

Spiritual Aspects of Caring

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Introduction: The Cultural Context

It is both a privilege and a pleasure for me to have been invited to address you all this morning - though I have to say it is a somewhat daunting prospect, for, like St Paul in addressing the Corinthians, I stand before you with some considerable degree of trepidation! After all, I cannot and do not claim to be an expert in the field of psychiatry and can therefore only guess at the erudite content of some of the lectures. Functional neuro-imaging and the serotonin system is not a topic to which I give close attention in the daily run of things! Yet in other ways, the programme is only too recognisable – getting to grips with the wonders of PowerPoint, personal digital organisers and word processing packages seems a sine qua non of any training course these days, medical or clerical!

In this lecture, I hope in the first place to explore something of the cultural background within which caring presently takes place, a background in which spirituality in its more general manifestations is increasingly significant. I hope then to explore issues of meaning within the context of caring by way of reflection on a recent visit to Romania. I will go on to look more generally at systems of nurture, support and ways in which we may best flourish, not least in times of stress and crisis – nurturing the spirit within; and also at the culture of organisations within which care takes place. And then finally at the way in which spiritual issues and challenges may change over the course of our lives and affect us both as carers and those for whom we care.

Despite all the advances in technology – bringing great benefits as they do – there are still deep questions, which people face personally about the sense of direction that their lives are taking. The psychiatrist and concentration camp survivor Viktor Frankl writes, 'Man is always reaching out for meaning, always setting out on his search for meaning; in other words, what I called the 'will to meaning' is to be regarded as a human being's primary concern'. He also writes: 'it is precisely this will to meaning that remains unfulfilled in today's society'¹.

Frankl wrote these words in 1978 and although there is still truth in them, his further criticism that such questions are disregarded by modern psychology and theories of motivation is no longer quite so true. There has been a burgeoning literature looking at the relationship between spirituality and other dimensions of a person's life. Ken Wilber, an American psychologist, writing in 1999, places the spiritual dimension at the core of the other dimensions of human experience which he describes as psychological, moral, somatic and social². (As I will describe later in this lecture, issues relating to the spiritual dimension can have particular bearing on the other dimensions of a person's perceived quality of life).]

Your programme also reflects a shift since Frankl's comments in 1978. Sessions on caring for the carers in a variety of ways are incorporated throughout – there is even an opportunity to look at meditation from a theoretical and practical perspective. But there has also been something of a shift in the culture. No longer does a mechanistic, reductionist model of science seem to hold out the answer to all our problems. There is a sense that we neglect bigger moral, ethical and spiritual questions at our peril. It was in the millennial year 2000 that a very substantial survey entitled *The Soul of Britain* reported: 'Many have faith that science will help mankind, but they do not think it is capable of explaining the mysteries of life. On the contrary, the movement is in the opposite direction; the survey demonstrates very clearly that there has been a significant rise in the number of people who classify themselves as being 'spiritual', which is why belief in a soul has increased significantly over the last two decades...' This point is well underlined, for example, in the recent blockbuster *The Day After Tomorrow*, which reflects on the consequences of the exploitation of the natural world. Although the film itself may be somewhat overstated, it concludes with a renewed sense of people's interdependence one with another and with the world around them - a vision that could be echoed in the theological writings of all major world faiths. It was Ghandi who commented that there is sufficient in the world for everyone's need, but not for everyone's greed.

Our recognition that science alone, in this narrow sense of the term, is not the answer to all our problems is also seen in the popularity of the Matrix Trilogy. Here humanity is enslaved by the very machines that were designed to make life easier. But in the Matrix you will again find theological themes such as the need for reconciliation between the world of machines and the world of human beings; the need for human beings to wake up – to see the world around them in a fresh way and so gain a sense of liberation. Also the notion of sacrificial love finds fresh expression in the third film challenging assumptions that the greatest value to cherish is our own personal success and self-aggrandisement.

Alongside these two films there is another that offers a slightly different reflection on the hopes and fears of our culture. Christmas 2005 will not be quite the same as there will be no Lord of the Rings IV coming to our cinemas! The enormous popularity of J. R. R. Tolkein's book as portrayed on the big screen is testimony to an often-unacknowledged spiritual dimension in people. Here are themes of quest, of sacrifice, of friendship, of loyalty and forgiveness, of the consequences of unbridled personal ambition and of the struggle between good and evil.

As well as being apparent on the big screen, spirituality has also found its way in a different sort of a sense onto the newsstands. The Saturday Times now has a section entitled 'Body and Soul' and the magazine 'Cosmopolitan' now has a spirituality editor. Reflecting on her brief to explore spiritual issues in a recent interview in The Times (6 March 2004) she commented, 'Things come into fashion, and go out of fashion. With this I think we are seeing more than a passing trend. It is like a sea change in the way people are living and in the things they want out of life. It is a deep and fundamental shift'. She also comments on the way in which people are 'wanting something more' in their lives than simply material well-being.

The rise of a variety of forms of complementary medicine and notions of 'holistic' healing also offer a challenge to more traditional approaches to medicine, which can seem rather more impersonal and fail to see the person in the wider context of their lives. This cultural shift has also been apparent in areas of life more obviously connected with matters spiritual. Cathedrals have been termed 'the great success story of the Church of England' as they are now more often visited and better attended than ever before. They also increasingly provide things for people to do, to express their spiritual yearning such as lighting a candle or leaving a prayer card as well as providing more acts of worship – both formal and informal. Pilgrimage, too, has become an increasingly important dimension of the spiritual quest.

The Dalai Lama's recent visit also touched a deep chord in people. It was not simply Tibetan Buddhists who travelled to see him. He attracted a great cross-section of people who were dissatisfied with how things are in their lives and are again wanting to find that 'something more' or attend to what the former Archbishop of Canterbury described as the 'God-shaped hole'.

Given this cultural shift evidenced in film, popular writing and the draw of leaders such as the Dalai Lama, it is imperative that as carers we acknowledge these dimensions in the approach to, and care for, the people who come to us experiencing various forms of 'dis-ease'. We simply can no longer see people in reductionist terms, treating the symptom out of any wider context. We also neglect such issues in ourselves as I hope to show later.

The Challenge of Caring: Issues of Meaning

I turn now to issues of meaning. I was interested to see that in your programme, Dr Michael Rutter is to do a session looking at the long-term psychological health of Romanian adoptees. I have a particular interest and concern for the Romanian people since my time as a Chaplain in Bucharest during Ceaucescu's presidency. I am also involved in charitable work seeking to alleviate the distress of children and young people in the post-Ceaucescu era. As a result of this, six months or so ago, I visited Romania in order formally to open a children's hospice and day care centre in Pitesti. During the visit I nursed a young baby girl who was deaf and had been born without eyes. She had been left on the doorstep of the hospice by a mother who clearly could not cope, in the knowledge that the hospice staff would offer care and love for such time as the baby would live. The experience left a deep impression on me and introduces some of the themes I wish to develop as I explore the spiritual aspects of caring.

Until now, I have used the term 'spiritual' in a rather loose way, and in fact in our present culture, the term spiritual is rather slippery – it can be focussed in a very particular way to refer to religious practice or the nurture of that part of us that cannot adequately be explained by the physical sciences – namely, the spirit. More broadly, it can refer to practices that are not aligned to any particular religious tradition but which people sense nourish them on their life's journey. This can take a variety of forms – for example, the use of crystals, aura photography, hugging trees, and so on, but the term is also used to market a whole variety of products on the basis that they are designed to make the person feel good. In this connection, I note an article *Buying into Spirituality* in the current edition of *Yoga* with the following observation, 'Turn

on the television and there is a woman doing yoga to encourage us to buy Nivea's latest firming cream. James Nesbitt joins a yoga class in the name of Yellow Pages and, apparently, using Palmolive deodorant can improve your body and mind! Even Barclays has Samuel L Jackson expounding Confucian-style statements to illuminate the delights of overdrafts and loan rates. It is the ultimate oxymoron – using spirituality to sell materialism'. Such advertising makes both the advertiser and the manufacturer a lot of money – at the moment, spirituality sells. Spirituality may also overlap with psychology since it is also exploring the domain of meaning and purpose – ultimate meaning and purpose in fact. Peter Speck in his 1988 book *Being There* highlights the sort of deeper spiritual dis-ease that may have to be addressed in the context of a caring relationship and he describes these as being related to

- Loss of meaning
- Intense suffering
- A lack of a sense of the presence of God
- Anger towards God or His perceived representatives
- A sense of guilt or shame
- A concern for the ethical issues involved in treatment
- Unresolved feelings about death

He goes on to say, in a further publication 'a wider understanding of the word spiritual, as relating to the search for existential meaning within any given life experience, allows us to consider the spiritual needs and issues in the absence of any clear practice of religion or faith, but this does not mean they are separated from each other'³. The psychologist Abraham Maslow saw an engagement with such questions of meaning as being a necessary part of personal growth, of self-actualisation. Although such words may sound dated to us now, there is a truth there. We all know the sense of deflation and disengagement we feel when we ask ourselves 'what is it all for' - moments that are not clinical depression, but times when our sense of purpose and meaning becomes less clear. We also know the other side of the coin, the moments when things fit together, and even if our outward circumstances are difficult we nevertheless retain a sense of hope and direction. To leave such a spiritual dimension out of an understanding of illness - its origin, prognosis and treatment is to miss an important dimension of what it is to be human. Such questions also significantly impact our understanding of caring and being cared for.

So back to my experience in Romania. As I held the baby, I immediately felt a great sense of compassion, love and wonder at her frailty and fragile beauty. But along with this come questions. Why was she left? My heart went out to her mother, recognising how much she was caught up in a tragic story that I could not begin to fathom if it brought her to leave her child on a stranger's doorstep. It also led me to deeper spiritual and theological reflections. As a Christian, I have an understanding of God as creator. The psalmist writes of God 'I have formed you in the womb, I know all your inward parts'. What can this mean in the face of a child with such a poor prognosis and quality of life? In what sense could I hold on to the idea of God as creator in this particular and personal way? Yet alongside this verse, in the prophet Isaiah, God talks of us as beloved and graven on the palms of his hands, a

beautiful picture, that each of us is permanently held in God's memory and his love.

Then there were ultimate questions of life's ending. In the face of this little one, what of the truth of the resurrection, of the life of heaven, a life where she will know re-creation? In other words, I was challenged to reassess the grounds of the hope that sustains me and allowed me to hold and minister to this little baby even for only a short time.

The particular form and shape that these questions had for me are clearly influenced by my own life's journey and my Christian faith. That such questions are raised is a part of the human response to suffering. How can we go on hoping in the face of seeing and experiencing hopelessness?

I notice from your programme that there are a number of sessions on doctors as carers. For all of us involved in the so-called caring professions, in whatever way, a daily encounter with suffering and the possibility of death will inevitably have an effect on us. It will raise questions of meaning and value. For you as psychiatrists this may come into particular focus because of the client group for which you bear responsibility. There is the personal cost of dealing with clients who may be very challenging in terms of their behaviour and its management, demanding of time and energy because of their own unresolved needs, and coping with the real knowledge that a proportion of your patients are likely to deliberately self-harm at some stage during their treatment. All this will raise particular questions for you relating to your approach to the work, your sense of yourself as a clinician and the impact that this may have on your own personal assumptions about life's meaning and purpose. We can either attend to these questions even when they are uncomfortable and challenging, or we can ignore them or numb the pain of them. Stress, anxiety, even substance abuse and the break-up of close relationships can all follow in the train of ignoring the challenges that our daily encounters bring to us.

Those moments of holding the child at the hospice and the feelings and questions it raised in me, led me to reflect in particular ways on the life of the staff who worked in the hospice day after day, week after week. It also led me to reflect further on the ways in which we need to attend more urgently to the nurturing of the spirit within.

The Challenge of Caring: Nurturing the Spirit Within

Time for Re-Creation

For the staff members it would clearly be crucial that they had adequate time off, to be able to continue to do this work with a sense of freshness and to avoid the sheer exhaustion of body, mind and spirit. Time off is not just a passive recharging of the batteries. It can be an active and creative time when we are able to process and reflect upon the challenges that work brings. I am certainly not advocating time off dominated by work – we really do need to let work go, no matter how worthy it is. Time off should not be spent worrying about work. Yet it is the case that a change of pace allows us to process and integrate experience that busyness and a frenetic pace simply does not. In the Christian monastic tradition there was a rhythm to each day including rest, worship and work. The year itself had a rhythm governed by the liturgical year – Advent, Christmas, Lent, Easter and so on, a

rhythm punctuated by fastings and feasting - as well as by the Holy days marking the lives of the saints. Such a rhythm cannot simply be transposed from one context to another, but the recognition that work needs to be balanced by rest and reflection is crucial. So also is retaining the value of Holy days, holidays, when the pace changes again and the texture of our life is altered. That was the whole purpose of the Sabbath. It is often reported that for many, holidays can be stressful because people find it hard to spend extended periods with family or friends and away from work. If this is true, then I would suggest daily and weekly rhythms need attention to ensure time for rest, re-creation and relationships.

Retaining a sense of perspective may also be encouraged by some of the things we do with our time off. Clearly there is a place for putting our feet up and watching the television; but more active re-creation can also be helpful. Exercise has a whole host of beneficial effects, not least the way it can help us to see things in fresh ways. It can jog us out of a rut; it can help to re-enchant our lives, to use the term coined by the priest and psychotherapist Thomas Moore. Such re-enchantment can also come through walking in the hills or by the seaside. Being in nature and taking time can help us to see the wood for the trees in both our personal and professional lives. Going to art galleries, reading, prose and poetry, can also be spiritual in the sense that they offer a new way of seeing and engaging with the world. Again, the monastic tradition encouraged the practice of *lectio divina* – godly reading. This was the opposite of racing through a blockbuster to get to the climax. The monk or nun was to take a short passage of scripture or a spiritual writer and really chew it over, reflecting on it and its implications for their life's journey. It was a change of pace that allowed fresh seeing.

Supportive Relationships

The issue of close relationships that nourish and sustain is also crucial in any understanding of the spiritual aspects of caring.

Aelred of Rievaulx, in the twelfth century, wrote a whole treatise entitled *Spiritual Friendship* in which, among other things, he writes, 'Your friend is the companion of your soul – one to whom you entrust yourself as to another self, one from whom you hide nothing, one from whom you fear nothing'. More recently, the book *Anam Cara*, or Soul Friend, by Daniel O'Donohue has been a best seller. What both writers point to is the need and value in having people with whom we can truly be ourselves and with whom we can share our struggles and disappointments; joys and celebrations. Such sharing really is good for us. You will be familiar with the studies that show how adequate social support can be a factor in good recovery from a variety of illnesses, but also a factor predicting illness if the person is isolated and cut off from others. Jesus himself gathered around him a group of people to share his ministry, coming to refer to them as friends.

There is a particular sort of friend who can be especially valuable to us in our role as carers. In *Anam Cara* John O'Donohue draws not only on the Christian but also the Buddhist tradition to illustrate this. The Buddhists speak of *Kalyana-mitra* or the 'noble friend'. O'Donohue writes, 'Your *Kalyana-mitra*, your noble friend, will not accept pretension, but will gently and very firmly confront you with your own blindness. No one can see their life totally. As there is a blind spot in the retina of the human eye, there is also in the soul a

blindsides where you are not able to see. Therefore you must depend on the one you love to see for you, where you cannot see for yourself. Your Kalyanamitra complements your vision in a kind and critical way. Such friendship is creative and critical; it is willing to negotiate awkward and uneven territories of contradictions and woundedness'.

Such a notion is also found in the Islamic concept of *sidq* or sincerity, which is to mark human relationships, and is seen particularly in the teaching and life of the woman mystic, Rabi'a, in the ninth century.

In addition to personal friendships, there is also the important area of professional supervision. The relationship between the supervisor and supervisee may echo qualities found in close human friendships. Hunt, writing in the context of marriage guidance comments: 'It seems that whatever approach or method is used, in the end it is the quality of the relationship between supervisor and trainee therapist that determines whether supervision is effective or not ...' There needs to be a degree of warmth, trust, genuineness and respect between them in order to create a safe enough environment for supervision to take place. Good supervision provides a safe space, a bounded relationship, where the issues arising from working closely with people experiencing a whole range of traumas may be honestly shared and guidance offered.

Personal friendship or professional supervision is not the only context where we can explore questions of meaning, vitally important to ensure the nurturing of the spirit. Meeting with some form of support group can also be valuable. This should be made up of people engaged in similar work but hopefully with a mix of ages, backgrounds and perspectives to bring to bear on particular difficulties. As Archbishop I belong to a cell group. It is made up of Bishops who are relatively new, and also of those who have been at it for a long time. It is bounded by confidentiality so is a safe space. Such support groups also help us to deal with a sense of isolation or with struggles that the work brings us that only people doing similar work would really understand. It can sometimes be helpful if such groups are facilitated by an outsider who can spot when the group is ducking an issue that is too difficult or painful to confront. Time for such groups should not be seen as a luxury but as vital and life giving if people are to flourish and be fresh in their work.

Spiritual Practice

Crucial to flourishing as a carer is retaining a sense of perspective. Spiritual practice can explicitly nourish this. I notice you have a session looking particularly at meditation. For me there is an intimate relationship between prayer and perspective. I can well recall the time at which my mother was seriously ill from cancer. My natural inclination had been to pray fervently that she might live – that she might be given a few more years of life. Yet, as the illness continued, the perspective of my prayer changed – no longer was it now that she should live, but that she might die so that she may truly live.

There are also the beginnings of scientific evidence to support the idea that spiritual practice may be valuable to carers as well as for those for whom they care. Dr Daniel Goleman, author of the bestseller *Emotional Intelligence*, in his more recent work *Destructive Emotions*, details some studies on the electrical activity of an experienced meditator. In a state where the meditator was seeking to generate a sense of compassion there was activity in the left

prefrontal area which is associated with feelings of happiness and enthusiasm, joy and alertness leading the author to comment, 'The very act of concern for other's well being, it seems, creates a greater sense of well being within oneself'. There was also some evidence to suggest that regular practice of a spiritual discipline can also increase the acuity with which the person can read emotion accurately on the face of another. This is clearly important in our work as carers. These findings complement the already extensive literature showing that regular prayer or meditation can lead to a lowering of a number of indices of stress and lead to a deeper sense of well being.

Not only is there value in times of quiet prayer or meditation, a number of the world's religious traditions include the idea of review at the end of each day. Saint Ignatius of Loyola, the founder of the Jesuits, coined the term *Examen of Consciousness* for this practice. He would encourage his followers to take time at the end of each day to play back the events of the day, particularly noting when their emotions changed. They were then to go back to such moments and reflect upon them prayerfully with God to recognise the way in which they were either moving closer to God at such times or farther away. Whilst such language may seem strange, the principle is actually very important. Moving closer to God, for Ignatius, meant a growth in Faith, Hope and Love. The *Examen* was designed to help the individual recognise the ways in their lives in which they made decisions which did not lead them to grow in love, but rather closed them down to their own needs and to the needs of other people. For each of us as carers, taking a little time at the end of the day to honestly reflect on the things that have gone well and the relationships that have gone rather less than well can be an opportunity to learn lessons that we may put in place for the future.

Alongside this practice of personal review, there is also value in the keeping of a personal journal. Again, jotting down things that have been particularly striking or challenging each day, provides us with the opportunity of growing in self-awareness, and being aware of the blind spots in our personal relationships which can affect our work as carers.

Personal Support/Therapy

For carers, there will come times of crisis of one kind or another when it gets too much; times when we realise the motivation that brought us into the work was not as authentic as we thought; times when we feel unable to 'be there' for someone and when we need people to 'be there' for us. I have intimated some ways in which this can happen informally. But it may be that there will be times when we need more time limited, bounded support from a professional of some kind. It is crucial that this is seen not as failure, but as opportunity. The Christian tradition, along with other world faiths, speaks of times of dryness, of an experience of a dark night when the things we have taken for granted no longer hang together and the experiences that have nourished us in the past no longer seem to have the same effect on us. We can feel lost, disorientated and long to give up. But the spiritual tradition affirms that with the right guidance and support in such dark nights they can really become opportunities for growth. That by going through them we are hollowed out, becoming more open to others and to the spiritual dimension of life. This has led to the coining of the phrase 'wounded healer'.

The Context of Caring

Throughout this lecture I have assumed a work context where exploring spirituality in its broadest terms and attending to our own needs for spiritual nurture and renewal can be affirmed and encouraged. I am deeply aware, however, that this will not be the experience of every one here. This need not be due to any ill will on anyone's part. The sheer pressure of numbers of people to see can easily lead to consultations becoming more of a symptom-spotting exercise resulting in a prescription rather than a personal engagement exploring deeper questions of purpose and meaning. I am also aware that the vision of caring that I have enunciated so far, drawing from my Romanian experience and my work as a priest over 39 years, bring with them risk and vulnerability. In her book *Sharing the Darkness*⁵ Dr Sheila Cassidy reflects on hospice ministry by means of a series of line drawings showing a patient and professional. The first two have pictures of the doctor or the priest respectively ministering in role with all the accoutrements at their disposal. The third picture has them meeting without the accoutrements of stethoscope or communion set but still with some professional skill in the area of human relations such as psychotherapy or counselling. The fourth demonstrates the point at which they encounter each other most profoundly but which for the professional is most challenging and she comments, 'The drawing shows both patient and carers stripped of their resources, present to each other, naked and empty-handed, as two human beings. There is the terrible pain in this impotence, in admitting that one has nothing more to give'.

Whilst we can hide behind roles and very often have to inhabit the role to some extent for our own well-being, there is always behind it the naked and empty-handed human being seeking to walk alongside a fellow human being. It is vital that for all our professionalism we do not lose sight of this dimension or cut ourselves off from those for whom we have professional responsibility. In a recent article in the Sunday Times (25 April 2004) headlined 'Nurses are 'too clever' to care for you', Sarah-Kate Templeton reflected on a concern being expressed within the Royal College of Nursing that increasing technical and professional competence should not lose sight of the enormous value of genuine human contact – a smile, a cup of tea, time spent by the bedside. Pressure of work for all of you can certainly undermine such opportunities, but I believe they should be protected at all costs to ensure your humanity as well as the humanity of those for whom you care.

All religious traditions have a vision for the well-being and flourishing of individuals. In Judaism, the well-being of a society was to be judged by the way in which the most vulnerable, the anawim, who in Scripture are often referred to as widows and orphans, are treated. It is justice for the anawim to be the touchstone of a society being in right relationship with God. In the Christian tradition, there is the idea of the 'Kingdom' as a vision of how relationships should be between people, and between people and the whole created order. Such large visions inform in a very practical way the way in which followers of these religions go about ordering their priorities and day-to-day lives – or at least they should! It is interesting that many organisations have recognised the importance of vision, the 'big picture', in providing a context and meaning within which particularities of their work are carried out. So it is that a whole range of organisations have their own Mission Statements, which break down into practical steps that go in some way

towards realising this greater vision. I am aware that many hospital trusts, specialist units and other contexts where care is exercised, have such Mission Statements. I am also aware that there are a number of directives that relate to the spiritual care of patients and staff as being a priority and one way in which this finds expression is through the appointment of Chaplains – lay and ordained and from a variety of faith communities. It also informs the curriculum for the training of medical staff and the ongoing care for patients in hospital or in the community.

It is very easy for such Mission Statements, such big visions, to remain simply as aspirations on a wall as someone walks into a unit and not inform the way in which the life of that ward, hospital, or community unit is ordered. Spiritual care for staff, if it is to have any real value, needs to take seriously what I have already been saying about the need to provide support and care, as staff encounter suffering, fear and confusion in those for whom they care, and may have similar feelings stirred up in themselves as a result of the kind of engagement that Sheila Cassidy describes as empty-handed. There needs to be a culture where such personal struggle and challenge is not seen as weakness or as failure, but as an opportunity for growth and development, one in which there are appropriate levels of support and personal development to allow staff members both to be vulnerable in being honest about their weaknesses and difficulties yet also be helped to build on these by means of personal and professional development. The irony is that although this may mean an initial outlay in terms both of time and finance, in the longer term it is likely to be very cost-effective, providing a better-motivated workforce, with fewer breakdowns and a better quality of care.

As far as clients are concerned, spiritual care must mean more than noting their religious affiliation at the point of admission and referring them to a Chaplain if they make an explicit religious request. It must include attending to them as individuals, rather than as labels, acknowledging their particular stories, their particular life journeys that have brought them to a place of fear, confusion and disintegration. Part of the challenge for the institutions within which you work, is to ensure that workloads are not so great and outpatient clinics not so horrendous that this personal dynamic is lost, so that medication remains the only means of treatment. I am aware that in saying this I am rather overstating a case to make a point, but I suspect you each know what I mean. The spiritual tradition in all sorts of ways challenge us to remember that each person is unique, valued and marked by potential, even though it may take a particular vision and commitment to draw out and actualise such potential because of the hurt that the person has experienced. We are in a much better position to do this if we, ourselves, are careful to take opportunities for refreshment and renewal, rather than tired on the edge of burn-out and working on a sort of professional autopilot that can get through the work, but doing so with little in the way of joy or hope.

Caring and the Different Stages of Life

In a recent article in the Sunday Telegraph ⁷ the headline was '*Unhappy with their Life, Work and Love – that's Britain's thirty-year-olds*'. It detailed a comparison of two cohorts – one born in 1958 and the other born in 1970. Relative to the 1958 cohort, the present thirty-year-olds showed a doubling in the levels of dissatisfaction and depression. The article reflects on

why this might be and notes particularly the amount of choice that the present thirty-year-olds have, and someone is quoted as saying: '*We celebrate limitless choice, so we think we ought to achieve so much more. When we don't, we feel like failures*'.

Reading through the article, there seem to be a number of echoes of what was traditionally known as 'mid-life crisis', and the idea that there are particular challenges and opportunities at different stages in our lives is surely not new. William Shakespeare in *As You Like It* talked of the seven ages of man and the Hindu tradition has a particularly clear way of seeing the opportunities, challenges and responsibilities that come at the different stages of life, from being a child, through being a householder and working towards a stage where the responsibilities of looking after a family are laid aside to engage more fully in issues of ultimate meaning in preparation for death. In a rather interesting description of the stages of life, the author, Gail Sheehy, in *New Passages* ⁶, talks of the try-out twenties, the turbulent thirties, the flourishing forties, the flaming fifties, and the serene sixties! I am not sure that I always feel the sixties to be particularly serene and I look forward to the sage seventies, the uninhibited eighties, the nobility of the nineties and, perhaps, what she labels time of the celebratory centenarians! However we may choose to explore these ideas – whether in the popular form of Gail Sheehy and other writers, or in the academic approach of Erik Eriksson, or in the work of Kohlberg or Fowler on *Faith Development*, it is surely apparent that the different stages of our lives bring with them particular challenges and opportunities.

This applies to us as carers. I am sure all of us can go back to a point where our sense of vision, our personal Mission Statements, were rich with the language of hope and a feeling of being able to achieve and contribute so much. There is an energy and enthusiasm in early professional days that is infectious and may even be effective. I believe there is some research on therapy that shows that quite inexperienced but enthusiastic people can produce remarkable change in clients. It is not always matched by their more senior and, dare one say, more cynical colleagues. This having been said, it is part of our personal development as human beings and as clinicians and carers to recognise the limits as to what may be achieved. The therapeutic technique that has a seventy per cent outcome of success also has a thirty per cent outcome of little change or deterioration. Over time, we become increasingly aware of our clinical limitations of the ways in which we fail to meet the hopes and expectations of those for whom we care. This is unsettling and may also coincide with a time in our lives when other relationships may not be as fresh as once they were and when the various demands on our time place increasing burdens upon us. Yet, with the right support, it is possible to move through such times and to gain a new sense of vision and excitement that is informed both by youthful enthusiasm and the tempering wisdom of experience that has not descended into cynicism.

Just as we go through this as clinicians, so also we will see the texture of the lives of those for whom we care vary according to the stage of life in which the person finds him or herself. The questions of meaning, of purpose; the experience of bodiliness as age takes its toll and the wrinkles come, can provide an important subtext to the particular presenting problems that people bring to you as psychiatrists and to me as priest and bishop. I very often have

to talk through with priests who come to me for counsel and guidance these very issues as they face times of question about their vocation and ministry.

Clearly, such mid-life questioning will ultimately move into the arena of reflecting upon the inevitability of death. This is true for us and for those for whom we care. The need is to help people face such questions honestly and come to see death as being an opportunity that marks completion and the drawing together of a life fully lived and not simply as something to be avoided and feared at all costs. In order to do this work, we ourselves have to take seriously our own mortality and the impact that this has on us.

Conclusion

In exploring the whole area of spirituality and caring, I recognise that each of us is both carer and cared for. Finding ways to help those for whom we care to explore issues of meaning and purpose in the context of personal suffering and difficulty inevitably evokes a whole range of questions for us as human beings, questions that can be overlaid and compounded by experiences happening outside our professional life – even the experience of ageing itself. The challenge for us is to work institutionally to provide a context of caring where each individual is valued and their journey honoured, and where we, ourselves, may both support and be supported by those with whom we work as we seek to take seriously the business of being human.

I think I can do no better now, by way of conclusion, than to leave you with some words of the second century Bishop and Apologist, Irenaeus. 'The glory of God', he writes, 'is a human person fully alive. And it must surely be that fully aliveness of each and every person – body, mind and spirit – for which you and I and all involved in the work of health, healing and wholeness must together constantly strive.

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