important questions; genuine spiritual issues. But it is clear that she is more than the person who has been terribly victimized. She is also a person who has a heart of tenderness for aging grandparents, and who has made the profoundly important connection that “purpose for being on this planet” can be a vital part of her own healing journey.

Positive spirituality, in other words, affirms that people may have substantial spiritual issues and suffering, but directs energy particularly toward the spiritual values and resources that sustain and empower people as they live their lives.

As a practical matter, what I am calling spiritual “issues” and spiritual “resources” often intersect. You see both in the brief story I have told about my abused patient. We will touch on the subject of spiritual issues and suffering and consider some approaches for providers of health and wellness care, while the over-arching theme of the following chapters will be the understanding and nourishment of spiritual values and resources, in personal, clinical and organizational venues.

A LOOK FORWARD

The first three chapters of this book provide background material for a clinically-oriented perspective on spirituality and spiritual care. Chapter 1 presents some definitions and perspectives about spirituality, including an introduction to my CAMPS framework for exploring five dimensions of spiritual experience. Chapter 2 describes four reasons why spirituality is important in health and wellness care. Chapter 3 considers the nature of spiritual care, and how health and wellness care clinicians can provide great spiritual care, in partnership with spiritual care specialists. Chapter 4 examines the three arenas of spiritual care... personal, clinical and organizational... in greater detail.

The main body of the book presents nine chapters that explore the “Nine Practical Approaches to Pursuing Wholeness for Clinicians, Patients and Health Care Organizations.” Chapters 5

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through 7 consider the *personal* arena of spiritual care, exploring personal purpose, positive qualities of character, and healing intention and presence. Chapters 8 through 10 consider the *clinical* arena of spiritual care, exploring spiritual inquiry, partnering with patients in pursuing what they care about, and recurring themes of transcendence and valued directions. Chapters 11 through 13 consider the *organizational* dimension of spiritual care, exploring organizational mission and values, organizations as “community,” and empowering leadership.

Sprinkled throughout are twenty-four practical strategies for building on the ideas and case examples we will be considering. You may also think of these strategies as “exercises,” or suggestions for “active learning.”

Finally, two appendices present a dozen or so helpful websites about spirituality and health, and A Fiddler’s Dozen of Fred’s Favorite Books on Spirituality and Health Care.

May this book affirm the heart and the skill that you already bring to your work, and may we explore together some additional approaches to supporting people on their journeys toward healing and wholeness.

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