Pastoral Spiritual Care

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Mr Smidt-Jernstrom: I am going to begin by listing my three main points: First, it is possible for healing to occur (healing in the broadest sense, meaning a reintegration of body, mind, emotion, and spirit that enables one to live life fully, with a sense of equanimity), whether or not physical symptoms actually improve. Second, supporting and fostering this healing process is something you can do in the clinic setting. Finally, to provide effective spiritual support, it is helpful to reflect on one's own spirituality.

At the outset, I would like to offer a couple of definitions that may be helpful as we discuss spirituality. I often make a distinction between spirituality and religion.

Spirituality is an aspect or condition of human being, concerning:

- relationships (involving love and intimacy)
- meaning and purpose for being
- letting go of the crippling past (forgiveness)
- openness to the future; hope.

Religion is:

- a system of beliefs and formal practices that are practiced individually or in community, usually as a focus for finding meaning in life, understanding death, and maintaining hope for the future.

As a hospital chaplain, I provide spiritual and emotional support (and occasionally religious support as a Protestant Christian clergyman) to patients, sometimes to families, and occasionally to hospital staff. One of the tools I use in providing this support is active listening (listening to a person nonjudgmentally and compassionately) to try to understand that person and not necessarily to fix a problem. Another tool I use is a supportive presence; in other words, the nonverbal aspects of communicating interest and compassion when attending to another. Maintaining a supportive presence is important in any patient encounter but becomes especially important when working with someone who is struggling with cognitive impairment and who finds it difficult, if not impossible, to communicate verbally, not to mention engage in a reflective process. Prayer (and to a lesser extent, meditation) are other tools I use to provide spiritual support and to help enable a person to cope with illness or injury or sometimes dying. I work, as best I am able, within patients' belief systems, helping them to tap into their own spiritual resources.

Prayer and meditation are practices that can aid the ability to cope by enabling a person to modify the perception of a stressor. (I have a graphic image that shows the relation between prayer, meditation, and various coping behaviors.) For instance, some people have told me that in their struggles with chronic illness or pain, they have learned to "befriend" their illness or to "dance" with their pain. These metaphors seem to indicate a certain ability to cope with various stressors.

A woman I worked with recently had lymphoma. The cancer itself plus the side effects of various medical interventions left her, at times, physically, emotionally, and spiritually exhausted. Throughout her life, she had prided herself on her physical condition and appearance and so occasionally became distressed at the disfigurement that occurred as a result of the chemotherapy and the progression of the cancer. For all this, she refused to let her illness (and eventually her dying) keep her from participating in family and community life. Until quite near her death, she was attending family gatherings, grandchildren's school events, and church. She had a very deep faith that she drew upon continually for inner strength. A saying that she gave me shortly before her death is an indication of how she was able to modify the way she perceived some of the powerful stressors she experienced.

LIFE'S JOURNEY

Life is not a journey to the grave with the intention
of arriving safely in a pretty-well-preserved body,
but rather to skid in broadside, thoroughly used up,
totally worn out and proclaiming:
WOW!
WHAT A RIDE!

This coping or healing can be fostered and supported in the clinic setting by using spiritual support tools, such as active listening—listening CARE-fully, sensitively and respectfully—and attending to spiritual concerns when they are mentioned. Occasionally, a patient will explicitly mention a religious preference, belief, or spiritual concern. In that case, it is helpful to follow-up. When I talk with patients, I always listen for openings that give me the opportunity to follow-up on spiritual issues or concerns.

Some people like to take a spiritual history using one of various spiritual assessment tools. One popular assessment that has been peer reviewed and listed in medical journals was developed by Christina Puchalski, MD.[1-3] You might find this or other assessments helpful in developing your mental template and your own way of broaching spiritual issues. Good opportunities to conduct a spiritual assessment might be when a person is admitted to the hospital, or perhaps during a new patient visit, or during a medical maintenance visit.

Sometimes the presentation of spiritual issues can be complicated, and one needs to tease them out. For instance, I worked with a young woman who had ovarian cancer and who was very angry. By listening carefully and by establishing a nonjudgmental presence, I offered her the opportunity to talk about and reflect upon her anger, which in turn, allowed her to begin to understand the effects that her anger had on others as well as herself. (Editor's note: Mr Smidt-Jernstrom wrote about this in a story to be published in a future issue of *TPJ*.)

Referrals are another way of offering spiritual support. When addressing spiritual concerns threatens to go beyond the time constraints of an office visit, it may be helpful to suggest a referral to a chaplain or social worker. In addition, in the KPNW, we have health consultants to whom patients can be referred, and those consultants can link people to various groups who are open to reflecting on spiritual concerns as they relate to the patient's own illness or condition.

Finally, to provide effective spiritual support, it is beneficial to reflect on one's own spirituality. Some may be novices at that, and so I have included a short list of questions to reflect upon that can serve as starters (Table 1). They prompt reflection on spirituality in general as well as on one's own spiritual journey. ❖

Table 1. A short list of questions/discussion points for reflection

Discuss the following thoughts and questions about spirituality:
• What are some of the barriers to discussing spirituality/spiritual issues in general and/or with those you care for?
• It is often helpful to distinguish between religion/religiosity and spirituality
• Spirituality is elusive. It's not my mind or my feelings, although it's part of them. It's that part which holds together all the rest. Spirituality refers to an acknowledgment, belief, or conviction that there is more to life than the material … People are looking for commonality—for common ground.
Various ways of describing spirituality:
• Journey—with metaphors such as traveling, destination, or crossing over [a]
• The business of living—the work one has to do, unfinished or unresolved business, pride in what has been accomplished[a]
• Relationships—with metaphors for healing, estrangement, and separation [a]
• Interpersonal—issues such as fear of suffering or questions of forgiveness, shame, and guilt[a]
• We all perceive life in our own way. Difficulty arises when we cling to a world of perception as though our own perception is the ultimate reality [b]
• We all ask such questions as: Why? Why me? Why now? Questions for which there are no answers. What's required is not a seminary education but sensitivity and ears that can hear and being comfortable with not knowing.[b]

[a] Brad DeFord remarks at National Hospice Organization's annual meeting in Salt Lake City, Utah; 1992.

[b] Don Dinsmore remarks at Hospice Organization of Wisconsin annual meeting; 1993.

References

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