

Vital to the Village:
Valiantly Voicing our Unique Contributions as
Spiritual Care Providers

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Who Provides Spiritual Care? The question of who is responsible for spiritual care in the context of the interdisciplinary healthcare team is appropriate to ask when many disciplines now seek to contribute to spiritual care as a part of their mandate to offer "holistic care". The best answer to the question, who provides Spiritual Care, is that every professional discipline is responsible.

1. The Uniqueness of Spiritual Care Professionals

1.1 The Role of the Spiritual Care Professional (Chaplain) is Religiously based

Spiritual Care Professionals (SCP) are specialists. The specialized training includes conceptual, linguistic and experientially based training and expertise to communicate and work at depth with people in the realm of spirituality. SCPs draw on a basis of knowledge and experience grounded in work with patients, family and staff that includes sensitivity to both religious and spiritual needs. The SCP works to accurately diagnose the spiritual need of others while also seeking to stimulate and use for the benefit of the other person, spiritual resources arising from both within the person and from the relationship established with the SCP.

On the one hand, SCP's provide spiritual care that relies on a long history that informs the profession. This is historically religiously based. The CSP (chaplain) is automatically, and often unconsciously designated into an archetypal role where they become symbolically the "priest", "shaman", a "mediator between worlds", or a "religious person". This archetype projection contains all the transference and countertransference components of any other psychological projection. It carries the potential of both enabling and hindering the relationship the Spiritual Care Professional creates with the person. Spiritual Care Professionals can and do use this projection as a resource, creating an initial rapport of trust, leading to an immediacy of relationship. This immediacy is created as the SCP enters into the use of the archetypal role, which uniquely permits a ready access to the patient's life in matters of spiritual significance. The archetypal heritage of the Spiritual Care Professional is well established and is consistently present and at work in the relationship. This "readiness" to join relationally

with the Spiritual Care Professional is also manifest consciously. As affirmed in studies, it is indicated that as many as 70 percent of patients are aware of one or more spiritual needs related to their illness (Fitchett, Burton, & Sivan, 1997; Moadel, Morgan, Fatone, Grennan, Carter, Laruffa, Skummy, & Dutcher, 1999).

On the other hand, Spiritual Care Professionals address the needs of patients through the exercise of spiritual care. Often, beginning students in Clinical Pastoral Care will attempt to “fix” a patient situation, to help identify a problem or try and bring to bear on the situation a religious or spiritual resource made available to the patient. Rather, students often learn that the spiritual task is not to fix or move the situation towards resolution; rather the purpose is, in a very brief time, to create a *purposeful relationship*.

1.2 Purposeful Relationship

The SCP purposefully and intentionally establishes a relational environment where patients freely offer themselves to reveal that which is fundamentally most important to them. This self-revelation occurs not necessarily when asked for, but because it is purposefully sought. The reason that patients are complicit with this purposeful seeking is that they are not only archetypically predisposed, but join the movement towards the discovery of spiritual renewal implicit in the invitation for renewed life purpose as sought after by the SCP. In practical terms, the task of a SCP is to determine the parameters of patients’ needs and to assist in uncovering that which is fundamentally most important to the patient. This vulnerability of self-revelation can never be commanded outright, but is invited in a relational context of trust, faith and hope. It is in the mix of the needs as presented by the patient and the receptivity to honour and uphold these needs in the context of a purposeful relationship that invites a creative response to the presented needs.

It is noted that this creativity is not dependent on the sole experience or resourcefulness of the SCP, rather it is a mix of what the SCP brings, given who they are as person, what the patient is presenting in the moment and how the motivation of the patient for renewed spirituality intervenes or plays its part. This renewal may be expressed through the relationship between the SCP and the patient as a search for spiritual renewal and this may be received in ways unexpected for both the SCP and the patient. Yet it is purposefully sought. This is the primary task of the SCP, a task that distinguishes the SCP from other professional relationships with the patient.

Ultimately, Spiritual Care Professionals through their Clinical Pastoral Education are trained to be conscious of their personal biases, values, beliefs, etc. and are careful not to impose these on the patient. Through a disciplined self-awareness, the Spiritual Care Professional establishes a relationship of trust and mutuality that is solely for the benefit of the patient. Spiritual Care Professionals are intentional in allowing their whole person to be used for the purpose of serving the needs of the patient. Often this distinction is identified as the difference between “doing” and “being”.

1.3 Spiritual Care is Transformative in Nature

It is in this blend of initiative from a developing relationship between the Spiritual Care Professional and the patient, which enlivens and affirms the value of life, as expressed in

love and care for one another. Because the patient is seeking to address a life-related meaning question in their lives, then both are partners in the potential of transformation. Yet, transformation is not dependent solely on just the SCP and the patient. Rather, this co-creating moment, looks beyond themselves for an energy of life (some call this God) that can speak afresh to the context of life at that moment. Thus, the expectation is that a person's spirit is renewed, amidst sometimes difficult and very demanding life's circumstances, yielding a spiritual influence more powerful and significant than was ever anticipated.

Amidst crisis, illness or death, the Spiritual Care Professional uses Archetypal material along with a conscious desire to purposefully and compassionately help the other person. Through this relationship, moments where the transformative power of life are invoked because the spiritual relationship intentionally and intuitively is established and artfully calls into being that which is valued most in life, found specifically in that person, in that moment - truly a transformative moment. Through this transformative activity, meaning-making occurs. It is not just an "appraisal process" characterized by "implicit meaning", gathered from the processing of existing information, rather, it is "found meaning", a process whereby the patient's task is to fit data or events into a larger life context thus creating new meaningfulness (Thompson & Janigian, 1988).

Spiritual Care Professionals, as part of the interdisciplinary team viewing the person as an integrated whole, provide the needed language and expertise to communicate the spiritual perspectives and needs of the patient.

Drawing upon the work James Fowler and his seven stages of faith development, the patient resource often corresponds to what Fowler identifies as the 'synthetic-conventional faith'. In this stage we see the emergence of formal operation thinking which opens the way for reliance upon abstract ideas and concepts for making sense of one's world. The person can reflect upon past experiences and search them for meaning and pattern. It is at this stage that the person desires to have a personal relationship with God in which he/she feels they are known and loved.

The event of diagnosis or hospitalization can thrust them into the further stages of faith development, which Fowler identifies as the 'conjunctive faith'. This stage involves the embrace and integration of opposites or polarities in one's life. In this stage symbol and story, metaphor and myth, both from our own traditions and from others, seem to be newly appreciated. In this stage one experiences a hunger for a deeper relationship to the reality that symbols mediate. In this stage it becomes important to let sacred texts draw us into them and let them read our lives, reforming and shaping them, rather than our reading and forming the meanings of the text.

Conclusion

To "be" with a patient creates the experience of this *purposeful relationship*, which has the potential to be *transformative*, one that actually, in the present moment, creates a new meaning amidst life's circumstances and is of immediate and lasting benefit. To experience the transformative moment is a normal part of the relationship that is co-created between the Spiritual Care Professional and the patient; yet it cannot be contrived or controlled; rather it erupts within the experience. As the SCP (chaplain) intentionally joins with the person by living into the moment, the content becomes less

important and the co-creating of a new energy for life supersedes their best common objective or imagination. It is in the context of the person's life where new faith or new potential is discovered, that hope yields renewal, where the work of that which is beyond us all – the work of the spirit of life respects what is but also creates novelty and new resources to pull us toward wholeness in order to meet the demands of living or dying. As Merchant affirms, "...the heart of spiritual care is person centred, values diversity of belief an practice, and seeks to promote well being" (Merchant, Journal of the Royal Society for the Promotion of Health V.126, Issue 5, pg. 208)