

Spiritual Care, Giving and Receiving

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About ten years ago I woke up and performed my usual first action. Imagine my horror when what gushed forth was not the hoped-for Chardonnay coloured liquid but rather something resembling cold stale black tea. I had the presence of mind to grab a plastic receptacle which I could hand to my GP. I was not entirely surprised to discover that there was a lot of blood in my urine. Given that I write this ten years later you will understand that my immediate fears of imminent demise were somewhat exaggerated.

The GP did what GPs do and sent me for tests. I had quite a few of these, with medical professionals examining parts of my body which I normally prefer to leave to intimate acquaintances. I remember a dye I drank leaving me feeling (like John Wesley's heart) strangely warmed as I was X-rayed. I remember rubber gloves on a Doctor examining my prostate – 'that way really?' A flexible cystoscopy followed - a camera into my bladder and there's only one route for that; so for any women reading this, it was my version of child-birth. And all these examinations produced no tangible results.

Eventually I was sent to see a nephrologist. Now I may have a qualification in New Testament Greek but as far as I remember, although there are various diseases in the Bible, there is no mention of renal problems; so I was not immediately aware of the expertise of said nephrologist until a friend explained that he was the 'wee wee man'. A new word was added to my personal Greek lexicon - 'nephros' kidney.

The nephrologist was a man named Dr Stephen Kardasz. He took a history and said that he was almost certain that I had a condition called IgA nephropathy. I was surprised that with what I considered very little information, Stephen could make such a speedy diagnosis. I was also a little sceptical and asked if this could be proved. 'If you really want it I can arrange a biopsy' he said. Well I wanted to be certain. The biopsy proved that Stephen's diagnosis was correct, but I have to say it was not worth it. Prostate examinations and flexible cystoscopies are walks in the park compared to a kidney biopsy.

I was impressed with Stephen Kardasz's scientific ability to diagnose, and also at the medical advice and care I have since been given by him, which has meant that there has been no recurrence of the 'tea' incident. Chardonnay has returned with one brief rosé episode. It just so happens that Stephen is a very amiable man with a good bedside manner. He lives near me and I occasionally meet him when he buys cat food at the local supermarket. However Stephen's personality, his spirituality and his

ability to empathise are virtually irrelevant compared to his ability to understand the workings of the kidney. It is that scientific judgement which leads me to conclude that Stephen is a good nephrologist and it is why I would recommend him to anybody with a kidney problem.

I understand that many psychiatrists would like to be seen in the same way as other medics. They would prefer to be respected for their scientific professionalism than anything else, and within the medical world this makes sense. However in the world of people with mental health conditions this appears not to be the case. In almost ten years as a Chaplain in psychiatric institutions I have never heard the following phrase, or anything like it; 'That Doctor Jones is absolutely brilliant, she is so scientific'. The doctors who seem to have the most respect, who are most trusted, who are talked about glowingly are those who 'listen', 'understand' 'don't judge' 'have time' and of course 'care'.

It is an understatement to say that the brain is a lot more complex than the kidney. When we talk to patients suffering mental health conditions there is a lot more going on than simply the presenting diagnosis. If our only concern is to find a diagnosis then we are not fully listening to what we are being told. The effects of a mental health condition are far more varied than those of any other illness. The danger of being absolutely specific in listening to patients is that if our only concern is scientifically to codify a presentation, we are not, among other things, taking the experience of the human being in front of us seriously.

Being a Chaplain I'm often called to talk to people about their religious questions. Is there a God? Will I go to hell if I commit suicide? Why does God allow people to suffer? On the face of it, I could simply deal with those questions. Yet rarely are these the real reasons people want to talk to me. There's always much more going on in a person's mind. If I simply deal with the presenting religious problem I'm in danger of missing the complexity of what I'm hearing. I suspect that if we simply see a patient as somebody with a problem, and concentrate solely on diagnosis and (dare I use the word) cure, we fail them and we fail ourselves.

When we meet a patient especially for the first time, it is easy to forget what a significant moment this is for that patient. Every time most readers of this article look in a mirror they see a psychiatrist, but many of our patients have never met one before and possibly only have Frasier Crane as a reference point. This can occasionally lead to grandiosity on the part of the doctor. However if we are to make the most of our lives, it is worth remembering that all meetings are significant, not just to the patient.

In John Kabat-Zinn's book 'Full catastrophe Living' ¹ the first chapter is wonderfully entitled 'You only have moments to live'. Life is a series of moments and, that in a sense is all it is. And there are not as many of those moments as there appeared to be when we were children. If we live to 83 years and 4 months we will only have

notched up 1000 months. And the months fly by. Yet we easily waste those moments by not concentrating on them. Not considering them significant. We have a tendency to dwell somewhere in the past or in the future, or with modern technology somewhere else completely - cyberspace wherever that is.

If we accept that each moment counts, then each encounter counts – maybe that's why it's called an encounter. Not so much for the other person but for me. Even in reading this, if you are not concentrating on the words you see before you, if you are not engaging with the ideas (even if you disagree with them) you are in a sense wasting your life. For the time you have taken to read this will never come again.

If any given moment is to be the best that it can be, then we need to concentrate on that moment. In a sense, the person we are with is the most important person in the world to us in that moment. If they are not; if our concentration lies elsewhere, it is not that person who suffers but rather we ourselves who have failed to live that moment as fully as we could. And the moment will never return.

If that's true of reading this, it is equally true of time spent with our patients. But it's not easy; like the time I sat with a patient on a cold wet winter morning in a cold wet northern town. I had just booked my summer holiday; my young child had spent the previous night up with sickness and diarrhoea, and I was going to see the Rocky Horror Show that evening. My mind wanted to dwell in the past and in the future. It can be very hard to have the frame of mind of seeing the person in front of you as the most important person in the world in that moment. And yet, on that morning it was my life.

I had known John on and off for years. He had informed me that he is a close friend of the Secretary of state for Health. Now John told me that the Health Secretary had actually put him in charge of the NHS, which he found very hard to do from his ward. He was finding running the health service caused him a great deal of stress. He spent hours sitting in his room, calculating budgets, wondering about resources, thinking how on earth he could cope with the ever expanding demands. I was listening to all this, when suddenly John's face lit up. 'Listen,' he said 'I'm stuck here, there's only one person who can manage all this and it's you Paul. I'm putting you in charge, and can I say that I absolutely trust you, you can make any decisions you want, I don't even want to see the receipts, just do it well as I know you can'

Now of course we can see the comic element to all that. But what got to me, the phrase 'keep the receipts...' John's psychosis was real. He lived this pain. And suddenly he was letting me know how much he trusted me. And for some strange reason I felt extremely honoured that of all the people in that ward, I was the one who he felt could take this burden.

Working in the world we do is such an enormous privilege. Human beings open up themselves to us – not literally as they do for surgeons, but much more profoundly. If

all we see is their illness we're missing the potential to find out more about another person than is available in virtually any other setting.

We know about the stigma of mental ill-health. For much of our society, once a person has been labelled as ill, all their thoughts, all their ideas, sometimes even their very humanity can be dismissed as mad. It wasn't always so. At one time episodes which we might now consider to be psychotic were revered. Look at the medieval mystics, seeing visions, smelling things and merrily chatting with Jesus. Margery Kempe and Julian of Norwich can both be understood in that way. Maybe even St Paul on the road to Damascus. Read the following two descriptions. One is an accepted description of a mystic experience; the other is the description of a psychotic episode.

1. All at once, without warning of any kind, I found myself wrapped in a flame-collared cloud. For an instant I thought of fire, an immense conflagration somewhere close by in that great city; the next, I knew that the fire was within myself. Directly afterward there came upon me a sense of exultation, of immense joyousness accompanied or immediately followed by an intellectual illumination impossible to describe. Among other things, I did not merely come to believe, but I saw that the universe is not composed of dead matter, but is, on the contrary, a living Presence; I became conscious in myself of eternal life, but a consciousness that I possessed eternal life then; I saw that all men are immortal; that the cosmic order is such that without any peradventure all things work together for the good of each and all; that the foundation principle of the world, of all the worlds, is what we call love, and the happiness of each and all is in the long run absolutely certain.²
2. From the first, the experience seemed to me to be holy. What I saw was the Power of Love—the name came to me at once—the Power that I knew somehow to have made all the universes, past, present and to come; to be utterly infinite, an infinity of infinities, to have conquered the Power of Hate, its opposite, and thus created the sun, the moon, the planets, the earth, light, life, joy and peace, never ending.... In that peace I felt utterly and completely forgiven, relieved from all burden of sin. The whole infinity seemed to open up before me, and during the weeks and months that followed I passed through experiences which are virtually indescribable. The complete transformation of “reality” transported me as it were into the Kingdom of Heaven. I feel so close to God, so inspired by His Spirit, that in a sense I am God. I see the future, plan the Universe, save mankind; I am utterly and completely immortal; I am even male and female. The whole Universe, animate and inanimate, past, present and future is within me; all things are possible.³

You might be able to work out which is which, but in case not, the first comes from Burke's description of his mystical experience as quoted in: William James, *The Varieties of Religious Experience*.² And the second is John Custance's description of his psychotic experiences as quoted in: Peter Buckley, "Mystical Experience and Schizophrenia".³ What strikes me is that the second, whatever its provenance is worth hearing.

If we are so wrapped up in illness, in diagnosis what are we missing? The fact is that our patients are often going through some of the most profound experiences they have ever had, whether that is through psychosis, depression or mania. Even if these experiences pass and never return, those who have been through them are likely never to forget them. Those of us who spend time with patients need to be aware of that.

So I suppose I'm saying that in all these encounters we can potentially achieve much more than simply dealing with a presenting condition. And some of this achievement is for our own benefit as much as our patient's. In turmoil, the human mind has a great deal to offer. And if we do listen, if we do hear what we hear with generosity and empathy we are better rated by our patients. I'm not one to judge who is and isn't a good psychiatrist. However our patients constantly judge their doctors. Those who are judged best are those who recognise the human encounter for what it is; a meeting of two people both on their journey through life. I am convinced that simply recognising the person in front of us as profoundly important beyond their medical presentation is what makes most of your patients rate you as a doctor.

I'd like to finish with a story of what I consider supreme spiritual care. A mental health professional colleague told me of a case we were both working on. She worked in primary services and worked out of GP practices. On her case load was a woman I'll call Jenny. Jenny had had a beautiful marriage and after many years her husband died. At this point her world collapsed. She became depressed and very anxious. One of her acknowledged problems was that her garden was too big and now her husband had died she wasn't really able to look after it, so she decided to sell the house. It was autumn and her anxiety began to fixate on the falling leaves. How, she kept asking, could she sell her house when any potential buyer would see the mess of the leaves? This anxiety became quite irrational, basic therapy did nothing, her drugs were increased and there was a possibility that she would need hospitalisation. Her care co-ordinator discussed this with GP.

Then one morning Jenny awoke unusually early. Unable to get to sleep, worrying as always about the leaves, she went to the window and peeped through the curtains. She saw an astonishing sight. There in her garden was her GP, raking up her leaves. She got washed and dressed as quickly as she could but when she got to the garden her GP along with the leaves were gone. Had she not looked out of that window she would never have known who did that, and the GP was not the sort to tell anyone. When I was asked to write on the subject: 'Spiritual care giving and

receiving' I wasn't one hundred percent certain what spiritual care was. I'm still not. But I sense that we know it when we see it and that GP's actions that morning were spiritual care.

For the record, Jenny fully recovered and her care co-ordinator says that her recovery began that morning.

References

1. Kabat-Zinn, J. *Full catastrophe Living* Piatkus 1996
2. James, W. *The Varieties of Religious Experience*. Macmillan Publishing Co., 1902, Collier Book Edition, 1961, pp. 313-314.
3. Buckley, P. "Mystical Experience and Schizophrenia." *Schizophrenia Bulletin*, Vol. 7, No. 3, 1981, p. 517.

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