

Ruth and I are delighted to be here with you.

*John*

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*Chaplains: With You on Your Journey*



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## WHAT MIGHT A CHAPLAIN TEACH A CHRISTIAN DOCTOR ?



"... John, be kind" Dr. Norman Wetterau

## WHAT MIGHT A CHAPLAIN TEACH A CHRISTIAN DOCTOR ?



- 1) Who your patient really is and who you really are
- 2) Don't think it all depends on you. Believe in the Holy Spirit. Jesus is already there with you and with your patient.
- 3) What does hearing that "Sam is really spiritual" tell you about him?

## WHAT MIGHT A CHAPLAIN TEACH A CHRISTIAN DOCTOR ?



- 4) Getting our arms around "Spirituality" and "Religion"
- 5) Knowing ourselves – and honouring those whose spirituality or religion is *very* different from our own
- 6) Chaplaincy care involves complex clinical intervention, not just doing some rituals

## WHAT MIGHT A CHAPLAIN TEACH A CHRISTIAN DOCTOR ?



- 7) If your non-Christian patient asks you to pray for him/her
- 8) Where to find good learning modules for health care clinicians on SENSITIVITY TO CULTURAL AND SPIRITUAL DIVERSITY
- 9) The wide range of factors that impact and shape a person's spirituality and practices

## WHAT MIGHT A CHAPLAIN TEACH A CHRISTIAN DOCTOR ?



- 10) What is Spiritual Distress; what are the indicators of spiritual distress?
- 11) Spiritual Assessment
- 12) When do you yourself need to do spiritual "first-aid" with the patient, and when do you need a spiritual care professional?

### WHAT MIGHT A CHAPLAIN TEACH A CHRISTIAN DOCTOR ?



- 13) Self-awareness and Non-Imposition of your own religious/spiritual/philosophical beliefs and values onto your patients
- 14) Self-care, reflective practice
- 15) Embracing your own mortality and that of your patients; being willing to talk about death

### WHAT MIGHT A CHAPLAIN TEACH A CHRISTIAN DOCTOR ?



- 16) Helping patients and families make end-of-life decisions
- 17) Hope – Can you tell the truth without undermining hope?
- 18) From “Survival” to “Meaning”: Reframing “Hope”

Who is this patient?

Who am I?

Don't think it all depends on you.

Believe in the Holy Spirit.



Jesus is already there with you and with your patient.

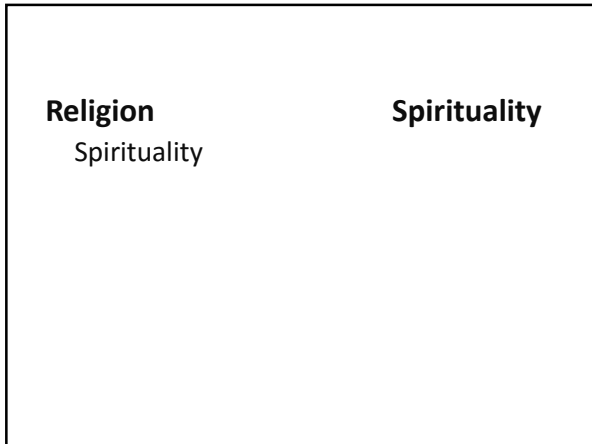


- Know who **your patient** really is.
- Know who **you** really are.
- Know that God the **Holy Spirit** is always involved in the work of healing.

“Patient Sam is very spiritual.”

How much does that really tell you?





**Kenneth I. Pargament, Ph.D.**  
Professor, Clinical Psychology,  
Bowling Green State University

**RELIGION:**  
“the search for significance that occurs within the context of established institutions that are designed to facilitate spirituality.”

<http://www.bgsu.edu/departments/psych/spirituality/page111687.html>

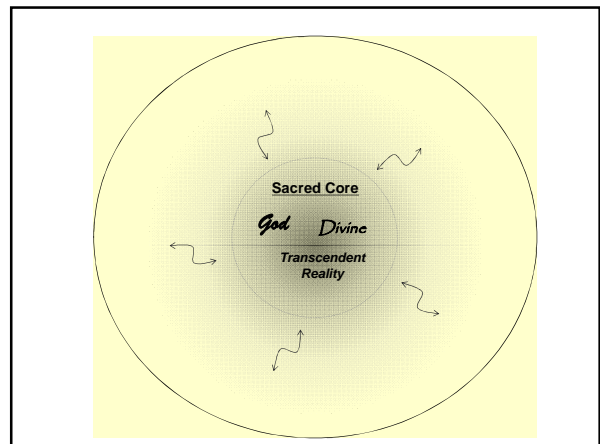
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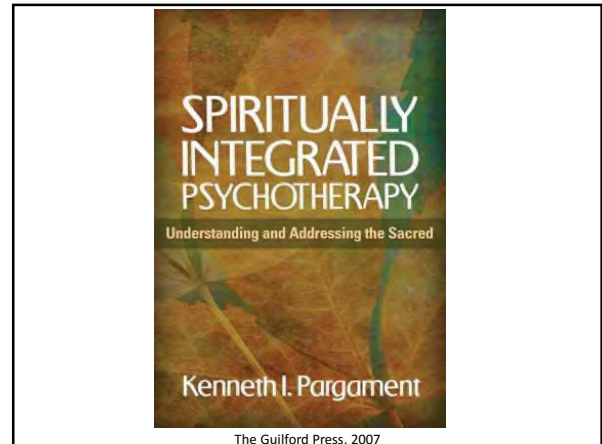
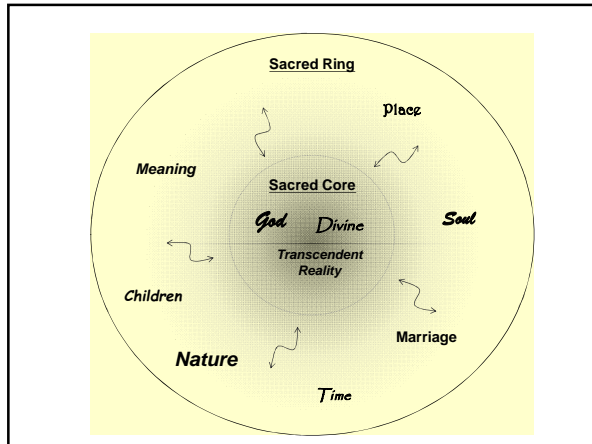
**SPIRITUALITY:**  
“the search for the sacred“

<http://www.bgsu.edu/departments/psych/spirituality/page111687.html>

**“Sacred”**

- God, higher powers
- transcendence
- immanence
- boundlessness
- ultimacy.





ANOTHER "TAKE" ON THE ESSENCE OF SPIRITUALITY

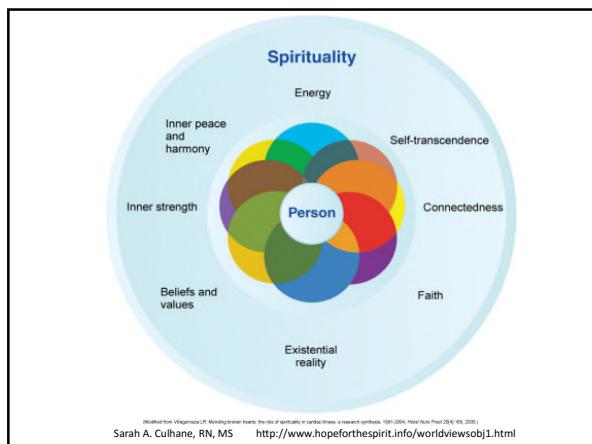
**George E. Vaillant, M.D.**  
 Professor of Psychiatry at Harvard Medical School and the Department of Psychiatry, Brigham and Women's Hospital.  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3190563/Abstract>

Activities    Senses    Aesthetics  
 Naturalists    Intellectuals  
 Contemplatives    Caregivers  
 Enthusiasts    Traditionalists

ANOTHER "TAKE" ON THE ESSENCE OF SPIRITUALITY  
 GEORGE VAILLANT

Awe, love (attachment), trust (faith), compassion, gratitude, forgiveness, joy and hope constitute what we mean by spirituality.

Spirituality is **not** about ideas, sacred texts & theology;  
 Spirituality is all about **emotion** and **social connection**.



Michael J. Sheridan and Katherine Amato-von Hemert, "The Role of Religion and Spirituality in Social Work Education and Practice: A Survey of Student Views and Experiences," *Journal of Social Work Education* Vol. 35, No.1 (Winter 1999), pp. 125-141; this material from p 131.

There is a personal God of transcendent existence and power whose purposes ultimately will be worked out in human history.	Personal transcendent & involved God	6
There is a transcendent aspect of human experience some people call God but which is not imminently involved in the events of the world and human history.	Divine dimension, but uninvolved in life in general	5

There is a transcendent or divine dimension that is unique and specific to the human self.	Divine dimension in the self	4
There is a transcendent or divine dimension found in all manifestations of nature.	Divine dimension in nature	3

Notions of God or the transcendent are illusionary products of human imagination; however, they are meaningful aspects of human existence.	God-talk illusionary but sometimes helpful	2
Notions of God or the transcendent are illusionary products of human imagination; thus they are irrelevant to the real world.	God-talk illusionary & irrelevant	1

Personal transcendent, involved God	6
Divine dimension, but uninvolved in life in general	5
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Diversity in spirituality may sometimes cause **inadvertent discrimination** against certain groups and views.

**Cruciality of spiritual self-awareness!!**

"Patient Sam is very spiritual."

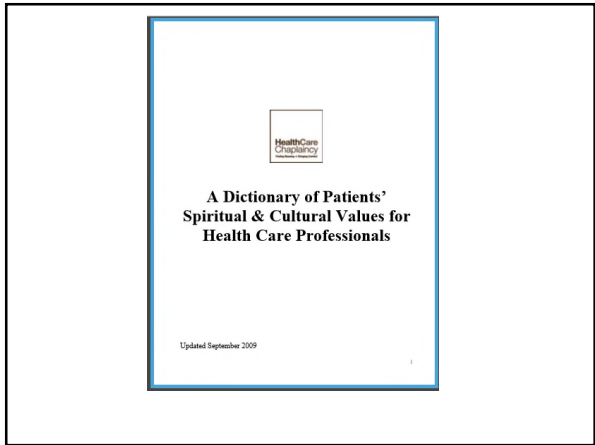
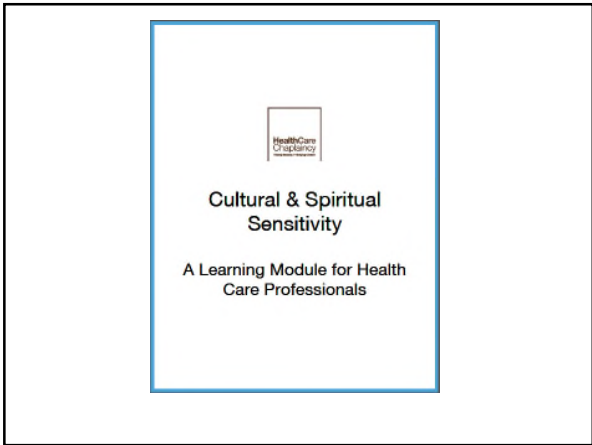
How much does that really tell you?



What is the **best resource** you have when it comes to supporting Sam appropriately with regard to his spirituality?

**ASK!!**


Chaplaincy care is an **INTERVENTION**, not just a **SERIES OF RITUALS**.





Recognizing the diverse factors impacting a person's spirituality and related practices


ETHNICITY	ECONOMICS
AGE	GEOGRAPHY
CULTURE (AND ITS DOMINANT TRADITIONS)	
GENDER	SEXUALITY
PERSONALITY	

Types of Spirituality

Head Spirituality 

Feeling Spirituality 

Mystic Spirituality 

 Concrete Spirituality

A **Spiritual Injury** is a person's response to an event caused by self, or an event beyond our control, that damages our relationship with God, self and other, and alienates us from that which gives meaning to our lives.

### Diverse Indicators of Possible Spiritual Injury

1. A spiritual concern is raised in initial assessment.
2. When we note a person struggling with questions or deep emotions.
3. Deep spiritual wrestling as presented by strong emotions.
4. Alienation
5. Anger being projected

## Major Spiritual Injury

vs

## Minor Spiritual Injury

How do I know when I need to be calling in a professional spiritual care giver and not try to do it all myself?

But **how do we tell** when a spiritual injury is "major"?

- **Severity** of the emotional reaction
- **Complexity** - those questions that are difficult to answer
- **Chronicity** - a disintegrating experience or emotion is persisting so that it has become the dominant experience of the patient.

### F.I.C.A.

- F:** Faith or Beliefs
- I:** Importance and Influence
- C:** Community
- A:** Address

[https://www.hpsm.org/documents/End\\_of\\_Life\\_Summit\\_FICA\\_References.pdf](https://www.hpsm.org/documents/End_of_Life_Summit_FICA_References.pdf)

**F.I.C.A. Sample specific questions:**

**F:** What is your faith or belief?  
Do you consider yourself spiritual or religious?  
What things do you believe in that give meaning to your life?

**I:** Is it important in your life?  
What influence does it have on how you take care of yourself?  
How have your beliefs influenced in your behavior during this illness?  
What role do your beliefs play in regaining your health?

**F.I.C.A. Sample specific questions:**

**C:** Are you part of a spiritual or religious community?  
Is this of support to you and how?  
Is there a person or group of people you really love or who are really important to you?

**A:** How would you like me, your healthcare provider to address these issues in your healthcare?

**H.O.P.E.**

**H:** Sources of hope, meaning, comfort, strength, peace, love and connection

**O:** Organized religion

**P:** Personal spirituality/practices

**E:** Effects on medical care and end-of-life issues


AMERICAN FAMILY PHYSICIAN,  
JANUARY 1, 2001 / VOLUME 63, NUMBER 1, 81-88.

**Fitchett 7 x 7 Model for Spiritual Assessment**

Holistic Assessment	Spiritual Assessment
Medical (Biological) Dimension	Beliefs and Meaning
Psychological Dimension	Vocation and Obligations
Family Systems Dimension	Experience and Emotions
Psycho-Social Dimension	Courage and Growth
Ethnic, Racial, Cultural Dimension	Rituals and Practice
Social Issues Dimension	Community
Spiritual Dimension	Authority and Guidance

George Fitchett, *Assessing Spiritual Needs* (Academic Renewal Press, 2002)

**Self-awareness** about your own religious/spiritual/philosophical beliefs, and how your own religious/spiritual/philosophical beliefs affect your behaviours toward patients you serve.





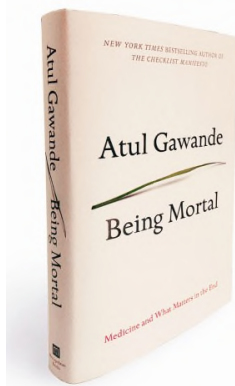

Embracing your own **mortality**  
and that of your patients.

### DISCUSSION AROUND TABLES

**“What is hope?”**

**“Can you or I give someone hope?”**

**“How do medical people either help or hinder when it comes to patients having hope?”**



Doubleday, 2014

**“If you had one piece of advice you could give all of us about how we should think of our impending old age, what would that be?”**

**“You need to understand that wellbeing is more than just health and survival and safety in your life. We know that already, but it’s OK to insist that our doctors and our institutions know that and respect that as well. I think that is the most important thing.”**

-from bonus interview at end of Audible version of the book.

**“We did little better than Ivan Ilyich’s primitive nineteenth-century doctors — worse, actually, given the new forms of physical torture we’d inflicted on our patient. It is enough to make you wonder, who are the primitive ones?”**

<http://ideas.ted.com/death-and-the-missing-piece-of-medical-school/>

**“Tell me what you think has been promised to you, and I will tell you whether you are capable of hoping or are enslaved to your wishes.”**

Paul W. Pruyser, “Maintaining Hope in Adversity.” *Pastoral Psychology* Vol. 35.2 (Winter, 1996), pp. 120-131.

**More on “What is HOPE?”**

**Dr. Robert Buckman**  
*How to Break Bad News: A Guide for Health Care Professionals* 1992  
*I Don't Know What to Say: How To Help And Support Someone Who Is Dying* 1996  
*Cancer is a Word, Not a Sentence* 2005

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***Facing the facts is not the same as abandoning all hope.***

**The Many Facets of Hope**

THING HOPED FOR	ACHIEVABLE	
	Yes	No
Having a general understanding of the medical situation	✓	
Being able to ask some questions about what's going on	✓	
Good control of symptoms, including pain	✓	
Not being abandoned by your doctor and medical team	✓	
Keeping your friends	✓	
Help when you're feeling overwhelmed	✓	
Not putting people off when you're feeling low	✓	
Planning for family, kids, finances, etc.	✓	
Not being ruined financially	✓	
Having some input into the decisions	✓	

NOTE (NOT FROM BUCKMAN): People of faith might add:

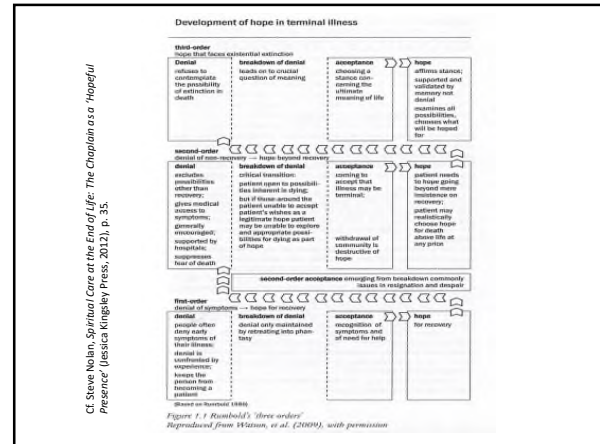
God has promised to be with me through this experience.	✓	
Death will not have the last word. There's more! And it's <u>good!</u>	✓	

Pamela R. McCarroll, ***The End of Hope—the Beginning: Narratives of Hope in the Face of Death and Trauma*** (Fortress Press, 2014)  
Narratives of Hope:

- Hope as Fight
- Hope as Meaning
- Hope as Survival
- Hope as Lament
- Hope as Surrender

Pamela R. McCarroll, ***The End of Hope—the Beginning: Narratives of Hope in the Face of Death and Trauma*** (Fortress Press, 2014)  
**“Hope is the experience of the opening of horizons of meaning and participation in relationship to time, other human and nonhuman being and/or the transcendent.”**

<p><b>Medicine &amp; General Population</b></p> <p>Hope is the wish for, or expectation of long-term <b>survival</b> (with minimal limitation).</p> <p><b>Health and survival and safety</b></p>	<p><b>Chaplains, Spiritual Caregivers</b></p> <p>Hope is the experience of <b>meaning</b> (connection to something or someone important outside the self)</p> <p>So much <b>more</b>, even in the <b>absence</b> of health and survival and safety!</p>
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**“If we were as good at listening to our patients as we are at telling them things, we would learn that hope is not automatically equated with survival. Hope means different things to different people; and hope means different things to the same person as he moves through different stages of his illness and his emotional reaction to it.”**

Howard Brody, "Hope," *JAMA* 246, no. 13 (1980: 1411-1412).

**“Hope is definitely not the same thing as optimism. It is not the conviction that something will turn out well, but the certainty that something makes sense, no matter how it turns out.”**


Václav Havel, *Disturbing the Peace* (New York: Alfred A. Knopf, 1990).



Lawrence Schneiderman, MD, *Embracing Our Mortality: Medical Choices in an Age of Miracles* (Oxford University Press, 2008)

SIX Hoping for a Miracle  
 SEVEN What Could Be Wrong with Hope?  
 EIGHT Medical Futility  
 NINE Beyond Futility to an Ethic of Care  
 TEN Future Decisions We May All Have to Make

**1) Thank you!**  
**2) Questions or feedback?**



If you would like me to send you references or other information:  
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