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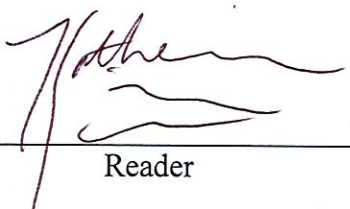
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Spiritual Care in a Healthcare Setting

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**Abstract:**

Health is often seen as the lack of illness or disease within a person. Often in the hospital it is these that are treated as well as emotional problems that may arise. Often spirituality and spiritual health is not seen as a part of healthcare. There have been increasing studies that spiritual health has a positive correlation with overall health. With the toxicity of treatment within a medical setting it is important to include the spirituality of the patient. In order to adequately care for the patient the spiritual side needs to be addressed. However it is important to realize that the spirituality of the patient depends on the maturity of the patient. Each demographic from childhood to elderly is examined in the context of developmental stage and spiritual issues that accompany the stage and how a healthcare professional ought to treat the spirituality of the patient as well as the physical ailments within the medical setting.

## Introduction

Spirituality is such an important concept in the lives of all people. Spirituality is expressed in the way that people live their lives and create meaning in their lives.

Without this spirituality there would be something that is lacking in so many lives. The fullness of the person can be found in that which is beyond the physical and is found in the spiritual as well as the emotional aspects of the person. Therefore the spirituality of a person should be nourished in all things that are done and ensured that it is a thriving aspect of the lives that are lived and that the spirituality is accepted and loved so that the whole person may be in harmony with itself and with others.

With people rejecting everything that cannot be scientifically proven, there has been a push away from that which makes a person truly human. Man have foregone much of what has to do with religion, specifically the parts that challenge their lives in some manner. This includes their notion of spirituality. While there are still quite a few people that classify themselves as religious, a vast majority of people have been turning to a life where there is no aspect of faith, spirituality, or religion lived out. Thus, it can be seen of the reduction of religious influence in most aspects of society. One such aspect is the view that religion should have no part of consideration or influence in politics whatsoever. This shift of society away from everything that has to do with religion has created a mentality where it is not even mentioned and where people no longer feel comfortable discussing faith and religion even in simple conversation.

The move away from religiosity is a shame as religion has proffered some of the greatest scientific achievements and theories that society hold. There is a basilica in Assisi, Santa Chiara, which has bare white walls. It initially had beautiful frescoed

paintings on the walls but have since been scraped off. When the Bubonic Plague was widespread throughout Europe, those who in the town who were infected with the plague would be placed into the Church. The frescoes were scraped off the wall so that the bacteria and disease causing elements would not be able to stick to the walls as well. They were so concerned about the people that they gladly removed the paintings from the walls so that they could minister to others when they needed it the most. Medicine was practiced by men and women religious. The sick that were brought into Santa Chiara were cared for by the sisters that were at the basilica. In other areas of Europe people would travel to the monasteries to receive medical attention.<sup>1</sup> Inherent in this medical attention that they would receive would be a spiritual care from the care providers who are religious. There would be no question that the health of the individual would be inherently connected with the spirituality of the individual and that they are inheriting the spiritual guidance of the healthcare provider while they are being treated.

Spirituality in medicine had been an important aspect for hundreds of years. However, when medicine began to get more scientifically complex, the spiritual aspects of healthcare began to drop<sup>2</sup>. People began to see healthcare as a purely scientific endeavor instead of viewing the person as a whole. Since the shift, the disparity between spirituality and medicine has grown even more. In recent years the question of spirituality has begun to arise once again in the healthcare setting. For many healthcare providers the easy answer to this question is a no. They focus on what is classified as the job of a doctor and choose not to discuss spirituality at all. This is contrary to what many patients

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<sup>1</sup> James Joseph Walsh, "Hospitals", New Advent, accessed April 16, 2018, <http://www.newadvent.org/cathen/07480a.htm>.

<sup>2</sup> Ibid.

want the role of their care provider to be, and can actually have negative health effects for those that are either religious, spiritual or both as that is a large part of their life especially when there is spiritual distress that is occurring. One such reason for this is that dealing with religious and spiritual issues of patients is not taught while they are in schooling for healthcare professions and that they only want to handle that which they know.

Healthcare professionals that overlook the religiosity and spirituality of the patient are overlooking a large part of the patient as a whole. Many consider this part of their lives to be of great significance which therefore should be included in a medical setting due to the ramifications that this could have on various populations. In this thesis I will argue that spiritual care should be a vital part of healthcare. I will argue this by examining various age groups beginning with children as that is the first age at which spiritual care is often needed and individuals are receptive to it up and through the elderly. I will address some of the most common issues that they are going through, and how the healthcare professional ought to address these issues. The term healthcare professional, unless otherwise noted can and should be anyone from the healthcare team that has interaction with the patient. These issues will be presented in the context of the developmental stage that the individual is in as it is a source of understanding where the person is at mentally and emotionally in the current issues. It is through this that the overall person can be treated and cared for rather than simply the disease or symptoms and leads to a betterment of the relationship between the healthcare team and the patient as well as the patient to both themselves and others.

## Chapter 1: Spirituality

Spirituality is a difficult concept. To different people the word spirituality can have vastly different connotations.<sup>3</sup> Thus, it is an important concept to explain so it may be discussed within the context of a medical setting. We often hold spirituality as having to do with that which is beyond the person. From atheists to a pantheistic pagans, different populations have presented with various spiritualities. As a general trend throughout histories, societies have been founded around a spirituality. The Ancient Greeks and Romans had a similar spirituality and belief system which was a foundation of culture. The eastern cultures also had a spirituality develop that was slightly different as is seen in Buddhism and Taoism but was still a cornerstone in the development of societies.<sup>4</sup> In order to create a method of spiritual care in a medical setting a definition of spirituality must be created that can apply to all people across disciplines.

Spirituality has been defined in many different ways. The various definitions of spirituality are accepted because there has not been an interdisciplinary definition but rather different definitions used for each area of study.<sup>5</sup> Thus, in order to create one that can bridge the gaps between the various aspects such as Theology, Psychology, Sociology, Medicine, etc., the best thing to do is to create a new one. Creating a new definition is not saying that the current definitions are bad, but rather it is enhancing each definition so that it may become fuller and more widely accepted. A definition of spirituality that does not abide with any specific religion but rather can sit with most if

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<sup>3</sup> Brain J. Zinnbauer *et al.* "Religion and Spirituality: Unfuzzifying the Fuzzy" *Journal for the Scientific Study of Religion*, 36, No. 4 (Dec., 1997): 549-564

<sup>4</sup> Richard King and Jeremy Carrette. *Selling spirituality: The silent takeover of religion*. Routledge, 2004, 33.

<sup>5</sup> Arndt Büssing, Axel Föller-Mancini, Jennifer Gidley, and Peter Heusser. "Aspects of spirituality in adolescents." *International Journal of Children's Spirituality* 15, no. 1 (2010): 27.

not all religions is the best way to create a definition that is applicable in many various situations especially the healthcare setting.

Religion and Spirituality historically have been linked and often have been used interchangeably<sup>6</sup>. It is important to note that in more recent times terminology has since changed. There are an increasing number of individuals who claim to be spiritual but not religious with twenty seven percent of Americans reporting such classification.<sup>7</sup> Since spiritual and religious do not mean the same thing in the modern context, there must be some distinction between the two that did not used to exist. Religion is commonly defined in terms of the organized belief systems that individuals subscribe to and enter into community with.<sup>8</sup> In more modern contexts it can be understood as spirituality being primarily a personal affair while religion is a communal affair. This still has the potential to be inaccurate since there are those who say they are spiritual that enter into communal spiritual practices with others while still maintaining that they are not religious. Perhaps the modern definitions of religion and spirituality explain it better for these populations. Religion is defined as the belief in a higher power<sup>9</sup> whereas spirituality is defined as a concern for the human soul compared to other things<sup>10</sup> such as the material. Furthermore, the modern definition can be thought of as including an aspect of the individual searching for meaning<sup>11</sup>. They are trying to create a sense of meaning both in how they relate to

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<sup>6</sup> King and Carrette. *Selling spirituality: The silent takeover of religion*: 33.

<sup>7</sup> Pew Research Center, Washington, D.C. "2017 American Trends Panel." (2017) <http://www.pewresearch.org/fact-tank/2017/09/06/more-americans-now-say-theyre-spiritual-but-not-religious/>

<sup>8</sup> Christina Puchalski and Betty Ferrell. *Making health care whole: Integrating spirituality into patient care*. Templeton Foundation Press, 2011: 22

<sup>9</sup> Meriam Webster s.v. "Religious" accessed March 21, 2018, <https://www.merriam-webster.com/dictionary/religious>

<sup>10</sup> Meriam Webster s.v. "Spiritual" accessed March 21, 2018, <https://www.merriam-webster.com/dictionary/spiritual>

<sup>11</sup> Schneiders, Sandra M. "Spirituality in the academy." *Theological Studies* 50, no. 4 (1989): 678.

themselves and how they relate to the other. It is this meaning that fosters the concept of self as in relation to others and prods the individual to further their spirituality.

There is a sense in which religion and spirituality are inherently connected. Those that are religious are by nature spiritual with the overwhelming majority of religious individuals considering themselves spiritual.<sup>12</sup> This indicates that there is a relationship that still exists between the two even though many see religion and spirituality as two separate entities that have grown further apart. It is through a spirituality that a religion is able to develop and come to the truth. Religion is often developed as a lived spirituality in communion with others. Thus, through the dialogue between various peoples, various aspects of truth each has can be combined to create a more full and absolute truth. It would seem that those who identify solely as spiritual and not religious are interested in what they perceive as truth and prefer to come to truth for themselves. Comparatively, it would seem that organized religions and those that are religious appear to be more concerned with discovering an Absolute Truth. Using this definition it would follow that religions are more communal. Finding an Absolute Truth requires dialogue and creates a truth that is for everybody rather than a mere personal truth. Thus, religion would be following a communal aspect and working for everybody rather than having self-realization and knowledge as the highest importance. Religion and spirituality are still connected because they affect each other. Religion also invites the individual into a commitment. It is a committing to a community and set of beliefs and actions with others that creates the sense of lasting community. Those who are religious often will have a

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<sup>12</sup> Mary L. White, Rosalind Peters, and Stephanie Myers Schim. "Spirituality and spiritual self-care: expanding self-care deficit nursing theory." *Nursing Science Quarterly* 24, no. 1 (2011): 49.

different type of spirituality that someone who does not identify as religious at all. Religious people will still look inward to their own soul, but from that look inward should be a movement outward to others to share. It is a sharing of who one truly is that the religion can be made more whole.

Using these previous definitions of spirituality to create a new one is important because the previous definitions each contain an aspect of the truth and the combining of them allows to create a more complete portrayal of spirituality. To create a definition of spirituality that can be applied further it is vital that the definition of spirituality is inclusive to all and give both meaning and weight to what various people subscribe to as beliefs and ways of life. Thus, spirituality must be an inner look at the soul followed by an outward expression. Spirituality is the way that there is connection. People have a connection with everything such as other people, nature, job, etc. Thus, their spirituality is the way that they are able to connect with others. Spirituality is also the way that people connect to God. It is the inward motion leading to the outward that one is able to connect to God and relate to the transcendent. This inward to outward motion is the very act of finding meaning as one cannot be separated from the other. It is important to note that everyone has a sense of spirituality. Even if people say that they are not religious or spiritual, there is a sense in which they have a spirituality. More than simply connection, spirituality is the way that life gets meaning. Thus, the meaning of life is found through a spirituality which is the way of connection that the individual has to the other.

Healthcare professionals should be able to treat everyone with spiritual care, which can either be helping in the spiritual distress or recognizing that someone else needs to enter into their healthcare for the spiritual dimension of care. Health

encompasses more than simply the physical health of the body. It includes the emotional health of the patient and furthermore it includes the spirituality of the patient. Spiritual wellbeing has an effect on both the physical and emotional health of the patient.<sup>13</sup>

Creating an environment where the patient feels that they can express who they are is key to creating the ideal healing environment. Many individuals maintain their faith and spirituality as a deep part of their identity.<sup>14</sup> If a patient feels that who they are as a person is either not welcome or not cared for, a certain level of mistrust exists between the healthcare team and the patient. Not only will this lead to an environment that will not aid the healing of the patient but it may harm their identity if they feel that they are not being accepted by their healthcare team.

Spiritual Care is one of the most important and common aspects of healthcare that is overlooked. In a world that is so concerned with preventative medicine, it is amazing that spiritual care is so often overlooked. The goal is to prevent any negative effects to health, and spirituality can have a significant impact. Spiritual distress can lead to a worsening of overall health physically, emotionally, and of course spiritually. In an early spirituality study where religiousness was examined to determine health effects, religiousness was postulated to lower urinary cortisol levels which indicates a betterment of health.<sup>15</sup> Therefore in a healthcare setting it would seem appropriate to look at all aspects of healthcare more so than just the physical and emotional that is commonly examined. Physician care of spirituality does not have to be in depth, but a simple check

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<sup>13</sup> Marvin Omar Delgado-Guay. "Developing a healing environment for broken souls of patients with life-threatening illnesses and their caregivers." *Journal of Pain and Symptom Management* (2017): 2

<sup>14</sup> White, Peters, and Myers Schim. "Spirituality and spiritual self-care: expanding self-care deficit nursing theory." 49.

<sup>15</sup> William R. Miller and Carl E. Thoresen. "Spirituality, religion, and health: An emerging research field." *American Psychologist* 58, no. 1 (2003): 31.

in would be able to alleviate a wide variety of issues. If healthcare workers are able to notice that spiritual distress is occurring, they may be able to refer the individual to the proper channels to deal with the spiritual distress so that it does not become worse.

Healthcare workers addressing the spirituality of the patient coincides with patient desires. Two thirds of patients want their healthcare providers to discuss spirituality with them.<sup>16</sup> Since the majority of patients want healthcare workers to discuss spirituality, the healthcare provider ought to ask about the spirituality of the patient. Healthcare is about doing what is best for the patient. Ninety percent of patients feel that it is the job of healthcare providers to refer patients to their spiritual minister be it priest, pastor, rabbi, etc.<sup>17</sup> Usually a referral comes after an issue is acknowledged as a way of addressing when the healthcare provider is not adequate. Thus, it is through the healthcare professional asking about the spirituality of the patient that such issues can be acknowledge and further addressed. However, this is not frequently addressed by healthcare providers. Only ten percent of patients report that their physician addressed spirituality.<sup>18</sup> This number may be slightly higher for nurses and other healthcare workers, but it is often that patients want their physician to address such problems rather than simply letting the other staff address issues that the patient is having. When the healthcare worker has the training it is more common to be brought up. With training the healthcare worker should feel comfortable in at least addressing some of the issues that arise rather than simply avoiding the spirituality of the patient entirely. Overall the patient should be approached as a whole person rather than simply from one point such as

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<sup>16</sup> Puchalski and Ferrell. *Making Health Care Whole: Integrating Spirituality into Patient Care*. 5

<sup>17</sup> Timothy P. Daaleman and Donald E. Nease Jr. "Patient attitudes regarding physician inquiry into spiritual and religious issues." *Journal of Family Practice* 39, no. 6 (1994): 566.

<sup>18</sup> Puchalski and Ferrell. *Making Health Care Whole: Integrating Spirituality into Patient Care*. 5

physical health. It is important for healthcare to include spiritual care so that there may be a sense of total care and increased overall health of both the patients and providers.

This spirituality allows for a better treatment of the individual in a whole person context. However spirituality develops throughout the life. Just like any other part of the person, there needs to be a sort of individualistic evolution through which the person grows and betters themselves. James Fowler, in describing his stages of faith development says that every person has faith.<sup>19</sup> In this description faith is not being concretely linked with religion, but it is also not being entirely separated. It is relating to others in the world and relating to the existence of one within the world and the belief of such things within. Thus, the belief that these individuals have is inherent in the ideology and how they are going to make their decisions. A major part of this spiritual evolution that occurs has to do with both maturity and worldly understanding that the individual obtains. The most similar change that the person undergoes throughout their life is mental development. This is where maturity becomes a factor and can affect the understanding that the person has of the world. While this development is similar to spiritual development, mental and spiritual development are inherently connected. The mental development can provide a better understanding of the spiritual issues that the individual faces. Therefore, if the doctor is aware of the mental development that is occurring in the patient, they are better equipped to understand the spiritual development and needs of the patient.

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<sup>19</sup> Fowler, *Stages of Faith*, 92.

## Chapter 2: Spiritual Care of Children

When looking at spiritual care it is important to look at all aspects patients that are treated in a medical setting. Therefore it is prudent to begin with children as that is the beginning group which need spiritual care. Children have very different faith lives than those of adults. Often times the children do not know entirely what their faith is. This in part has to do with the psychology of Children. According to Erik Erickson, life is marked by many different developmental stages with a majority taking place in childhood.<sup>20</sup> Erickson's stages are associated with a variety of psychosocial crises. Through these crises humans develop with the various options impacting the lives of those who are in the crisis. These crises according to Erickson start from an age somewhere between birth and one year. For the spiritual care of children, these early stages cannot be taken into account. The third crisis is most likely to be the one that is being dealt with by children when there would be any receptivity or need of a spiritual care. While children may be growing into and developing a spirituality, it is important for the medical community to ensure that a proper development is occurring since a spiritual development is just as important as the physical development on the youth.

### Childhood

We begin with the third crisis because of the age in which it occurs.<sup>21</sup> This usually occurs somewhere around the age of six. This is the starting point for looking at spiritual care in this thesis because typically with toddlers there is not any type of spiritual crisis taking place when they are in the hospital. This age also coincides with what many

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<sup>20</sup> Erik H. Erickson, *Identity and the Life Cycle* (New York: W.W. Norton & Company, 1980), 54.

<sup>21</sup> The First two crises which are Trust v. Mistrust and Autonomy v. Shame and Doubt are not being looked at because they occur from the ages of infancy to eighteen months and eighteen months to three years, respectively. (Erickson, *Identity and the Life Cycle*)

Christian denominations label as the age of reason where one is morally responsible for their actions. The first stage of Erickson's theory of development is that of basic trust and mistrust. Since this is the first stage, most children have developed a foundation of trust in their parents by the time they are two years old.<sup>22</sup> The ages between two and six have a heavy reliance upon the parent or the adult. According to Piaget's theory, the child will be somewhere within the preoperational stage. This is usually the child learning about the symbolic nature of things and learning to manipulate these symbols. However, the reliance on the adult is still imperative as the child is usually not involved within complex thought involving traditional learning. It is important to note that with the basic trust and mistrust that the child has learned, they will often trust those that are seen as having authority which in this context is the healthcare worker. With this being the case, whatever the adult tells the child is usually seen as the truth. The child in this scenario is usually not creating doubt about what they are being told, but rather just take it as fact. In the eighteenth chapter of Matthew Jesus challenges all and says they must become like children to enter the Kingdom of Heaven.<sup>23</sup> However, there comes a time where children start to ask what some people would classify as the "hard questions" about faith and in the case of those in the hospital why such a thing is happening to them.

When these types of questions start getting asked, it is usually good to acknowledge the stage that these children are in. Typically they are nearing the latter end or more developed notion of the Initiative v. Guilt crisis of development.<sup>24</sup> This is where the child is beginning to find a purpose. There are either having the initiative to go out

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<sup>22</sup> Ibid. 59.

<sup>23</sup> Mt 18:3

<sup>24</sup> Erickson, *Identity and the Life Cycle*, 86

and do something, or feeling guilty about not doing anything. They are feeling the guilt of not having a purpose. The change occurs in going along with what adults say to having a more personal sense of purpose. Usually around the age of seven on through the rest of childhood the child is still listening to the parent but they are trying to find their own purpose in what they are doing. This sense of purpose that the child is looking for cannot simply be dismissed. When one's sense of purpose is dismissed it can lead to negative affects in the child which can lead to problems ranging from physical to the spiritual. It needs to be recognized that when these children are asking these questions, although they may seem simple and inconsequential to the adult who has developed their faith, for the child these are some of the most important questions. Thus, it is in developing a good relationship where the child feels comfortable to ask these questions where growth can occur. When adults are dismissive of these questions the spiritual development of the child will usually be hampered in some way where the child will not feel comfortable even talking about matters of spirituality because in prior occasions nothing had been taken seriously. While the child still listens to the adult, childhood is where a majority of the foundation is laid. It is through these questions in childhood that will determine the receptivity and willingness to discuss at later points in life especially during the adolescent period when people are developing the bulk of their personality.

With a notion of the developmental stage the child is in identified, there are some concrete things that take place when a child is in the hospital. First and foremost, it must be remembered that the child is sick in some way. Children do not go into the hospital for elective procedures such as a knee replacement. Children that are in the hospital are there because of things such as infection, broken bones, chronic illness, etc. In 2012 there were

close to 5.9 million pediatric hospital stays in the United States. Of these nearly six million, nearly 1.9 million were nonneonatal stays.<sup>25</sup> Among this population, the diagnosis categories with the highest rate were issues with the respiratory, digestive and nervous systems.<sup>26</sup> With such a large number of children undergoing hospital stays, it remains a large demographic in the medical community. Therefore, attention should be given to it and to the type of care that they receive. That is why there are specific specialties such as Pediatric Oncology or Pediatric Neurology. What is more, however, is that children are often dealing with more than just disease. The nature of the problems that children are going through are often both similar and different than the problems that adult patients go through in the hospital.

One of the biggest issues that children face when they are in a hospital is feeling fearful or anxious. Now this is a common problem in a hospital not only among children. The hospital room has people that are coming in and leaving all the time. Nurses come in and check on the IV Drip, other nursing staff coming in at all times during the day to check vitals, and the doctor stopping by the room on their daily rounds or to deliver results. These things do not even including the treatment that the child is undergoing while they are in the hospital. A large number of children's hospitals will try to have a separate treatment room in which the child will go to undergo their treatment or blood draws to try to alleviate the stress of the hospital and decrease the anxiety of the child. However, there will always be a certain level of stress and anxiety that the child will receive from simply being in the hospital. It is the role of the healthcare worker to try to

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<sup>25</sup> Whitney P Witt and Audrey J Weiss, "Overview of Hospital Stays for Children in the United States, 2012", *HCUP Statistical Brief*, no. 187 (2014).

<sup>26</sup> *Ibid.*

alleviate that stress, especially since the parents are already having to deal with their child being in the hospital which will be discussed later in this chapter. This includes being available to discuss things that pertain the spiritual and/or religious side of things. Often times in spiritual discussion the best thing to do is talk about the problem up front. There should be no side stepping but go straight into the problem that is trying to be solved. Often young children will be upfront with their answers. When the child gives these types of answers it is important not to take any actions that the child could see as judgmental or dismissive. If the child notices these types of actions, the trust between the healthcare provider and the child will drop significantly if not be lost entirely.

It is good for the healthcare team to ask what the child believes in religiously. Most times for young children it will be the same as their parents. This is because they do not yet have the mental capability to distinguish what they believe in so they are often either mimicking or regurgitating what their parents say and profess. When asked about this it can lead to a discussion as to how the child sees the faith in a concrete way. The unfortunate part is that not every child is the same. Some will have a notion of the fire and brimstone god where others will have a notion of the hippie Jesus. In approaching this type of discussion with a child, it is important to have an understanding of their concept of God. This way one can be prepared to answer the questions that a child would have so that it is consistent with what they hold as true and to help them come through whatever ailment they have. However, the dangerous part is that the answers that are given to the child be adequate and well thought out. The thing to remember when giving the child answers, is that sometimes they do not always need the proper theological definition of God. The task is for the healthcare professional to strengthen what the child

believes so that they may find consolation.<sup>27</sup> No matter what, the healthcare worker will always be seen as in a position of authority by the child due to their position and their age. Children, since they are lacking the wherewithal to think through complex concepts rationally, will often accept what is told to them by someone in a position of authority. However, the parents must not be insulted by the answers given to the child or else progress will be lost and the child will be told conflicting things. The topics discussed should align with what the parents are teaching so the child is not stuck in between two conflicting ideologies. Overall the role of the entire healthcare team should be to comfort the child while they are in the hospital and nurture where they are at. Children do not necessarily need to have an accurate spirituality at this stage, but rather one that will comfort them through the turmoil that they are enduring to ensure that the child is in a healthy state for growth to occur.

### Adolescence

In a medical setting, everybody that is under the age of eighteen is put into the category of pediatric patients. However, there is a large difference between the types of issues that a child will undergo and the issues which an adolescent undergoes. In order to understand some of what the adolescent is going through, the psychological development must be acknowledged. According to Erickson, the adolescent is undergoing the crisis of Identity vs. Role Confusion.<sup>28</sup> They are in a period where they are trying to determine who they are. Looking at the stages put forth by Kohlberg, we would see that the crisis that marks this stage of life is that of Mutual Interpersonal Relationships.<sup>29</sup> Adolescents

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<sup>27</sup> Roberts, Stephen, ed. *Professional Spiritual & Pastoral Care: A Practical Clergy and Chaplain's Handbook* (Woodstock: SkyLight Paths Pub., 2012), 264.

<sup>28</sup> Erickson, *Identity and the Life Cycle*, 94.

<sup>29</sup> Ibid.

will often determine who they are by how they are interacting with their peers. In the period of adolescence, which is usually from junior high through high school, the youth is coming into their own.

Adolescents begin to branch out from their parents and experience things for themselves. It is during this time that the youth begins a series of doubting. Similar to the method taken by Rene Descartes in *Discourse on Method and Meditations*, these teens usually will try to prove everything that they have been told. They are no longer like children and just accept what they are told (outside of school). Among these things which these adolescents are trying to figure out in this type of method is their religion. A large number of youth go through the motions of religiosity and spirituality because that is what their family does and it is what their parents are making them do. They are often not in a context where they feel it is open to ask questions about the faith, and since they are not asking these questions, they are assuming and most often interpreting their faith in the wrong way. Thus, the healthcare professional must create a setting where the adolescent feels comfortable to ask any question without fear of judgement or malice. Only in a situation where questions are freely able to be asked and addressed will there be adequate development of both faith and maturity.

The two major needs that adolescents undergo regarding their spirituality and personhood is the sense of the personal self and the sense of connectedness with others, which includes both human and divine.<sup>30</sup> Therefore it is the responsibility of the healthcare professional to address these needs of the patient in order to adequately care

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<sup>30</sup> Kaili Chen Zhang and Charlene Tan, "Exploring the Spiritual Needs of Adolescent Girls" *Religion and Education* 37, no. 2 (2010), p. 150.

for the overall health of the patient. The difficulty that the healthcare profession will endure is that the adolescent is in isolation when they are in a hospital setting whether it be for acute need or a long term treatment. Adolescents will usually use their peers as a sort of mirror to identify themselves with and how they should be acting.<sup>31</sup> They develop a complex social system where each person views themselves through the other and incorporates different facets of this into their life and the shaping of their identity. Since it is not possible to observe the teen in their normal social interactions, one must gather insight from questions asked of the patient.

For teens within in acute care setting, the stress of the isolation is not terrible, but for those undergoing chronic treatment or stays, the stressors can increase drastically. Since adolescence is a time where interpersonal relationships are developed, the teen that is in isolation is separate from the budding complex social system. Thus, when they return they are not as integrated as those who have been developing the social system with other peers. Upon return they can be seen as an outsider. In order to help the teen fit into their social group, it is important to ensure that they have a good sense of self-esteem.<sup>32</sup> Since a lot of the social interaction includes confidence, if the teen has a healthy sense of confidence, they will be able to enter into these formed social groups with greater ease. In order to increase the self-confidence and self-esteem, the teen must be able to come into the conclusions about themselves naturally. The teen must come to the realization without any coercion or imposition.

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<sup>31</sup> James W Fowler, *Stages of Faith: The Psychology of Human Development and the Quest for Meaning* (New York: HarperCollins, 1981), 72.

<sup>32</sup> Zhang and Tan, "Exploring the Needs of Adolescent Girls" p. 152.

To help adolescents spiritually it must be discovered where they stand on the spectrum of spirituality. As a general trend it has been noted that adolescents if they are concerned with spirituality are less concerned with that of an organized religions. Thus, caring for adolescent spiritually can be a difficult feat. It was Bruce Marshall in *The World, The Flesh, and Father Smith* that stated "... the young man that rings the bell at the brothel is unconsciously looking for God".<sup>33</sup> While an increasing amount of youths today are avoiding organized religion,<sup>34</sup> they are looking for God, simply in other forms. While the quote has often been attributed to G.K. Chesterton, many theologians today view this quote as showing that everyone is in search for God, even if they are searching in the wrong places or by a different name.

Although Augustine in *Confessions* discusses how he was seeking the gifts that God gave, mainly truth, he was not searching for them in God, but rather in the created.<sup>35</sup> Even though Augustine had been searching for the truth, he was actively looking for it away from God. Throughout *Confessions* he states that he was pushing away from God. He was reveling too much in the carnal ways of his youth. However, here we can understand that even though he was looking specifically outside of Christianity, he was actually trying to find it. We find that God is Truth. God is the most Absolute Truth which all other truths take the absoluteness from. Therefore Augustine, while running towards other forms of "truth", was searching for God the entire time even though he was not recognizing that at the time. Thus, even though these youths may reject the notion of religion, they are still seeking something spiritually, and it is good to meet them where

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<sup>33</sup> Bruce Marshall, *The World, The Flesh, and Father Smith* (Houghton Mifflin Company, 1945) p. 108

<sup>34</sup> Büssing, Föllner-Mancini, Gidley, and Heusser. "Aspects of Spirituality in Adolescents". *International Journal of Children's Spirituality* 15, no. 1 (2010), p. 40.

<sup>35</sup> Augustine, *Confessions*, trans. Peter J. Sheed (Indianapolis: Hackett Publishing Company, Inc., 1942).

they are at and discuss their beliefs. Through this discussion there should be no forcing of any sort of dogma or belief on them, but simply discussing what they believe. When their own belief is discussed where the health professional acts merely as a guide, helping the adolescent articulate their beliefs, the teen is able to more fully understand that which they believe.

It is often difficult to put personal belief into words, but it is exactly through this process that a deeper understanding and knowledge can be gained and it is easier to apply to the lived life. This applies to both adolescents who reject the notion of organized religion and those who consider it an integral part of their lives. In both groups it is important to get them to more fully understand what they believe. When this is done, their self-confidence then has the ability to increase as they know more about themselves and what they personally believe. In addition to increasing the awareness of who the self is in these adolescents, discussing their beliefs will also help them relate to others. Often times they will relate on a social level in a better way because they are able to communicate their beliefs in a more efficient and understandable fashion to their peers. For those teens that identify as religious, this more in depth understanding of their belief will also help them to relate to God in a more concrete way, and will help them to understand the actual importance that their faith has in their life rather than simply the perceived importance many have.

The important thing to remember is that everything that is being done is for the patient. It is the spirituality of the patient and the parents that is most important.<sup>36</sup> The

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<sup>36</sup> Maureen Elkins and Roberta Cavendish, "Developing a Plan for Pediatric Spiritual Care" *Holistic Nursing Practice* 18 no. 4 (2004), p. 181.

Healthcare professional must focus on what is best for the patient and their family according to the beliefs of the family. However, the healthcare professional must tread lightly. It is often times during adolescence that the teen will go through religious experiences because that is what their family wishes them to do rather than what they personally want to go through. Thus, in the role of spiritually caring for the teen that by ministering to the family one does not ostracize the patient in doing so. It is important to be able to navigate the line in these scenarios where the patient and the family are both satisfied. If there is a large disparity between what the family believes and what the patient believes, it might be called for to have the family bring in their own pastor for themselves so that the healthcare professional might maintain the trust that the patient has given and not appear to be choosing their parents over them.

With both children and adolescents, the important thing is not the theological significance of the notion that they have of God by ensuring they have the proper definition. There are times when pediatric patients need a notion of a Superman God who can come to the rescue and take away the pain that they are enduring.<sup>37</sup> While this is not entirely theologically true, it can keep these populations from entering into other fallacies. Since in their mind, the center of the universe is them as the individual, believing in such an amazing God will keep them from believing that they are to blame for what has happened to them and prevent their guilt from consuming them.<sup>38</sup> The healthcare professional is then not steering them down the wrong path, but allowing them to have a positive notion of God so that their healing may be aided by the insights that

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<sup>37</sup> Roberts, *Professional Spiritual & Pastoral Care*, 264.

<sup>38</sup> *Ibid.* p. 265

they have to their relationship with God. It is also laying the foundation for the child to develop a more proper notion of God rather than a God that simply imposes rules and curtails the pleasantries in life.

While youths are admitted into the hospital for a variety of reasons, there should always be some sense of spiritual care. There are different issues that require different types of ministering depending on where the child is at. Childhood and adolescence are the times in which the character of the child is maturing into the person that they will be throughout their adulthood. The important thing to note however, is that in ministering to the child, the parents are also being ministered to. It is through the children that the parents are able to think through their own spirituality and how they relate to others especially their children. This can come into play especially in the scenario where the child has an issue with the parent such as their own relationship with the parent or the relationship that both parents have to the other.

### Chapter 3: Spiritual Care of Young Adults

Children age and with a growing maturity begin to transfer into adulthood. The change into adulthood is marked by many things, little of which is unimportant. It is a stage where people feel that they are children and yet adults at the same time. The transition into young adulthood is not abrupt, happening in one day. It is not on the eighteenth birthday that one is automatically transitioned from being a child to being an adult. However, it is often seen this way. These youths often say things such as “three months ago I had to ask to use the restroom and now I am expected to choose what I am going to do with my life.” On top of these early transition questions and views, there are

other issues that accompany young adulthood which ought to be addressed. These include the crisis of young adulthood and the varying degrees as to which it involves the everyday life as well as the spirituality associated with it. Thus, the challenge of young adulthood is to try to develop the person into the adult that they need to become, but also looking back into their childhood to determine the path they have already taken in their life. The choices which were made in childhood, while they may not determine it, have a large impact on the development during young adulthood. The important thing to remember when discussing young adulthood is that it is the transition time between childhood and adulthood there will be both aspects of childhood and the roots of adulthood present. This is an opportune time for spiritual care as the choices that have been made start affecting what they can or cannot do with the rest of their lives. With the aging and maturation process the spirituality can cause effects that permeate throughout the whole life of the young adult. The spirituality of the young adult is changing with other key areas of the individual's life in this period and must be addressed so that the whole person is cared for.

There are significant differences in the types of issues and dilemmas that young adults face. The United States Conference of Catholic Bishops define young adulthood as the ages from late teens through one's thirties.<sup>39</sup> With such a large demographic being confined to one category, it makes it difficult to speak about issues that the group is having. The issues of teens that are entering college or the workforce are not the exact same as someone in their thirties who has children. Thus, there needs to be some sort of

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<sup>39</sup> United States Conference of Catholic Bishops. "Young Adult Ministry," United States Conference of Catholic Bishops, <http://www.usccb.org/beliefs-and-teachings/who-we-teach/young-adults/index.cfm>.

separation between the two. The two groups then can be classified as Emerging Adult and Young Adult with the classifications being from the ages of 18-25, which is typically the period before marriage<sup>40</sup>, and the ages of 26-39 respectively.<sup>41</sup> The main differences are in the crises and mentalities which the groups carry, but those change gradually. Thus, the transition between the two is a lot like the transition between childhood and what is now being called emerging adulthood.

Leaving high school and either entering the work force or college is a big transition. Often times it is one of the most difficult transitions that people have made to that point in their entire lives up to that point.<sup>42</sup> Emerging adults are often not living with their parents anymore. College students may still technically live with their parents, but are spending most of the time either living on campus in college housing or are renting a house with other people nearby campus. They are no longer bound by a bell, but freely choosing the classes they take. They have the option of going to class or skipping. As with anything there will be consequences, but they have the option to either follow through with what they have signed up for, or to disregard it. Most no longer have their parents standing over them ensuring that they do their homework before they engage in recreation. This newfound freedom or autonomy begins to dominate their life. Unbound by parental constraints the emerging adult begins to assert their own dominance over life and the approach that they are taking. No longer are they doing the things that their

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<sup>40</sup> Shmuel Shulman and Jennifer Connolly. "The challenge of romantic relationships in emerging adulthood: Reconceptualization of the field." *Emerging Adulthood* 1, no. 1 (2013): 27-39.

<sup>41</sup> These ages are somewhat arbitrary. They are rough estimations of the division, but not true for everybody. In creating these divisions there will always be people that do not fit. There could be a twenty year old that is far more mature and developed than a thirty five year old, but on average these age groups seem to represent the population accurately.

<sup>42</sup> Norman S. Giddan, *Community and social support for college students*. Charles C Thomas, Publisher, 1988.

parents do, but rather these emerging adults are spending time on things that will shape who they are to be. In a vague sense, it is almost as if the individual experiences a rebirth when they leave the house and go on to college or into the labor force. The saying “the world is your oyster” begins to take shape for them and these emerging adults begins to develop into the people that they will be for the rest of their lives. Among these new activities is that of romantic interest. For the first time in their life they are able to become romantically involved without the knowledge of their parents and begin to experience intimacy in a new way.

The development of an emerging adult is something that is vastly different than that of an adolescent. According to Erickson, they have at this point in their life they have usually have a more developed sense of self and character. This developed sense of character allows them to reach out beyond themselves and begin to create more intimate relationships both romantically and platonically. This is what Erickson refers to as the crisis of Intimacy v. Isolation.<sup>43</sup> These types of relationships that they are working on in this stage of development is where the relationships that they are in begin to mature and development into lifelong friendships. During this stage the romantic relationships change from the relationship of just having fun with someone to having the undertone of members thinking if they will want to spend the rest of their life with this person. Both types of relationships are not the kind where if something goes wrong it ends. Stress will be involved in these relationships. There will be something that strains the relationship, and there will be a fight at some point. With the stressor in mind, Erikson states that these are entered into with an ethical component of strength and a willingness to have the sort

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<sup>43</sup> Erickson, *Identity and the Life Cycle*, 101.

of hard commitment where the sacrifices can be significant and compromises will have to be made.<sup>44</sup> The juvenile sense of relationship is being left behind and being replaced with a more adult notion and expectation for how one ought to interact with those in their surroundings.

Further explanation of the development through this crisis can be found in Lawrence Kohlberg's theory of development. Work is being put into maintaining these relationships for the sake of the relationship itself rather than the social function that the relationship can have to the person that is engaged within the relationship.<sup>45</sup> The emphasis is being placed on inherent value within their lives. In a broad sense the relationship that they have to the world is shifting from a sense of use to a sense of valuing for the sake of the valued. Thus, throughout the maturation of relationship there is a sense of moral advancement as well. As children age through adolescence, there is a sense of morality that stems from rules. They are being told what is right and wrong, and they follow this sense of morality because of the consequences that will result from their actions. Most often they will choose to do the right thing because either they will be rewarded, or they will act so as to avoid the negative consequences of doing the morally wrong thing. It is in foregoing this "childish" sense of morality for the more adult that the emerging adult is able to work on the morality that is needed entering into the adult world.

This would be where they are starting to come to their own decisions instead of focusing on what they have been told. In a sense they are developing the conscience in

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<sup>44</sup> Fowler, *Stages of Faith*, 80

<sup>45</sup> *Ibid.* p. 78

accordance with themselves. They are figuring out what is morally right for them and what being a moral person looks like. It is this transition of thinking and morality that is inherent in the decision-making process of these emerging adults, as they have developed their own ideology.<sup>46</sup> This ideology is important because it is something that has been added to their life that effects each decision. The ideology is made up of more than just their beliefs and customs, but also their conscience. This is only able to develop in a full manner when the emerging adult branches out and turns into their own. If the parent is still heavily involved in the process of their life, the emerging adult will not be able to develop their own ideology until later in life. The ideology takes hold when there is a shift from reliance on the family to reliance on the self. A main component of this ideology however, is the reliance on the autonomy that is expressed by the emerging adult.<sup>47</sup> The autonomy of the individual happens on both the college and the work force path. In college the emerging adult is often separated from family and making decisions for themselves. On the career work force path we see an increase in decision making when it comes to work. However, among both at the beginning there is still a reliance that is seen in terms of the emerging adult on the parents. It is not necessarily a financial reliance but one of security. This can be due to the fact that many emerging adults do not see themselves as adults.<sup>48</sup> Often times these individuals will not consider themselves adults until they have entered well into the young adult stage.

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<sup>46</sup> Jeffrey J. Arnett, Kathleen D. Ramos, and Lene A. Jensen. "Ideological View in Emerging Adulthood: Balancing Autonomy and Community." *Journal of Adult Development* 8, no. 2 (2001): 70

<sup>47</sup> Ibid.

<sup>48</sup> Ibid.

### Emerging Adult

Knowing where the emerging adult is developmentally helps in determining a solid sense of where the emerging adult needs to be walked with and ministered to spiritually. Knowing that they are valuing their autonomy, it is most likely that they do not like being in the hospital. Not only is one not independent in the hospital as is the case with intravenous drips, but they are being told what they can and cannot do. In this manner the best course of action may be to have the chaplain step in to deal with the spiritual dimension of care. This is because the physician and other healthcare professionals are sometimes in a place where they need to tell the patient things that need to be done. While the patient is in control of their own care, the healthcare provider can give a sense of tough love by being blunt and encouraging the patient in treatment. The chaplain in this type of situation can act as a person that is not telling the patient what to do, but rather just listening. The chaplain can reassure the patient that they are not there to tell them anything that they are not willing to hear or say that they have to do anything. They can suggest things but it is important that they not do anything that the emerging adult would see as hindering autonomy. In response to the autonomy of the patient there should also be work by other healthcare professionals as well. While it would not necessarily be appropriate for a physical therapist, being that it is often essential for them to get patients to do things that hurt, it is important that the autonomy of the patient be reinforced. The Doctor can tell the patient what is wrong and what needs to be done to fix it, but it is the responsibility of the patient for deciding whether to follow through or take another course of action. Thus, this should be emphasized by those professionals that are involved in the care that the patient has ultimate responsibility and autonomy.

A large problem among this demographic is that there is a rather alarming sense of spiritual decline. In almost every category of spiritual classification the percentage of yes answers has decreased by over five percent per question.<sup>49</sup> There will be an increased emphasis on the autonomy that the individual has and less reliance on the community as there is no sense of fellowship on a deeper level but rather just with those who are in the same social circles that they are. The lowest point of people believing in God's existence and personal involvement is the first couple years of emerging adulthood at around the end of the teenage years.<sup>50</sup> These couple years are then the time when the individual is looking for something to put their faith in.

With this increase in autonomy and the development of a personal ideology, a development that seems to be happening more often is that of slow changes. While the number of people with positive reporting on the religiosity and spirituality scale are decreased, the number is probably a larger decrease than is being reported. People do not always abandon their religious identity, but will abandon the practices and ideology that accompany. In a poll conducted during 2018 by The Marist Poll in collaboration with Knights of Columbus, about forty seven percent of Catholics in the United States are non-practicing.<sup>51</sup> People are still holding onto their nominal faith identity but they are becoming less involved within the Church and are not incorporating tenets of the faith into their everyday lives. Within this age group the belief around sexuality has drastically changed as well. Emerging adults are far more likely to engage if promiscuous

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<sup>49</sup> David P. Setran and Chris A. Kiesling. *Spiritual formation in emerging adulthood: A practical theology for college and young adult ministry* (Baker Academic, 2013), 12

<sup>50</sup>Ibid.

<sup>51</sup> "Marist Poll Scotus Nominee". Marist Institute for Public Opinion, Poughkeepsie, NY (2016)  
<https://www.kofc.org/en/resources/communications/marist-poll-scotus-nominee.pdf>

sexual behavior before marriage with little to no consequences and view it as something that is part of their culture and identity.<sup>52</sup> Since the church renounces the pop-culture view of sexuality and things that go with it, many emerging adults are going away from the Church. If they want to belong to a church they are wanting to belong to a Church that says everything is okay and that you cannot do anything wrong. The autonomy of the person is so important to emerging adults that many reject any input that restricts what someone can do.

In a world where it seems that it is countercultural to belong to a religion in the notion of a Catholic Christian context and to have convictions on what is right and wrong, it is important to express what it means to be religious to them. The important thing to try to convey to these emerging adults is not the stereotypical notion of soap box Christianity, but rather a community of believers following Christ with love in their hearts. It is trying to be like Jesus where the sin is hated but the person is loved. For true reconciliation to occur there needs to be education. To use an example, the Catholic Church and its teachings on homosexuality will be used. The Catholic faith has been labeled is “anti-gay”. Since this is the notion that people are getting of the Church, it is no wonder why people are leaving. A religion of hate should never be tolerated. Thus, what should be important is the emphasis on love. It must be shown that the Church does not go against them. In the Catechism, it states that “[homosexuals] must be accepted with respect, compassion, and sensitivity.”<sup>53</sup> Thus, through education it is possible to show these emerging adults that the Church is not against anyone, but rather against the sinful

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<sup>52</sup> Setran and Kiesling. *Spiritual formation in emerging adulthood: A practical theology for college and young adult ministry*. 13

<sup>53</sup> Catholic Church. “Chastity and homosexuality,” in the *Catechism of the Catholic Church*, 2nd ed. Vatican: Libreria Editrice Vaticana, 2012.

acts that they commit. Through this education it is also possible to show that the Church embraces them for all that they are. This education allows the individual to better understand what organized religion is and understand their own spirituality in relation so that they may further examine how to live their own spirituality.

It is in this population where the HOPE questions begin to emerge<sup>54</sup>. Within the HOPE questions is the question of meaning.<sup>55</sup> When someone decides to forego their faith, the answers to this question can vary. Answers may sound similar to things such as a job, friends, family, etc. However, the thing that happens when answers sound similar to this is a lack of grounding. Someone could get fired from their job or lose friends and family. When this happens, the meaning in their life disappears and has the possibility to send them into a depressive spiral from the lack of meaning. Thus, when the meaning of life can be found in something that is absolute and immutable, there is less chance of entering into a depressive spiral when a drastic change occurs in life. Not only is the healthcare professional helping them find meaning in their life, but they are encouraging the patient to think about the deeper questions found within life.

Thus, with the emerging adult demographic it is important for the healthcare provider, specifically the chaplain but other providers as well, to be a sort of luminary. To shine a light to the areas where their knowledge is lacking is an important tool for education. It is this act that allows the individual to bring about their own light. It allows them to find who they truly are as they relate not to the dynamic but rather to the static. It

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<sup>54</sup> The HOPE questions are a baseline spiritual inventory of asking where the patient receives hope, what the organized religion they belong to is, their personal spirituality and practices as well as the effects on healthcare that this spirituality contains.

<sup>55</sup> Anandarajah, Gowri, and Ellen Hight. "Spirituality and medical practice." *American Family Physician* 63, no. 1 (2001): 81-88.

is in showing that there is someone to walk with as they are going through difficult changes that the individual can experience love. It is in this sense that the love of the Church is to spread and to show that there are people who care. In some senses it is that the healthcare professional is a guide. They cannot say to go one way or the other but can show the challenges of both ways and recommend. They are there to walk with and to help in any way possible, but that is all that they can do. It is in this helping and illuminating that the emerging adult patient is adequately cared for in all dimensions other than simply that of medical.

### Young Adulthood

As people enter into the phase that we are calling young adulthood, priorities begin to change. No longer are people trying to avoid what is now referred to as the domestic life.<sup>56</sup> It is this time when a majority of people who are now young adults begin to look for relationships where marriage is what the relationship is trying to figure out. No longer are they simply dating for the “fun” that is seen as dating someone. It is this transition from thinking about such commitments with a “yes, but not yet” mentality<sup>57</sup>, to a point where they are ready to enter into a long term committed relationship and family life. It is through this transition that the concerns of the individual begin to change into ones that concern other people.

Accompanying this shift in relationality that the young adult has with others both romantically and platonically, changes their view of morality slightly. Their morality does not necessarily change, but sometimes the reasoning for such morals can change.

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<sup>56</sup> Arnett, Ramos, and Jensen. “Ideological View in Emerging Adulthood: Balancing Autonomy and Community” p. 6

<sup>57</sup> Ibid. p. 7

The moral reasoning in adulthood seemed to regress. Although there can be some regression seen among college students, it is usually around the turn of young adulthood out of emerging adulthood that a regression can be seen among a large number of individuals.<sup>58</sup> The morality often does not change, but the reasoning behind the choices they make will be affected. These young adults are starting to become critical of their reasoning as they make this transition into what many see as being a real adult. Often times it is around this age that people are either exiting college (as seen in people who take more than the standard four years to graduate or begin college late) or they are exiting graduate school and starting to enter into a career and developing a concrete and rooted life.

With the focus of young adults not necessarily on themselves and what they are getting out of their life, the hospital stay may not be perceived as negatively as in other times of life. The hospital stay may not be seen as limiting their freedom as it does in earlier stages of life especially emerging adulthood. However, it does not mean that the healthcare professional does not have to worry about the spiritual wellbeing of the patient in this context. Something that should be emphasized and checked in upon is the quality of life that the person is living. According to the life stages of Erikson, the early young adult is still dealing with the crisis of Intimacy v. Isolation.<sup>59</sup> It is vital that the healthcare professional ascertain the type of relationships that the patient has. If the young adult is lacking these types of intimate relationships, the healthcare professional ought to work with the patient in dealing with the issue. It is through the social interaction that people

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<sup>58</sup> Fowler, *Stages of Faith*, p. 81

<sup>59</sup> *Ibid.* p. 52

are able to grow. Whether it be through a referral to counseling or simply repeated visits in which the healthcare professional and patient discuss the impact of such isolation of their life, steps should be taken to help the patient remedy the situation if they want it to be remedied.

Isolation in young adulthood can be detrimental to the health of the patient. Isolation of the individual and loneliness were found to have a significant positive correlation.<sup>60</sup> While this result was to be expected, it can be harmful to the mental and spiritual health of the patient. The person is meant to be in community. A community is founded on love and acceptance of the other. It is through the community that people are able to grow. A community acknowledges that there is brokenness within and works from that.<sup>61</sup> The brokenness of the individual is the foundation from which the community builds knowing that everyone is broken. Through this shared brokenness people are able to grow with each other.<sup>62</sup> There is also a tendency towards community. It occurs all throughout nature. In most animals there is a so called 'pack mentality'. They congregate together. It is when an animal is separated that they die. Thus, it is the same with humans. While they may not die physically there is an emotional toll that is taken on the individual that is separated. However, in the community they are able to thrive. It is because authentic community is not concerned with domination but rather love and caring for the other. God is three persons in one. There is a full giving of each person to the other two. Since humans are made in the image and likeness of God, everyone is

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<sup>60</sup> Timothy Matthews, Andrea Danese, Jasmin Wertz, Candice L. Odgers, Antony Ambler, Terrie E. Moffitt, and Louise Arseneault. "Social isolation, loneliness and depression in young adulthood: a behavioural genetic analysis." *Social Psychiatry and Psychiatric Epidemiology* 51, no. 3 (2016): 339-348.

<sup>61</sup> Vanier, Jean. *From Brokenness to Community*. (New York: Paulist Press, 1992), 37.

<sup>62</sup> *Ibid.*

called to this. While there may not be able to enter into perfect community, there is still the calling. Thus, entering into this community, one may experience the love that is needed to develop and grow with others to what is important and have a true identity that is formed correctly.

The impact of the community on the development and outcome of the individual is very important. Even stronger than the link between isolation and loneliness is the link that both have to depression.<sup>63</sup> While the correlation between the isolation and loneliness may have weight due to the correlation of both with depression with loneliness being a possible symptom<sup>64</sup>, the fact still remains that there is a strong correlation of isolation with depression. Not only is depression bad for emotional and spiritual health of the patient, it is also bad for the physical health of the patient.<sup>65</sup> The physical ramifications of such an issue can present a challenge to healthcare providers as the root of the issue is not something that can be treated in an acute setting. Thus, it is important that the intimacy level<sup>66</sup> of the individual be attained so that there can be follow up if it is necessary.

This age group contains a large number of life changing decisions and environments that people are experiencing. Since both age groups are experiencing life changing events the ministry to both demographics will be similar. However, they must also be fundamentally different. Since emerging adults do not yet fully see themselves as adults, they must be treated as they are adults, but also with a compassion showing that

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<sup>63</sup> Matthews *et al.* "Social isolation, loneliness and depression in young adulthood: a behavioural genetic analysis." *Social Psychiatry and Psychiatric Epidemiology* 51, no. 3 (2016): 339-348.

<sup>64</sup> *Ibid.*

<sup>65</sup> Trivedi, Madhukar H. "The link between depression and physical symptoms." Primary care companion to the *Journal of Clinical Psychiatry* 6, no. 1 (2004): 12.

<sup>66</sup> Intimacy here does not equate with romance. Intimacy is being used to indicate a close relationship that can exist in the familial platonic or romantic relationships that an individual has.

the healthcare professional is aware of what they are going through. With the young adult population it is important to ensure their quality of life and that they have made the transition into adulthood. It is also important to minister to the wants and desires of this population especially in terms of career and family life.

## Chapter 4: Spiritual Care of the Middle Aged

Having undergone numerous developmental transitions, the transition into middle adulthood does not come as a surprise. While not unexpected, the transition to middle adult rarely is embraced with open arms. No longer are people starting their lives and choosing what their life will be about. People have settled into jobs and have fully invested themselves into the family life. Of course there are people that have chosen otherwise, but for the majority it has been this choice to a more ‘domestic’ life. People have rooted their lives around family. The notion of what middle adulthood is and how people out to be living in it is the very ideal of many people as they enter into this stage of life. This stage of life often receives the least amount of attention from researchers with the focus shifted away from middle adulthood on both ends<sup>67</sup>. It is important to focus on middle adulthood because of the large number of things that happen in this age period especially having to do with emotional and physical health. While there is still the psychosocial development according to Erikson<sup>68</sup>, the changes that these individuals undergo are far different from those that are primarily seen coinciding with the younger age earlier development. It is also important to note that when individuals have reached

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<sup>67</sup> Lachman, Margie E. "Mind the gap in the middle: A call to study midlife." *Research in human development* 12, no. 3-4 (2015): 327-334.

<sup>68</sup> Fowler, *Stages of Faith*, 85

the ages associated with middle adulthood, the brain has been fully developed for many years unlike that which is seen in emerging and young adulthood.<sup>69</sup> Thus, the crises and spiritual issues that middle age adults undergo is significantly different than those seen in younger groups and must be treated accordingly to ensure the wellness of the middle age adult.

It is important to recognize that there is an impact based on the psychosocial development that the adult undergoes. Development in this sense is never complete. People are always on a journey to develop maturity and life experience understanding. The stages of development that fit with the issues that middle age adults are going through is the format of Erikson. The crisis that Erikson says that middle age adults are going through is that of Generativity v. Stagnation.<sup>70</sup> People want to be doing something. It is imperative in most people's lives that they have purpose. They want to be working towards something. If they are not active they will fall into a negative way of thinking. The danger is that if one perceives that they are doing nothing, thoughts of stagnation may occur when there is physically no stagnation in the person's life and they are actually living life with a purpose and goal in mind. It is also important to note that Erikson states that the generativity that people desire is not something that can be satisfied by the simple act of having children or the desire for children.<sup>71</sup> There must be something concrete and extrapersonal that the individual must feel that they have been responsible for generating. This notion of being generate or not impregnates even the

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<sup>69</sup> Sara B. Johnson, Robert W. Blum, and Jay N. Giedd. "Adolescent maturity and the brain: the promise and pitfalls of neuroscience research in adolescent health policy." *Journal of Adolescent Health* 45, no. 3 (2009): 218.

<sup>70</sup> Erickson, *Identity and the Life Cycle*, 103.

<sup>71</sup> Fowler, *Stages of Faith*, 85

smallest things in life. The person must in some way feel that they have been the cause of something that is a way to remember them.

Background for this crisis can be found in human nature. At the core, every person wants in some way to be immortal.<sup>72</sup> This can be seen in many aspects of life. A primary place to view this is that of late adolescence and early adulthood. The plans that people make do not have any notion of death in them and the thought that they will live forever. It is this longing for immortality that often sends people into the yearnings for life. As life progresses the thought of immortality changes, but it still remains. People often have the idealistic notion that science will get to a point where medicine and modern technology can keep death off forever. A place where this may occur is in creating a legacy. The concept of legacy is one that has pervaded modern society so much so that it sometimes is all that people can think about. It is the want for a treatment or disease or machine to be named after oneself. It is the desire that people know who you are and that stories of you get passed along from generation to generation. In science it is often the desire to discover something new that is imperative to life as it is known so that the discoverers name may go down in the textbooks of history and the legacy will be passed along like a flame continuing down the path even though the initial torch which held the flame has long been extinguished.

With the entrance into middle adulthood, the sense of immortality begins to diminish. While prior to early adulthood and during individuals most likely lost a grandparent and grieved, they were one generation removed. The notion of proximity has

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<sup>72</sup> Peter J. Ahrensdorf. "The fear of death and the longing for immortality: Hobbes and Thucydides on human nature and the problem of anarchy." *American Political Science Review* 94, no. 3 (2000): 579-593.

a much higher impact when dealing with death. When someone is in middle adulthood it is usually their parents that are dying. On average, people have much closer proximity to their parents than their grandparents. When the parent of an adult child passes away, especially when both parents have died, the adult child is now the oldest generation in their family.<sup>73</sup> The oldest generation in the family is often seen as the next in line for death. Thus, the adult child has lost their “buffer” to death. While it has often been seen as a normal part of life to lose parents, it has been argued that this experience is everything but normal.<sup>74</sup> While nearly everyone undergoes this type of loss, it can never be called normal. This is such a large transition that it can never be normal to an individual. Once a parent is gone they are gone forever. The impact on someone’s life from this is going to be significant. People will respond differently to the death of a parent based on their own personal relationship that they had with a parent, but it must not be ignored that there is the loss of that barrier to death. Society allows people to grieve the death of a parent or parents, but a stipulation has been made about the type of grieving as well as severity and duration.<sup>75</sup> This is the negative of society considering it a norm to lose a parent or parents as simply a part of aging.

There should be no stipulations on the proper way to grieve since each person undergoes something different. Included with the differences in the relationship that people have with their parents, is also the change to the family as a whole. The entire family structure changes and there is grief over that which accompanies losing a parent.<sup>76</sup>

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<sup>73</sup> Helen Marshall. "Midlife loss of parents: The transition from adult child to orphan." *Ageing International* 29, no. 4 (2004): 352.

<sup>74</sup> Ibid.

<sup>75</sup> Ibid.

<sup>76</sup> Ibid. p. 354.

There is no longer that structure which the middle age adult can rely on. This is especially evident when the adult child has children of their own. In some sense there is a comfort that people have being able to go to their parents for advice. When an individual loses their parents, they lose this area of advice. People will often ask their parents about raising children because their parents have already done so. Even though their views on such life events are significantly different<sup>77</sup>, the impact that parents can have on the life of their children is drastic. The impact of a death of parent has a much greater impact in middle age than when they are in their elderly years.<sup>78</sup> This shows that at this point in time a death of parent is a large life event for the middle age adult and creates a void in their life.

The losses are different when the adult child loses only one parent. The transitions that the adult child undergoes is different when there is only one loss compared to two.<sup>79</sup> When there is only one parent that passes away, there is still a relationship with the other parent. This relationship makes the devastation of losing a parent not nearly as bad because you have someone to grieve similarly with. However, while both the child and adult are grieving the passing of the same person the grief is something that is vastly different for both. The parent is grieving the loss of a life partner while the child is grieving the loss of a parent. The relationship with the remaining parent must change after the loss of a parent.<sup>80</sup> The dynamic has shifted. While both individuals are helping each other through the grief that they are going through, there is forever a lack in the

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<sup>77</sup> Carol D. Ryff. "In the eye of the beholder: Views of psychological well-being among middle-aged and older adults." *Psychology and Aging* 4, no. 2 (1989): 195.

<sup>78</sup> Ibid.

<sup>79</sup> Marshall. "Midlife loss of parents: The transition from adult child to orphan." *Ageing International* 29, no. 4 (2004): 355.

<sup>80</sup> Ibid.

relationship. C.S. Lewis in his book *The Four Loves* discusses how his friendship changed when his friend Charles Williams. In his friendship between Williams, Tolkien and himself, he said, “[n]ow that Charles is dead, I shall never again see Ronald’s reaction to a specifically Caroline joke. Far from having more of Ronald, having him ‘to myself’ now that Charles is away, I have less of Ronald”.<sup>81</sup> While there was always the dynamic of the relationship including both parents and the child, now there is only one parent with the child. The buffer against death of the middle age adult has decreased by half. This change in relationship with the parent emphasizes the change that the middle adult is going through. They not only are losing a parent but changing the relationship with another. This can lead to a reevaluation of their own life in many aspects that disseminates throughout what the person is experiencing.<sup>82</sup> This change can be a source of discomfort for the middle adult and can manifest while in the hospital and can be addressed for the betterment of the overall health of the patient.

The healthcare professional must address this matter with the patient. This loss that the middle age adult undergoes is one that changes the spirituality in a considerable way. They have lost someone that they most likely were deeply connected with. The grief that someone will endure will be evident and must not be glazed over. The grief should be embraced and worked with. However, there is not clean distinct model to work with when it comes to grief. The Kübler-Ross Five Stages of Grief<sup>83</sup> was an initial theory about how people go through grief but there has been overwhelming evidence that this is

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<sup>81</sup> C.S. Lewis, *The Four Loves* (New York: Harcourt Brace & Company), 61.

<sup>82</sup> Marshall. "Midlife loss of parents: The transition from adult child to orphan." *Ageing International* 29, no. 4 (2004): 355.

<sup>83</sup> The Five Stages of Grief are denial, anger, bargaining, depression and acceptance (<https://grief.com/the-five-stages-of-grief/>)

not the case.<sup>84</sup> There is a different method of grief for each individual. They may go from being okay with what has happened to having significant issues with the way that things have turned out. The stage model that has been put forward is based in more coping and defense mechanisms.<sup>85</sup> The model does not necessarily discuss the anguish and sorrow that people feel from losing such an important part of their life. There is no discussion of the regret that people feel for the way that certain events transpired and effected the relationship that they had. It does not account for the immense love that people have for one another. While the model put forth by Kübler-Ross can act as a guideline for the grief that people may endure, it should not be used as the absolute and the sole determinant on how the individual is helped.

The healthcare professional must then work with the patient to address the spiritual issues that they are enduring. By this stage the adult is usually established in a religion, and they are not likely to leave their religion, but how they relate to both their faith and other people are liable to change. The healthcare professional should discuss this change and ask the patient how they are coping with the change that is undergoing. The healthcare professional ought to discuss this change the entire time that the patient is going through it. Even though most doctors do not see themselves as being mental health care providers, issues such as this should be talked about with the patient. It is better to address this issue as it is being experienced rather than let it get out of hand and turn into a bigger issue than it ought to be.

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<sup>84</sup> Charles A. Corr. "Coping with dying: Lessons that we should and should not learn from the work of Elisabeth Kübler-Ross." *Death Studies* 17, no. 1 (1993): 70.

<sup>85</sup> *Ibid.* p. 73

With the transition from being both parents and children to simply being parents, the middle age adult begins to see the dynamic of family life different. The raising of a child is often influenced by that which the child is in contact with, and the way the parent raises their child will change when the system that the child is exposed to changes such as losing grandparents.<sup>86</sup> With this loss of family structure, the stress on the parent increases not only from losing parents but also the change in the way that they go about rearing the child. This is the place where it would be beneficial for the healthcare professional to ask how the middle age adult is relating to other people and their children. Discussing the transition with individuals can create an atmosphere for growth. The healthcare professional must truly listen to the responses that they get when discussing with the patient. When the healthcare professional truly listens to the patient it is able to convey both the respect that the patient deserves and the support that the healthcare team has to offer.<sup>87</sup> It is chief that the healthcare professional through the interaction with the patient convey that the support is not merely their own but rather the support of the entire healthcare team. It is not just one member of the team that cares for the individual but rather every single person on that team.

The overall health of the patient begins to change in middle age. Often people will notice a change in how they simply feel in their own body. The joints will start to simply ache and it may take a little longer to get over a cold. This is part of the aging process that everybody goes through. The body no longer as fit and vibrant as it used to be and

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<sup>86</sup> Kirby Deater-Deckard. 2004. *Parenting Stress*. New Haven: Yale University Press. p. 115.

<sup>87</sup> Roberts, *Professional Spiritual & Pastoral Care*, 104.

the susceptibility of the individual in midlife to cancer is elevated.<sup>88</sup> While this increased susceptibility continues throughout midlife and old age, the onset of this possibility is a watershed moment in their life. The three most prevalent cancers in middle age are those of the colon, breast and lungs.<sup>89</sup> Increased risk for these cancers are often recommend to be proactive against. This is why around middle age is when men start to get prostate exams and women begin more regular mammograms. Nevertheless there is more than simply cancer that can occur at this age. The occurrence of chronic disease also begins to become apparent.<sup>90</sup> With the emergence of such chronic diseases, both the hospital and doctor's office visits may increase which will affect how the patient sees their own health and independence.

One of the other big problems is midlife crises among most adults in middle adulthood. There are many things that can be attributed as the cause of midlife crisis, but it is different for each person. Certain things can be speculated on as being causative factors. One such thing is from the biological standpoint. In females, ovulation and maturation of the eggs usually begins to cease between forty and fifty years of age.<sup>91</sup> In males the cessation of gonadal function is not nearly as abrupt and slowly decreases fertility over time although abruptness may occur as well.<sup>92</sup> This change in middle age adults can have a significant impact on the psychological well-being of the individual.

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<sup>88</sup> Mary C. White *et al.* "Age and cancer risk." *American Journal of Preventive Medicine* 46, no. 3 (2014): S9.

<sup>89</sup> Marcia G. Ory, Lynda A. Anderson, Daniela B. Friedman, Jairus C. Pulczynski, Nola Eugene, and William A. Satariano. "Cancer prevention among adults aged 45–64 years: setting the stage." *American Journal of Preventive Medicine* 46, no. 3 (2014): S4.

<sup>90</sup> *Ibid.*

<sup>91</sup> Herant A. Katchadourian. "Medical perspectives on adulthood." *Daedalus* (1976): 43.

<sup>92</sup> *Ibid.*

Relating back to the crisis proposed by Erikson, the change that occurs biologically essentially limits the generativity of the individual.<sup>93</sup> Stagnation can affect the individual by causing a regression back to the crisis of Intimacy v. Isolation.<sup>94</sup> This stagnation can in turn can lead to the erratic behavior seen in middle age. However, the entire concept of a midlife crisis has been overemphasized. In the United States there are only about ten to twenty percent of adults in middle age undergo an actual crisis.<sup>95</sup> The regression that is observed is what most people will refer to as the midlife crisis. It is merely a returning to the actions that were exhibited in young adulthood such as looking for the best job and best ideal mate.<sup>96</sup> While it may not be a crisis, this shift in behavior ought to be addressed with the individual.

Addressing changes as they surface is one of the best methods for preventative medicine. Having discussions on why the patient is feeling the way they are helps the healthcare professional to understand where the patient is at, but also helps the patient to better understand themselves. It is in having the conversations such as these where in speaking aloud what is happening the individual is able to identify where they are not sure about things. It also helps to speak it so that they may hear what is going on. This is a case where the healthcare professional would be best to repeat what they are saying to ensure understanding between the two parties. It helps clarify for the provider as well as for the patient. Attending the misconceptions that the individuals have is of great

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<sup>93</sup> Children are still not enough to have generativity on their own, but a loss of ability is a significant drop in the generativity of the individual.

<sup>94</sup> Fowler, *Stages of Faith*. p. 85

<sup>95</sup> Margie E. Lachman, Salom Teshale, and Stefan Agrigoroaei. "Midlife as a pivotal period in the life course: Balancing growth and decline at the crossroads of youth and old age." *International Journal of Behavioral Development* 39, no. 1 (2015): 23.

<sup>96</sup> Alexandra M. Freund and Johannes O. Ritter. "Midlife crisis: A debate." *Gerontology* 55, no. 5 (2009): 582.

consequence. A vast majority of adults report that they would rather not be middle aged.<sup>97</sup> There are a greater rate of people reporting that they would rather be both younger and older compared to middle age. There is a chance that the thought of individuals reporting the desire to not be in this age group is affected by the stereotype and portrayal of middle age in the media. It is Thus, beneficial for the healthcare professional to be aware of the trials and tribulations that occur while one is in middle age.

Another aspect of spirituality that many feel uncomfortable doing, is offering to pray. Being able to pray with the patient is an immense step of healing. Offering to pray with patients and praying with patients has been shown to have a positive impact on the psychological well-being of the patient.<sup>98</sup> While prayer should be offered to all patients when appropriate, there should be a specific intention when working with middle age patients. These patients are usually fairly established in their current religion, spirituality, or both and have created a life where these things are important. Prayer often helps these patients find peace and also helps with coping mechanisms. The harshness of treatment can be balanced with the gentleness of prayer and the comfort that it can bring to the patient as well as the care provider. Research shows that among individuals who are religious and pray accordingly, the prevalence of mental health issues and neurodegenerative disorders decreases.<sup>99</sup> This offer must be taken seriously.

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<sup>97</sup>Lachman, Teshale, and Agrigoroaei. "Midlife as a pivotal period in the life course: Balancing growth and decline at the crossroads of youth and old age." *International JKournal of Behavioral development* 39, no. 1 (2015): 23.

<sup>98</sup> Elizabeth Johnston Taylor. "Prayer's clinical issues and implications." *Holistic Nursing Practice* 17, no. 4 (2003): 179.

<sup>99</sup> Amy L. Ai, Ruth E. Dunkle, Christopher Peterson, and Steven F. Boiling. "The role of private prayer in psychological recovery among midlife and aged patients following cardiac surgery." *The Gerontologist* 38, no. 5 (1998): 592.

The offer to pray is not appropriate for all patients. The offer to pray should only be offered if the patient expresses a connection with God or if the medical record shows that the individual has affiliation with a faith. People may have a faith but not feel comfortable enough to bring it up. The healthcare professional must make it a point of making people feel comfortable to talk about anything with them. Often times the focus within the medical setting is limited to what the patient has come in with that the other aspects of their life do not get addressed. When praying with a patient the values of the healthcare professional should never be compromised.<sup>100</sup> A healthcare professional that is Jewish should not forego their beliefs and pray to Jesus Christ with the patient if that is what the patient asks for. If this is the case, the nurse should find someone that is willing to pray with the patient because it is a way for the patient to feel more comfortable and displays the care that the medical team has for the patient in their fullness. Prayer helps the patient feel connected to their faith community and helps reduce the stress that they are undergoing from the change in family life and the various stressors that are associated with their life.

## Chapter 5: Spiritual Care of the Elderly

The last stage of life is that of late adulthood. It is the culmination of the every other life stage. It is where the complexities of life seem not as important and the simple things are able to cause joy in life. The time of retirement is at hand for many and time is made for grandchildren, family, and friends. It is where people no longer spend time doing things that they do not like but rather spend their time doing what they want and seizing their life and truly making it their own. It is where the fruits of what has been

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<sup>100</sup> Ibid. p. 181.

done in younger days come to fruition whether they be good or bad. Life experience has been plentiful and the wisdom that the late adult carries far surpasses the rest of the population. The hard part for these individuals as they enter into this final stage of their life is that there is far more free time. There is no longer a need to work eight hours every day. With this free time there is ample opportunity to explore the things that they wanted to explore but never had a chance to earlier in life. They can enter more fully into the important parts of their life. It is an opportunity for the individual to become fully alive and enjoy the life that they have without worry of career ramifications and negative aspects that may come as a result of them doing something. They have gone beyond the child rearing phase and have reached the point where they get to spoil their grandchildren rather than being the disciplinary action on them. Overall the experience of late adulthood is one that is to be embraced and entered into enthusiastically and willingly to experience the end stage of one's life. The spirituality must be addressed in this time because of the vast impacts that it can have on approaching the future and analyzing the past for individuals in old age and creating a better quality of life.

Maturation and development of the person is something that never ceases throughout the course of one's life. The thing that this maturation and development changes however, is the modality through which people are able to relate to both themselves as well as the other. The relating to self is often changed throughout the course of life due to the choices that were made. There can be regret for choosing one thing over the other, or they can be immense joy in the decisions that were made. Each decision that was made has a consequence. These consequences amass over the course of life and turn into the person that they have become. That person then is the physical

embodiment of those choices. While they may have the choice to do whatever they want, they carry with them the decisions that have already been made. With the additional free time that people find in their aged years, they are able to look back over their life and reflect. They are not so caught up with busyness and work that they have no free time, but rather can enjoy the memories that they have made.

With looking back and reminiscing on the memories that have been made gives an opportunity to appraise and question the things that have made their life. This is where Erikson's final crisis comes into play. This analyzing leads to the crisis of *Integrity v. Despair* in old age.<sup>101</sup> The Integrity that he talks about is one not of morality but of the mind and conscience. It is the acceptance of the life that has been lived and the love of the conscience rather than the self.<sup>102</sup> It is found when one looks to the depth of soul and the history of one's own life to see what has been made of it. To see the impacts that the other crises found and to discover the worth of what was generated and sustained throughout the life. The Despair is found when one is not satisfied with the life they have led. It is the state that is filled with regret and anguish. This Despair is not necessarily a thing of itself as the Integrity is, but rather a lacking of that which makes this stage good, being Integrity. The real sense of despair that people have is that there is not enough time to work for the Integrity that they seek.<sup>103</sup> Everyone wants the Integrity in their life, and they will strive to work for it.<sup>104</sup> This striving may not be realized and acknowledge until some point later in life. If one feels that there is still time to get Integrity, they will act to achieve a sense of integrity in their life. They do not just think of it and think that it

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<sup>101</sup> Erikson, *Identity and the Life Cycle*, 104.

<sup>102</sup> Fowler, *Stages of Faith*. P. 86.

<sup>103</sup> Ibid.

<sup>104</sup> Integrity will look different for different individuals due to the various moralities that people have.

would be nice. If it is possible in their minds they will work for it. Despair senses that the end is near and there is not time to change before the end approaches. Thus, despair is in seeing the end as it is and that there is no change. It may be that someone is not happy with the things that they have generated, or simply that they feel that they did not generate enough. It comes back to having to do with the legacy that people leave.

One thing that people have in late adulthood which many strive for is wisdom. They have gained this gift through many years of living life. That is the only way that wisdom can be obtained. Wisdom is not merely knowledge as there are people that have ample knowledge but would not be considered wise. Rather wisdom is that knowledge of the complexities of life which one endures.<sup>105</sup> This wisdom comes as a fruit of old age. However, it is only from having Integrity that the aged person may have wisdom.<sup>106</sup> This lack of wisdom then comes as a hurt for those that do not have Integrity. Not only do they not have the sense of inner peace and assurance that comes with Integrity but have bitterness and resentment filling their hearts for the life that they lived as well as the hurt from not having the wisdom to help people that need help. They see them going to other people to get advice that comes from wisdom of the years. Inherent in the wisdom that people have is a reflection back on their life. It is the ability to look back into the earlier years such as childhood and see how some of the beliefs were better than some of those found in adulthood.<sup>107</sup> Late Adults are near the end of the life cycle. There is no telling how much time they have left, but it is through this innocence of death and dying, the late

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<sup>105</sup> Ursula M. Staudinger, Jacqui Smith, and Paul B. Baltes. "Wisdom-related knowledge in a life review task: age differences and the role of professional specialization." *Psychology and Aging* 7, no. 2 (1992): 272.

<sup>106</sup> Fowler, *Stages of Faith*. P. 86

<sup>107</sup> *Ibid.* p. 194

adult is able to embrace life fully. They know they are going to die, but they do not know when. Thus, they can choose the life that they want to live and do what they want.

It is at this point in people's lives that priorities begin to change. A rather large priority for people in the elder years is that of religion. The number of people saying that religion was very important in their lives increase by nearly fifty percent from young adulthood to late adulthood.<sup>108</sup> Often times it is observed that a large majority of individuals at Church are seen to be in the late adulthood stage. The increased involvement with religion that is seen in late adulthood is seen as a way to reduce the fear of death. It would be expected then that the most religious late adults would be those that fear death the least, however, this was not the case as no negative correlation was found between the level of religiousness and fear of death.<sup>109</sup> Thus, there must be some other reason as to why those that are entering late adulthood are considering their religious and faith lives as increasingly important. Along with the wisdom that accrues over years lived so does religious knowledge. Those who are in late adulthood have a higher degree of religious knowledge and are able to relate it more concretely to their lives.<sup>110</sup> It is the recognizing that faith is not merely a belief, but it is a way of life. True Faith transforms everything about a person's life. It changes the person in their entirety. Through this there becomes a change in the way that life is viewed because it is living in a different way. Using Christianity as an example, with true Faith one does not just see Jesus as God who lived two thousand years ago, but rather as God who they give their lives to and work for

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<sup>108</sup> "Religious Landscape Study." Pew Research Center, Washington, D.C. (2014) <http://www.pewforum.org/religious-landscape-study/>, March 1, 2018.

<sup>109</sup> Paul Wink and Julia Scott. "Does religiousness buffer against the fear of death and dying in late adulthood? Findings from a longitudinal study." *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 60, no. 4 (2005): P207-P214.

<sup>110</sup> Grace Davie and John Vincent. "Religion and old age." *Ageing & Society* 18, no. 1 (1998): 102.

because there is a frameshift in their life so that they are not the center, but rather are living their life for and around God. Therefore throughout their lives, people come to change. The change is one that allows for the living of life rather than the planning of life. There is an emphasis on the now rather than a planning for the future. The past is gone, the future is yet to come, but the present is the here and now.

To know that one is nearing death is hard reality to face. It is the reality that the life of this world is coming to a close. It can produce different feelings for different individuals. Though one may not look as they are aging much if at all as is the case when the ninety year old man appears to be at most seventy, there is often a sense of the age. In the words of Tolkien from *The Lord of the Rings* as voiced by Bilbo "I am old, Gandalf. I don't look it, but I am beginning to feel it in my heart of hearts".<sup>111</sup> There is that inner sense of aging that affects the mind and the soul. It is a sense of the impending doom that is faced through the death that all endure. It is this impending doom that people are always skeptical of. When an elderly individual enters a medical setting for a routine visit or an acute visit, there is a sense of mortality that remains in the back of the mind. Mortality is a natural function of life and serves as part of human existence. However, it can seem as if it is a terrible thing. Old age has been surrounded in a veil of negativity.<sup>112</sup> It is in seeing how good old age can be that society flourished. Historically the elderly were welcomed into the home and revered for their wisdom and life experience. Recently there has been a shift to put the elderly into various types of homes whether they be

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<sup>111</sup> While this is from a fictitious work it seems appropriate to apply here. Fiction in its most pure form points toward reality thus there is truth that can be found in fiction.

Tolkien, John Ronald Reuel. *The Hobbit*. Houghton Mifflin Harcourt, 2012.

<sup>112</sup> John R. Logan, Russell Ward, and Glenna Spitze. "As old as you feel: Age identity in middle and later life." *Social Forces* 71, no. 2 (1992): 454.

assisted living, nursing, group, etc. Society as a whole has decided that being aged is bad so anyone who is elderly must be relegated to the margins and not be a part of society when in reality they should be embraced. This is the lens that must be used when working with the elderly.

The spirituality of the elderly is very important. This spirituality offers the elderly a coping mechanism,<sup>113</sup> as well as a way to further understand the life that they have lived. Through a spirituality especially organized religion, the individual is able to accept things in a better way as it fits into their lives. The integration is made easier through the spirituality of the person. They are not as combative against such things, but they are more open and accepting of that which is coming to them. Thus, the role of healthcare professional should be to encourage this type of thinking in the individual. While the healthcare professional should in no way force their own religion, it is imperative that the provider be there for the individual so that they know they are not walking on this journey alone. Faith communities will often be involved in the spiritual care that the individual is going through, but it is in showing solidarity with the patient that the healthcare professional can show the support of the entire healthcare team and show that the person is being cared for rather than simply the body. It is in this showing of care that the atmosphere is better for that of treating the patient and the mutual respect is increased in all facets.

Healing is an essential part of the any life especially when introduced to a medical setting. Unfortunately those individuals who are more aged take longer to heal from

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<sup>113</sup> Douglas Oman and Dwayne Reed. "Religion and mortality among the community-dwelling elderly." *American Journal of Public Health* 88, no. 10 (1998): 1473.

wounds.<sup>114</sup> This is the place where the hospital and medical facilities can become a place that does not facilitate true healing. Medical centers often focus on reducing the length of stay. They are focusing on having people spend the least amount of time in the hospital as possible. Sometimes, however, this is not the best thing that can happen for the patient. This can lead to the form of healthcare that is only focused on the body rather than the whole person. The shift to caring for the person can actually lead to better statistics for the hospital. When the patient as a whole is treated, the outcomes are far better. However, the hospital should not treat patients in the acute setting for a longer period of time than necessary so that they do not receive a nosocomial infection.<sup>115</sup> What should be included along with the treatment of physical health is the emotional health. The mentality that the aged patient has can affect their treatment heavily. Thus, it is important to ensure that they are in a good state of mind and that they feel that they are supported and truly cared for. Those who feel that they aren't part of a community and are not integrated have double the chance of being readmitted into the hospital.<sup>116</sup> Increased admittances to the hospital usually have the effect of decreasing the quality of life of an individual. Thus, to ensure the maintenance of quality of life, admittances to the hospital should try to be kept to a minimum. In order to accomplish a reduction of admission it is the responsibility of all those involved in patient care to ensure the spirituality and mental health of the patient is taken care of. It is important for the healthcare professional to realize that through this

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<sup>114</sup> Brice E. Keyes, Siqi Liu, Amma Asare, Shruti Naik, John Levorse, Lisa Polak, Catherine P. Lu, Maria Nikolova, Hilda Amalia Pasolli, and Elaine Fuchs. "Impaired epidermal to dendritic T cell signaling slows wound repair in aged skin." *Cell* 167, no. 5 (2016): 1335.

<sup>115</sup> Laurent G. Glance, Pat W. Stone, Dana B. Mukamel, and Andrew W. Dick. "Increases in mortality, length of stay, and cost associated with hospital-acquired infections in trauma patients." *Archives of Surgery* 146, no. 7 (2011): 798.

<sup>116</sup> Maija Reblin and Bert N. Uchino. "Social and Emotional Support and its Implication for Health." *Current Opinion in Psychiatry* 21, no. 2 (2008): 202.

caring for the patient that not only does that patient get better faster since a more suitable environment is available for healing, and the length of stay has the possibility to decrease, but there will be a higher level of mutual respect with the patient.

The individual who is in late adulthood is in the hospital far more often. This is because of the prevalence of chronic illness. Those in late adulthood have a drastically higher rate of having at least one chronic illness at about eighty percent while the nation as a whole is at fifty percent.<sup>117</sup> Multiple chronic illnesses are seen with around seventy seven percent of late adults reporting two or more chronic illnesses.<sup>118</sup> Different chronic illnesses often require different types of hospital stays as well as a different frequency of visits. However, they all require routine medical visits more than the wellbeing check. Chronic obstructive pulmonary disease can present with varying severity and varying times. Therefore there is not a set schedule that patients adhere to when visiting the hospital. This is compared to someone who is undergoing kidney failure that has visits on the same three days each week for dialysis with an occasional special treatment scheduled. It is often that the patient begins to be on a first name basis with those who work in the hospitals. It is no longer the patient talking to the nurse, but rather the patient talking to Florence.

The suffering that a patient with a chronic illness experience is different. They do not have symptoms of a disease that is treated in acute care. While they may have to come to acute care for a certain symptom of their disease, they are by no means acute care patients. Acute patients may have a few days or a week of suffering from being in

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<sup>117</sup> Holly Michaels Fisher and Suzanne McCabe. "Managing chronic conditions for elderly adults: the VNS CHOICE model." *Health Care Financing Review* 27, no. 1 (2005): 33.

<sup>118</sup> Ibid.

the hospital and their illness, but it is not like that of the patient with chronic illness. Often with chronic illness there is no fix. There is no way to cure arthritis. It is something that people must live with for the rest of their lives. The physical pain may vary, but there will always be arthritis. When someone has difficulty simply walking, there is a far different suffering that they endure than those who have to go into the hospital for an appendectomy. For many with a chronic illness there is no end in sight.<sup>119</sup> There is no cure for autoimmune disorders such as Lupus. While the prevalence and advancement may be down, HIV/AIDS still has no cure. Medicine can only slow down it's progression. The way of life of the patient is being changed. The identity of the person changes in response to diagnosis of a chronic illness and as the illness develops.<sup>120</sup> The chronic illness begins to effect all the parts of the body. If it is chronic obstructive pulmonary disease it not only effects the breathing but also movement and the physical activity of the person who has been diagnosed with it. Suffering comes in from not being able to do the things that they want. When a grandfather cannot keep up with his grandchildren running around the yard because he has trouble breathing, or the yearly hike cannot be accomplished. That is a form of suffering that affects both the body and the spirit.

Having faith through the ordeal of chronic illness is important. For healthcare professionals it is important to walk with the patient along this journey. To encourage their faith where they need it. If they are struggling, having faith can be a significant way to cope with the stress and suffering that is occurring because of the change with chronic

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<sup>119</sup> Roberts, *Professional Spiritual & Pastoral Care*, 304.

<sup>120</sup> *Ibid.* p. 307.

illness. It is in gaining this emotional and spiritual health that the healthcare professional ought to help with and encourage.<sup>121</sup> The quote by Julian Seifter “You are not your illness” is something that healthcare professionals should encourage in the patients. They are not defined by what they have, but rather by who they are. While it may change due to limitations of the illness, they should still maintain their own unique being. They should focus on who they are, and who they can be. It should be emphasized that they are still entirely unique and entirely their own person. The patient now has a different state of being. They may not be able to do what they once had, but they can still maintain who they are. They have in a sense created something that is similar to a new normal. A new standard has been a met. A paraplegic will most likely never walk again, but that does not mean their life is over. It means that they can still maintain a healthy lifestyle, they just cannot do what they once did while walking. It is through this new sense of normal that things can begin to relate again. The spiritual care is helping with to ensure that things can be related to again for the individual and to walk with them along the path so that they may not become discouraged and lose hope amid their illness. Most importantly it is the role of healthcare professional and all those around the patient to ensure that the patient knows that they are still loved.

The last stage that a person enters is dying. Death is an inescapable reality that comes to all. However, everyone approaches it differently. There are those that can accept that they are dying and enter peacefully into death, and there are those who do everything they can to fight it. There is a point where someone must decide how they are going to enter. The difference can be immense and reactions can span all emotions. It can

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<sup>121</sup> Ibid. p. 310.

range from an easily remediable disease where a person foregoes treatment and accepts death to someone that has no hope of surviving wanting every life saving measure that a hospital can offer. The conditions of death can also vary. Someone can be in the hospital dying from kidney failure which was known about, and someone could also be coming into the hospital with an aortic tear that cannot be fixed. One knew what was happening for a long time but for the other it happened in an instant.

No matter what the conditions are, it is the responsibility of the healthcare professional to care for the patient both physically and spiritually. One of the major things that the healthcare professional must be weary about with treating people that are nearing the end of life is the distinction between lengthening the time of the life and lengthening the dying process.<sup>122</sup> The goal of end of life care should not be to put off death at all costs, but rather to minimize the suffering that goes on. Thus, lengthening the dying process only adds suffering on the part of the patient and should be avoided, but if the life can be lengthened then that is the thing to do as the suffering would be decreased the most by that. It still remains entirely in the hands of the patient however. The healthcare professional can explain the various methods of treatment, but in the end, it is the patient's decision on whether they want to proceed with treatment meant to put off death or switch to comfort care.

Suffering that accompanies the dying process is a horrible thing, but it does not have to be. Viktor Frankl wrote ““man is not destroyed by suffering; he is destroyed by suffering without meaning””.<sup>123</sup> The healthcare professional should try to help the patient

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<sup>122</sup> Ibid. p. 164.

<sup>123</sup> Viktor E. Frankl *Man's Search for Meaning* (New York: Simon & Schuster, 1984), p. 135.

find meaning in the suffering that they are enduring. The meaning that will be found will be different for each patient especially between patients that have differing faiths, but finding meaning in the suffering is how to prevent someone from going into a sense of despair. Many people are interested in returning to the spirituality and religion that they use to have when they are dying.<sup>124</sup> It is through this openness to spirituality that the provider is able to better connect with the patient and offer support to the patient at every stage during the dying process. To help the patient in anyway during the dying process is the responsibility of the healthcare professional. When the hospital says to let them know if there is any way that they can make the patient more comfortable, it ought to include this dimension of care.

One of the greatest things that the healthcare professional can do is listen to the patient. When a patient is actively dying or on hospice, the symptoms matter in as much as suffering is trying to be reduced, but overall the symptoms are not as important as the things that the patient is saying. The process of listening to the life of the patient is one of the most important things for healthcare professionals to do with patients that are dying. While it is good for all providers to listen, practically many nurses and doctors do not have the time to sit down and listen to the life story of a patient.<sup>125</sup> This is where it is often a very good thing to call a chaplain to speak with the patient. The chaplain is not discriminating based on religion or beliefs. The chaplain is there to listen and to help the patient the same as any other member of the healthcare team.

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<sup>124</sup> Christina M. Puchalski "Spirituality and end-of-life care: a time for listening and caring." *Journal of Palliative Medicine* 5, no. 2 (2002): 290.

<sup>125</sup> If it is possible for the healthcare provider to sit with the patient they should as there is immense joy in walking with a patient through their life. It also means a lot to the patient when they have someone to talk with.

Being able to review one's life while in the dying process is an amazing gift. When a person is able to tell their life story to someone and have them listen it is an experience that helps with the mental and spiritual wellbeing of a patient. While it may not help physically at all, it is a benefit for the person. In telling their story reflection is possible. For reflecting on the life is a way in which one is able to examine their own life and have the value of the memories. For with a memory it is able to be lived once, but it is able to be remembered forever. Through remembering it can bring the same feelings that it did at the time, or even deeper feelings than it did at the time. A trivial moment at the time is able to become a pivotal moment in a life where things begin to change forever in life. Being able to look back at these stages is an immense blessing on the part of the patient. The chaplain should feel blessed that they are able to be with the patient as they experience such an amazing review of their own life and that they are the ones that can help facilitate such an event. It is important to actually get the patient thinking about their own life. It is through the guided life review that a critical analysis is able to be achieved. One mustn't approach the life review simply by asking a patient to tell them about their life. It must be a dynamic interaction.

Being able to facilitate a life review takes work on the part of the healthcare professional. The healthcare professional must focus the patient on the entire life. When only part of the life is looked at it is often only the good parts of the life. Both the good parts and the bad must be examined. It is in looking at both the good and the bad that the appreciation for one's life is able to emerge. Life review in this sense is looking at the impact that the event had on the life rather than simply a recollection of the moment itself which does not do anything except see what the moment elicited as an emotional

response.<sup>126</sup> It is common for this life review to occur as one is nearing death, but it is beneficial having a chaplain to speak to so that there be somewhat of a guide and to reorient the life review on the things that matter. The active nature of a life review is not meant to be grueling, but rather a method for bettering the life. It is a reviewing, and then reintegrating back into one's life.<sup>127</sup> It is not the time to dwell on the things that were bad in life, but rather a time to rejoice in all the things that happened in the life and creating a life that is in itself reflexive and integrative of the life that was lived. It is the ability of the healthcare professional to fully enter into the story of the patient that true connection can happen. Through this life review which is a form of storytelling is human connection. It is a way for the patient to connect with others at a time when they feel that they are disconnected. Most of the time those who are dying in hospitals and in home hospice are surrounded by people that are not like them, but rather who are healthy and not nearing death. Thus, it is a way for the patient to better connect. When done in a social context, the ability to share one's life is a form of connection. It is in connecting that one may become more fully human at a time when the humanness of the person is drawing to an end.

The essential part of life can be found in old age and the dying process. To live a life that is good. It is all the more evident in old age whether one was able to accomplish this or not. It is therefore the responsibility of the healthcare professional to walk with the late adult through all that is going on physically, emotionally and spiritually. The life is drawing to an end and the thing to show for it is the life lived. There is no other thing that

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<sup>126</sup> Roberts, *Professional Spiritual & Pastoral Care*, 153.

<sup>127</sup> Mary Miller Lewis. "Spirituality, counseling, and elderly: An introduction to the spiritual life review." *Journal of Adult Development* 8, no. 4 (2001): 235.

matters in the end. There will be no money after one has died, but rather merely the life they lived. The choices that they made. Thus, being satisfied with the choices made is something that should be worked for. To walk with the patient as life changes and show the care that the healthcare team is one of the most important things that the healthcare professional can do. The most important thing that the healthcare professional can do for this population is not treat the symptom or disease, but rather the person. Show that the person is loved and cared for. That is the role of the healthcare professional in late adulthood.

## Chapter 6: Spiritual Care of Healthcare Staff

When discussing healthcare workers it is difficult because although many that work in the healthcare field experience the same issues, they are not the same. Healthcare workers can be located all throughout the developmental spectrum. From medical students who are in clinical rotations to those doctors that only work two days a week because they are in retirement. The ages of doctors vary by such a large extent that there can even be discrepancies between how different healthcare professionals converse with each other. The new doctor who is undergoing his fellowship in cardiology will not communicate in the same manner as a doctor who has been a cardiologist for the past forty years. Thus, it is difficult to discuss with certainty about the various issues that doctors and other healthcare workers have. To make things even more complex is that people enter the medical field at different ages. An increasing number of individuals are entering medical school at a later age. The average age for acceptance into medical

school is twenty-four years. With the severity of the daily occurrences that healthcare professionals experience, it is important to help their own spirituality to prevent adverse effects from occurring to the healthcare worker and allow them to care more fully for the patient.

While healthcare workers do fall into the various developmental stages that have been discussed in the previous chapters, there is another pathway of development that they undergo. There must be some sort of development that healthcare workers go through when working with patients. Along with the difference in how new and old doctors communicate, there is a difference in how they relate to their patients. This change can only come from direct patient interaction. The basics are able to be taught about basic demeanor around patients and the proper questions to ask in treating, but there is no set way that people are meant to interact with their patients. Medical Students begin clinical rotations in the third year of medical school but are closely supervised and often structure patient interaction similar to the method that the supervising physician uses or that which they have been told is best for the partnership with the patient.<sup>128</sup> For nurses patient interaction is begun during undergraduate studies but is more supervised than doctors. The patient interaction will change according to the practitioner after the training is completed. It should still be oriented on the patient, but having undergone numerous rotations in various fields of medicine the individual has seen different ways that healthcare workers connect with patients and will determine the manner that seems most appropriate for them to help the patient the most.

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<sup>128</sup> G. J. O. Marincowitz. "Mutual participation in the health worker-patient relationship." *South African Family Practice* 46, no. 4 (2004): 32.

The development that healthcare workers undergo is related to both the time in medicine and how the individual interacts with the patients. Dr. Bernice Harper put forth a model for the development of doctors dealing with death. Dr. Harper was an influential presence in advancing hospice to the point that it has reached today. Consequently, the model that she provides is focused on the hospice physician. Instead of solely focusing the physician, the model is good for all healthcare workers as it brings in the various levels of maturity that individuals have and the level of exposure to the medical field and patients that an individual has. It is not necessarily focused on age which is beneficial when talking about healthcare workers because of the varying populations that healthcare workers originate from and hold identity with. A pillar of her model is one that should be remembered by everyone that deals with healthcare. Dr. Harper stated “[c]are providers in the health field do not enter practice academically, intellectually, or emotionally prepared to deal with death and dying.” This could be said even for working with patients that are not in the active process of dying. Healthcare workers often see patients at some of the worst times of their lives and have to walk with them through such a terrible time in their life. Since healthcare workers are serving people with various levels of distress, the healthcare worker is exposed to various levels of distress, the professional must find some way to personally deal with the stress that they are exposed to, lest they are unable to cope and remove themselves from healthcare or not care properly for the patient.

The model is separated into six different stages for the healthcare professional. While none of the stages have a set time, they have associated times in healthcare that can help understand the most likely stage that various healthcare workers are currently in and express the connectedness the healthcare worker has to the patients. The first stage

for healthcare workers is that of Knowledge and Anxiety.<sup>129</sup> This is the beginning of a healthcare career. The knowledge of healthcare is held by the worker, but they have anxiety of death. They may not have had significant experience with death and the suffering that patients are enduring. It is the stage in which they are learning for themselves what it means to be physically caring for the patients. The caring becomes something that is concrete rather than simply knowledge from a book. It is a practical application of their knowledge and a learning that death is inevitable. In a way it is the pilot phase of healthcare for the new healthcare worker. It is giving experience in the healthcare setting but they are still removed from the patients slightly and have a getaway from the realities that are being faced.<sup>130</sup> The first few months that the healthcare worker has begun working in the medical setting is usually when this stage occurs, however, just as all the other stages this can be flexible where as some stay longer in this stage and others spend a shorter amount of time.

The second stage for healthcare workers is where the workers truly begin to relate to their patients. The healthcare workers may experience trauma, guilt, frustration, and sadness along with the patient.<sup>131</sup> There is a deeper connection with the patient and the suffering that they are going through as they are in the hospital. The reality of their own demise begins to take hold and they are forced to deal with the fact that they too will be in the hospital and going through the dying process. This could also be translated to working with sick and suffering. The things they treat are the same things that could and most likely will happen to them at some point in their lives. There is also the realization

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<sup>129</sup> Bernice Catherine Harper. "Growth in caring and professional ethics in hospice." *The Hospice Journal* 12, no. 2 (1997): 66.

<sup>130</sup> Ibid. p. 67

<sup>131</sup> Ibid.

that there are patients that they cannot help. Certain people come into the hospital and will never leave. That is a hard fact about medicine. Not everyone can be saved.

However, it is important to remember that everyone can be helped. The helping might be comfort care, but there is still a way to help. This leads to difficulty with the healthcare workers because everything that they have taught is to save the patient rather than accept that they are going to die.

Stage three of the development goes into the relation of the healthcare worker to the patient more so than the second stage. This is the stage that is most important in being able to develop coping skills for the stress and despair that are involved with working in healthcare.<sup>132</sup> It is the chief stage in the development of healthcare workers. This stage is often discernable by an outward display of depression.<sup>133</sup> This is where the healthcare worker can question the work they are doing especially when they are dealing with patients who are dying or are presenting with no discernable disease. It is in this stage that healthcare workers will come to a decisive decision to adapt and deal with the things that they are presented with working in the healthcare field or they will leave the field.<sup>134</sup> It is not for anyone to say which is best except for the individual that experiences the crisis, but this shows the development that must occur. There is no set framework for people to follow when it concerns these types of issues but rather the personal experience in healthcare that they come to rely on. These individuals are no longer in the theoretical book knowledge phase of medicine but rather in the practical phase. For many this stage

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<sup>132</sup> Ibid. p. 68

<sup>133</sup> Ibid.

<sup>134</sup> Ibid.

is after having spent six to nine months in medicine. The decision must be made relatively fast and is crucial to the type of healthcare worker they want to be.

After having made the decision to stay in medicine, healthcare workers will enter into the fourth stage of development. This is the stage where the healthcare worker is not as concerned with their own mortality. They still often think of it but it is no longer a source of harsh anxiety for the individual.<sup>135</sup> The concern that the healthcare worker had for the patient does not disappear. The only thing that disappears in this stage is the personal involvement in the anxiety and worry of treatment and/or the dying process. It is important to note that the healthcare worker does not become entirely detached from the patient's. There is merely a sort of emotional uncoupling where the emotional and spiritual wellbeing of the healthcare worker is not dependent on the patient. The emotional stressors that accompany going into healthcare are able to be checked by the individual and a higher quality of care is able to be offered. This usually happens around the one-year stage in medicine. It is here that the blocks that a healthcare worker must put up to not be severely affected by a patient is removed and a higher standard of care is possible.

When barriers between the healthcare worker and the patient have been removed a deeper connection is possible. The fifth stage of professional development in healthcare is that of compassion. The healthcare worker is able to have a compassion with the patient and the family. There is an ability to relate with the suffering that is being endured. The word compassion literally means to suffer with. It is in this stage where the

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<sup>135</sup> Ibid.

healthcare worker is able to fully accept disease and death and see the beauty and dignity that they have associated with it. The worker that is in this stage is able to determine what is happening in their own life in relation and able to relate to patient's in a much more significant way than ever before.<sup>136</sup> This happens somewhere between having spent one to two years in the healthcare field. It is the stage at which healthcare workers are fully entered into their job and can endure that which is given to them while working with patients.

The final stage of the professional coping mechanism development is that of knowing oneself and where they stand. It is in this stage where healthcare workers are able to identify with the horrible things that patients are enduring constantly without burn out.<sup>137</sup> It is in this stage where healthcare workers are aware of the things that are going on personally within them and are able to handle such issues as they arise accordingly. This is the stage in which ideally every healthcare worker should attain. It is through such experiences that the healthcare worker is able to embrace the work they do and know that through the experiences with patients and other healthcare workers they are able to learn both in knowledge and about themselves. It is this stage where healthcare workers are able to share their knowledge of medicine and help others that are travelling along the path of developing such coping mechanisms.<sup>138</sup> The ideal stage is where the healthcare worker can give everything they have while still retaining what they have. It is the perfect balance that is achieved in stage six. And while it is commonly seen as occurring between

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<sup>136</sup> Ibid. p. 69

<sup>137</sup> Ibid.

<sup>138</sup> Ibid. p. 70

six and eight years of entering into the world of healthcare, it can take longer and in some cases never be achieved.

These stages are important to the healthcare worker and advancing in their career. They are no longer students but rather professionals that have entered into the world of caring for people. They need to develop these coping mechanisms so that they may be able to handle the stress in a health manner so that they may continue giving everything they have in order to help the patients. When individuals fail to advance through these stages is when issues begin to arise. It is common for issues to arise when progressing through the stages but as one progresses the issue will resolve itself. However, if a healthcare worker ceases to progress through the stages there starts to become an issue. If progression halts before the achievement of stage three it often leads to dropping out of healthcare. However, if the discontinuation of stages happens after stage three and before stage six, that is where problems begin to arise in healthcare workers. That is where the spiritual care of healthcare workers begins to be an important intervention so that the stages may be once again entered into and the emotional and spiritual health of the healthcare worker may be in a healthy state rather than in a depleted state.

One of the most common problems affecting healthcare workers is burnout. Burnout can affect a large proportion of staff in a medical setting including but not limited to doctors, nurses, and social workers.<sup>139</sup> Burnout is the emotional exhaustion and

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<sup>139</sup> Linda H. Aiken, Sean P. Clarke, Douglas M. Sloane, Julie Sochalski, and Jeffrey H. Silber. "Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction." *Jama* 288, no. 16 (2002): 1988.; Kristine Siefert, Srinika Jayaratne, and Wayne A. Chess. "Job satisfaction, burnout, and turnover in health care social workers." *Health & Social Work* 16, no. 3 (1991): 194-195.; Shailesh Kumar. "Burnout and doctors: prevalence, prevention and intervention." *Healthcare*, vol. 4, no. 3 (2016) p. 38

depersonalization that can occur in person-centered professional fields.<sup>140</sup> Burnout is a result of prolonged physical and professional stress that is often maintained in a healthcare setting. The consequence of burnout among healthcare workers can be disastrous to the institution in which they are working. Burnout can lead to a lower standard of care or inadequate care as well as higher staff renewal rate among non-physicians.<sup>141</sup> Such effects can result from a lower sense of job satisfaction. When this is the case, it is more than simply the professional life that is affected. The personal lives of healthcare workers begin to see a change with burnout. In the personal life those who report burnout also report a higher score in dysfunctional things in life such as excess drinking, drugs, and familial issues.<sup>142</sup> Burnout can lead to poor coping mechanisms which only further deteriorates the healthcare workers life both in and outside the healthcare setting.

While burnout among healthcare workers is a problem that is well known about, it is often confused with other issues that healthcare workers go through due to their work with patients. One such issue is called Compassion Fatigue. Compassion Fatigue is a result of patient interaction alone rather than the work environment together with life work balance. Compassion Fatigue is also referred to as Secondary Traumatic Stress. While it is not defined under Secondary Traumatic Stress, this term has been commonly used to describe this showing that it is not the same as Post Traumatic Stress Disorder (PTSD). However, in the *Diagnostic and Statistical Manual of Mental Disorders Fifth*

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<sup>140</sup> Bettina F. Piko. "Burnout, role conflict, job satisfaction and psychosocial health among Hungarian health care staff: A questionnaire survey." *International Journal of Nursing Studies* 43, no. 3 (2006): 312.

<sup>141</sup> Christina Maslach, Susan E. Jackson, Michael P. Leiter, Wilmar B. Schaufeli, and Richard L. Schwab. *Maslach Burnout Inventory*. Vol. 21. Palo Alto, CA: Consulting Psychologists Press, 1986. p. 192-193

<sup>142</sup> Ibid.

*Edition*, the symptoms are listed under PTSD. Two of the four criteria for PTSD are applicable to Secondary Traumatic Stress. Healthcare workers often witness the events that people undergo as it relates to illness or the results from a severe trauma. They also learn of other traumas through meetings or consults with other doctors. Both of these are documented causes of stress disorders<sup>143</sup> This type of stress is often observed when the healthcare workers strive to care for patients with a higher level of care than they give to themselves.<sup>144</sup> This can often lead to many of the same symptoms described with burnout. Compassion Fatigue can also include more existential issues as well including moral, philosophical, and theological dilemmas.<sup>145</sup> Part of the reason that these issues are prevalent in a healthcare setting is the people that work within.

Those who enter healthcare are people that care about others. They want to help others so that they are not suffering but rather in a totally healthy state. A result of this caring is that many healthcare workers have empathy. This empathy is not sympathy for the person. Brené Brown asserts that empathy feeds connection while sympathy pushes disconnection.<sup>146</sup> Since the healthcare worker has this empathy, there is a connection that they feel with the patient that can be emotionally taxing when the healthcare worker has a heavy patient load. Taking the perspective of another can be a dangerous action. If there are not proper coping mechanisms the turmoil and distress can weigh the caregiver down so much that they are no longer able to relate and truly connect with individuals. This can

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<sup>143</sup> *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Arlington, VA :American Psychiatric Publishing, 2013.

<sup>144</sup> Brian P. Hughes, Cristy DeGregory, Ronit Elk, Dennis Graham, Eric J. Hall, Judith Ressallat, "Spiritual Care and Nursing: A Nurse's Contribution and Practice," *Healthcare Chaplaincy Network* (March 2017): 17

<sup>145</sup> Charles R Figley, ed. *Treating Compassion Fatigue*. Routledge, 2002. p. 18

<sup>146</sup> Brené Brown, "Empathy". Video. (2013. RSA Events.) Online Video.

lead to the depersonalization and a lack of care for the patient on behalf of the healthcare worker. Having true empathy is what can make a care provider stand out among the rest, but there still must be some way of a coping mechanism. When healthcare workers are still in the earlier stages they need to be able to deal with the feelings that are associated with truly empathizing with patients. For in order to be empathetic one must recognize that there is something within themselves and connect from that which is within to know what the other is going through<sup>147</sup> Empathy should not be shunned, but rather embraced and acknowledged as a factor that can bring the quality of care to a higher level and better care for the patient as a whole. However, it must be acknowledge along with the benefit for care that there is a potential danger for the healthcare worker.

There must be concrete ways to help care for healthcare professionals spiritually. For care of staff it is usually best that the staff member discuss with the chaplain rather than another staff member as other staff members do not necessarily have the training required in order to deal with the issue or may be judgmental to what the individual is going through. It is important to understand that the various issues that healthcare professionals undergo cannot all be treated similarly. The way that a healthcare professional deals with burnout is not going to be the same way that they deal with compassion fatigue. Where one deals with the environment of work and one deals with the interpersonal connections experienced at work there must be a distinction between the two in terms of the distress of the staff. While the majority of the care for these different ailments is going to be different, there are things which are congruent across both cares. The first thing being that of having a conversation. The staff must know that the chaplain

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<sup>147</sup> Ibid.

is available to talk without any judgement and able to simply care for them as both a person and a member of the healthcare team.

When burnout has set in, the remedy is often outside of the person. The most common recommendation for a healthcare worker that is experiencing burnout is therapy strategies.<sup>148</sup> There are programs that can be developed for healthcare workers so that time does not have to be taken off work. Programs for stress management are highly recommended.<sup>149</sup> Since it is the stressors of the workplace that most often cause burnout, something must change. The stressors are not likely to change as they are most likely inherent within the healthcare setting, but ones attitudes towards to stressors and management can change. The chaplain may be able to help the healthcare worker spiritually and help them bring that back into their life to manage the burnout, but most often burnout is something that must be dealt with in balance. When a balance between work life and personal life can be achieved the risk of burnout is greatly reduced and can free the healthcare worker from burnout.

The manner in which Compassion Fatigue is addressed is slightly different from burnout. While it still includes being open for conversation with staff on the part of the chaplain, that is a much bigger role. Whenever possible the chaplain should have an open door so that people can know they can enter and talk with the chaplain.<sup>150</sup> Being able to address these issues relating to patients as they arise is far better than addressing them when they have turned into serious problems. The staff being able to address their own spirituality is important in caring for patients. To recognize what one is going through is

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<sup>148</sup> Kumar, "Burnout and doctors: prevalence, prevention and intervention." 42

<sup>149</sup> Ibid.

<sup>150</sup> Roberts, *Professional Spiritual & Pastoral Care*, 215.

an important step in relating to others because everyone has a starting point. Each individual staff member and patient will be in a different place spiritually and it is important to recognize where one is before trying to go and meet someone else wherever they are. Another method to treat compassion fatigue is to have regular meetings with staff. While this may only be feasible in larger institutions where multiple chaplains are on staff, the debriefing can be an important part of person-centered treatment. It is in these debriefings that the healthcare worker would be able to freely discuss the emotional, moral, and existential issues that they are having while treating patients.<sup>151</sup> When these issues are able to be brought up the healthcare worker can have a better understanding of themselves as these issues relate and may have comfort from the chaplain having the discussion with them.

One of the most important interventions for Compassion Fatigue and slightly important for burnout is not an intervention at all. It comes before one ever gets close to Compassion Fatigue or burnout. It is vital that healthcare workers be taught about these things that they will go through. Healthcare workers should be taught about managing professional and person life so that the balance can be maintained even before it starts to become an issue. Healthcare workers should be trained in regards to spirituality. In a Medscape survey it showed that over seventy percent of physicians held religious beliefs.<sup>152</sup> Each of these individuals must learn for themselves how their religious belief is going to interact and come into play in their practice. They must be both solid enough in their belief and open enough that they can accept where other people are at while still

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<sup>151</sup> Figley, *Treating Compassion Fatigue*. 30

<sup>152</sup> "Medscape Physician Lifestyle & Happiness Report 2018" Medscape, January 10, 2018, <https://www.medscape.com/slideshow/2018-lifestyle-happiness-6009320#3>

maintaining the integrity of their own beliefs.<sup>153</sup> A situation where the healthcare worker is entering into someone else's belief system while ignoring their own creates spiritual distress.

One of the most important things to teach healthcare workers is what is commonly referred to as self-care. Self-Care is the activities by which one solidifies the self and creates a support for themselves spiritually.<sup>154</sup> These activities and self-care provide a way for healthcare workers to better care for patients. Healthcare workers often give everything that they can to their patients in the process of caring for them. Giving everything of oneself to another is a very taxing affair to all aspects of the person. If a constant giving is undertaken without any self-care, the healthcare worker will not be able to give of themselves after a certain period. In his book *On Song of Songs* St. Bernard of Clairvaux discusses how a wise individual ought to be like a reservoir rather than a canal.<sup>155</sup> The thing to note is that a reservoir is a buildup of water. If the healthcare worker only gives, the reservoir will run dry and there will be nothing left to give. What needs to happen is that the healthcare professional should give, but they should also work on refilling. It is in caring for oneself that the reservoir is able to be filled. Thus, it is important to help healthcare workers discover the way that they can care for themselves in a way that allows them to fully care for their patients.

In the effort to provide the best possible care for the patient, it is important to recognize when certain interventions are not enough. When a physician has a patient with

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<sup>153</sup> Roberts, *Professional Spiritual & Pastoral Care*, 5.

<sup>154</sup> White, Mary L. "Spirituality Self-Care Practices as a Mediator between Quality of Life and Depression." *Religions* 7, no. 5 (2016): 55.

<sup>155</sup> John R. Sommerfeldt, *Bernard of Clairvaux on the Spirituality of Relationship*. Paulist Press, 2004: 20.

symptoms of disease or issue which they are not knowledgeable, they will call in a consulting physician whose specialty has to deal with what the patient is enduring. The same should happen when the patient is going through spiritual distress that the healthcare provider does not know how to handle. What should happen is a referral to a chaplain that deals with these struggles on a more regular basis. Physicians are less willing to accept the importance of religion and spirituality in a healing context.<sup>156</sup> Thus, it would be better to educate these healthcare providers so that even if they do not believe that spirituality has an impact on health, they can provide that which is best for their patients and what they believe. If that means referring the patient to the chaplain to discuss spiritual issues rather than them, the referral to the chaplain is what is needed for the betterment of the patient.

Training healthcare workers in basic spiritual care would greatly affect the medical care that the patient is receiving. The second most common cause of healthcare workers not offering spiritual care (behind a lack of time during the medical encounter) is a lack of spiritual knowledge. When the knowledge of spirituality and how it affects different patients is given to the healthcare provider, the spiritual basic of the patient may be addressed. Recognizing spiritual distress in the patient should be on the forefront of medicine and be referred to a chaplain or pastor when recognized.<sup>157</sup> Overall the healthcare worker should feel that they are supported enough spiritually and academically to assist the patient whenever they are in distress and do so in a manner that will not compromise their own beliefs and quality of life.

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<sup>156</sup> Deborah B. Marin, Vansh Sharma, Richard Powers, Rev. David Fleenor, "Spiritual Care and Physicians: Understanding Spirituality in Medical Practice," *Healthcare Chaplaincy Network* (September 2017):8

<sup>157</sup> Ibid.

## Conclusion

Connection has been at the root of humanity from its inception. Connection is necessary to have community and it is through the community that humanity has developed and grown. There has always been a sense of community from the time of nomadic and hunter gatherers to modern day. With this community there has been a sense of relation. The family dynamic has always been one of relationality. The Father is defined in relation to the Son, for without the other each would fail to exist in its form. Humans were given stewardship over the earth, but stewardship by its very nature is a relational connection. True stewardship is not meant as a dominion over but rather as a cultivation. Humans were given this stewardship of the earth to care for it and relate to the earth. Thus, the relation has been a part of human nature since the advent of humanity. It is the place of every single person to do their part in caring for creation. At the very least it is through this connection with creation that every single person has a spirituality. For most people spirituality is not merely a connection with the earth. Spirituality is often seen as a connection with all things, but it is a connection with other humans in particular that makes a spirituality important.

A connection with others is that which allows for a fuller notion of humanity. Since the globalization of the society, there is a sense of relatedness to people who are all around the world. This is a reality of the world lived in today. With people able to communicate in a matter of seconds with someone on the other side of the world, people are more connected now than ever. That being said, the connectedness to others or spirituality is always changing. The way that children relate to others and the world

around them is vastly different from how those who are in late adulthood relate to the other. In the early stages of development the majority of spirituality is learning how to relate to others and determining who can be trusted. As development progresses, the way that people relate to various things changes. One must decide who they are in relation to others and the surroundings, and further beyond that they must eventually determine whether the live that they lived was a good life. This continued development of spirituality mirrors the psychosocial development that people experience.

With spirituality being a part of every single person's life, it is important that it be addressed in a medical setting. In a world that is placing an increasing value on a holistic healthcare, it is important to ensure that people are healthy in all aspects. It is important to make the shift away from a purely physical notion of health and financially oriented medicine to a person-centered care. In caring for the person as whole it is vital to recognize that through the caring of each aspect of a person that the whole person is better. If someone has a mental issue it has been noted that they are at an increased risk for physical health issues as well. There is no reason to assume why there would not be a similar correlation with the spiritual health of the patient. This is especially important because it has been shown that spirituality can have a significant impact on both the healing of the patient as well as coping mechanisms for dealing with disease and the mental orientation throughout the process of the disease. To find meaning is the goal every single person throughout their life.

With a vast majority of individuals believing that the doctor should ask about spirituality and an even large number stating they believe it is the responsibility of the doctor to recommend to the individuals' faith minister, the importance of spirituality

being involved in healthcare is an important one. When people feel that they are being taken care of in all aspects, it shows that the healthcare team cares for the patient for who they are rather than simply caring because they are a patient. While a check for spiritual care may not take a large amount of time, it could mean a world of difference. If there is a significant issue that is identified the referral can be made to the appropriate spiritual care provider, but it incorporates the different aspects of health into the holistic medical care that is so often strived for.

The issues that people undergo throughout their life are substantial. These issues are often a result from the development and can have a negative impact on the rest of life. In creating a culture where preventative medicine is emphasized, the prevention of psychosocial and spiritual developmental issues should also be emphasized. Not only because it has been shown to have a large impact on what has traditionally been thought of as health, but because spirituality is a part of overall health on its own accord.

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