
TRADITION, HERITAGE AND SPIRITUALITY

Practical Approaches to Spiritual Pain

George B Brunjes

Abstract

Spiritual pain/suffering is commonly experienced by persons with life-limiting illness and their families. Physical pain itself can be exacerbated by non-physical causes such as fear, anxiety, grief, unresolved guilt, depression and unmet spiritual needs. Likewise, the inability to manage physical pain well can be due to emotional and spiritual needs. This is why a holistic, interdisciplinary assessment of pain and suffering is required for each patient and family. The mind, body and spirit are understood in relationship to each other and, in those cases, in relationship to a deity or deities are important to understand. Cultural interpretations of pain and suffering may conflict with the goals of palliative care. Understanding the spiritual framework of the patient and family can help to assure that the physical and spiritual suffering of the patient can be eliminated to provide a peaceful death. Spiritual practices may help in the management of physical pain.

Keywords: Spiritual pain - interdisciplinary assessment - cultural framework

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Introduction

Having made many presentations to clergy on the topic of working with the dying, I often heard the statement: "We can't wait to hear what you have to say. You going to tell us exactly how to respond when a patient says ..." I quickly learned that their expectations were greater than I could deliver, and needed to prepare the soil for planting. I would present three short situations to them and ask them to respond. I would ask you to do the same, by having a piece of paper and pencil handy to jot down the first answers that come into your mind in each situation.

First, you are in the hospital having talked with your doctor about surgery that is life threatening, and may not be successfully completed. There are all sorts of complications and risks involved, but you have decided to proceed with the hope that all will end well. After the doctor leaves, I, as your priest/rabbi/imam come to visit with you. What would be your expectations of me?

Second picture: You have cancer, and have been undergoing a series of treatments that have put the disease in remission several times, and prolonged your life. Your doctor has just visited to tell you that the cancer has reoccurred and there are no further procedures available at this time for you. If the disease runs its normal course, you have 3 months to live. After the doctor leaves, I, as your rabbi/imam/priest come to visit you. What would be your expectations of me?

Third picture: You are recently bereaved. Your life partner of 30/40/50 years has died. You have completed the prescribed period of mourning according to your religious tradition. Your family has returned home, and you find yourself home alone. I, as your imam/rabbi/priest

come to visit you. What would be your expectations of me in such a situation?

I have found that the usual expectations that people have of me in these situations do not involve religious ritual – at least not as top priority.

"Listen to me express my fears"

"Calm my anxiety"

"Reassure me about the future"

"Tell me you will look after my family"

"Sit with me and do not leave me alone"

These are among the most familiar requests that are made. There is always the request for prayer, and reading from Scripture. But these are never the first expectations that people express. Consider your own responses to these three situations that I presented to you. What were you looking for? What were your expectations? I share this with you as a reminder that what you need and hope to find in your spiritual counselor as you deal with serious illness and death is exactly what other people are looking for in us. Twenty minutes is not a long time to cover practical aspects of dealing with spiritual pain, but allow me to paint some broad brush strokes that may set you thinking about how you can do it, and how you might prepare yourself to be what your patients need,

Illness, especially life threatening illness, will always raise spiritual questions (about forgiveness, afterlife, the value of life, etc.) not normally asked in the course of daily living. Because the illness has taken away many daily activities, the patient has more time to consider spiritual issues. We, the professional caregivers, should be able to discern these questions both through their

physical and verbal manifestations.

Physical signs of spiritual pain and suffering might include:

- Emotional:
 - Restlessness, agitation, anxiety
 - Denial of illness or of reality of prognosis
 - Powerlessness or loss of control
 - Depression/flat affect
 - Dreams or nightmares
- Behavioral:
 - Refusal to take medications
 - Refusal with help with activities of daily living
 - Power struggles with family members/care givers
 - Frantically seeking advise from everyone
 - Withdrawal/isolation
 - Statements about not wanting to be a burden
 - If active in religion, refusal to see religious leader or stops practices

Patients and the families might express their spiritual pain in such statements as:

- “Why me?” (unfairness)
- “I don’t want to be a burden?” (unworthiness)
- “What’s the point?” (hopelessness)
- “It’s a punishment!” (guilt)
- “No one really understands” (Isolation)
- “I’m a coward” (vulnerability)
- “God doesn’t care” (abandonment)
- “But I’ve led a good life” (punishment)
- “Why does God allow suffering?” (confusion)
- “My life’s been wasted” (meaningless)

We need to be practical in our approach to dealing with this pain. I see that coming to play first in the actions WE can do to prepare ourselves, rather than something that the patient and family needs to do.

First, forget the “I”. I know people are truly concerned for those who are facing life threatening illness and death. So many times, I have heard people worry and wonder about what they should say and do. “What if I say the wrong thing? What if I do the wrong thing?” So worried about saying or doing something wrong, they say and do nothing, and isolate both the patient and family through their lack of action.

This is not about you or me, but The One whom we represent. Learn to become the channel or instrument through whom your God can work. As soon as you begin to wonder and/or worry about what you are going to do and/or say in such a situation, you have place a hindrance in God’s way. As an example, I was called one day by the bishop to visit with a local pastor whose wife has just committed suicide. I knew the couple well, and had been with them on many social occasions over several years. It was a 45 minutes drive to his house, and all the way there I kept thinking what do you say in a situation such as this. Finally, I turned it over to God and said “I don’t know what to say or do. Work through me and don’t let me get in the way”. I spend over 4 hours with the pastor that day. For many months afterwards, he would tell people how I had helped him survive that experience by what we talked

about. To this day, I can not remember a word of what I shared with him, but realize that it was not talk from me, but through me, that enabled him to survive his wife’s suicide.

Do not worry about doing the right thing, or saying the right thing. The sense of abandonment the patient and family experiences is far worse that anything else. There is always something that can be done, even if it is no more than sitting there in silence and not leaving them alone.

Second, become comfortable with your own mortality. We are the dying, you and I. We all live with a terminal condition called “life.” We are so used to seeing everything as a “life or death” situation, that we have failure to recognize that they are not opposites. Birth is the beginning of life, just as death will be its ending. Life is the period that stretches in between the two events. There is a mentality in the United States, and other parts of the world as well, that if I eat the right things, don’t drink, don’t smoke, get enough exercise, stay out of dangerous situations, get a physical examination from my doctor annually, etc, etc, etc, then I can live _____. I’ll let you fill in the word, but it usually is “forever”.

The dying have not only taught me about my own mortality, they have also taught me to make the most of every day. People postpone to tomorrow what they would like to do in order to accomplish what they think they need to do today. Having sat with so many people who have long lists of “If only”, I have learned to make today a combination of what I have to do, as well as what I want to do. Hopefully, I will live life more completely, and have less regrets when my death approaches.

Third, deal with your own spiritual/religious issues. If you are not comfort with your religious expression or relationship with God, you are not going to be able to assist someone else with theirs. Early in my hospice career, I found that the nurses wondered what my role would in visiting with “their” patients – would I go in to do “death bed conversions”? It was only after I began working with them, and helping them resolve with their own issues about God and religion, that they would entrust their patients to me.

If you have issues about God and your religious experience, you will not be able to sit with another person and help them deal with their spiritual pain.

Fourth, learn to listen with more than just your ears. We humans are involved in four kinds of language communication: reading, writing, speaking and listening. The act of listening is the core skill of all interpersonal relationship. We spend more time in listening than in any other communication activity. Unfortunately, people do not listen very well. In order to really listen, there must be a capacity to hear not only with the ears, but to penetrate the outer layer of the words spoken and understand what is being said beneath them.

There are six people involved in any two person conversation:

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| What I meant to say | What I actually said |
| What you heard me say | What you meant to say |
| What you actually said | What I heard you say |

Can you understand why there is all this poor communication going on?

Active listening involves listening with openness, acceptance and positive interest – an interest so alive that judgment about what is being said is withheld. Active listening involves listening with involvement and understanding of the person’s feelings – not just the words spoken. Active listening involves listening with care and concern – that the other person really matters.

To listen to another’s person in a condition of disclosure and discovery may be almost the greatest service that any human being ever performs for another.

Fifth, be practical. Learn to be emotionally and spiritually “present” in the face of suffering and despair. Trust does not take hours, days or weeks to build. It can be established in minutes depending on what attitude you bring into the situation. I remember visiting with a woman I had never met. Her daughter greeted me at the door to the apartment and talked with me for a minute in the entranceway. All of a sudden I heard of squeal of delight from another room. “I like you” the patient cried out, and I had not even gone into the room to be introduced to her. What did she sense about me sight unseen, simply by hearing my voice?

Trust takes openness, sensitivity and a willingness to be yourself. It takes time to listen carefully to what is said by the patient and family. It is learning to check yourself at the door, and bring that openness into the patient and family and be a compassionate presence to them. That takes but minutes to do. Oh, and yes, remember to pick yourself up on your way out!

Sixth, respect the patient’s belief system. There is a wide variation of beliefs and practices in all religions, even those with set doctrine that all believers are expected to confess about God. These variations are created by the individual as they develop their own personal relationship with their spiritual God. They are also shaped by family tradition, the communities in which the individual resides and the culture in which they live. While two individuals might share a common name to their relationship with God (Jewish, Muslim, Orthodox), the practices and expression of that faith may vary greatly.

Our roles are not to convert the patient to our understanding of God, or the meaning we have found in our world. It is to uncover and help them utilize their own system of belief to do the work necessary to help them deal with death. Even if a patient had drifted far from a formal religious life, they still return to an early faith system when confronted with their mortality. A spiritual counselor’s role is to help the patient explore their own faith and use it to provide support in this final struggle of life. Ask the patient their individual preferences and needs regarding spiritual care at the end of life, and, when possible, help to see that their needs are met.

Lastly, there are varieties of spiritual practices that can help a patient manage physical pain:

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| Prayer | Relaxation techniques |
| Chanting | Ritual cleansing |
| Acts of atonement | |
| Acupuncture | Herbal remedies |

Spirituality is among the most important cultural factors that give structure and meaning to human values, behaviors and experiences. Use it to help you care fully and assist your patients completely. Dame Cicely Saunders known to have commented: "It is not the worst thing for patients to find out that they have lived and are now going to die; the worst thing is to find out that they haven't lived and are now going to die." Obviously, no end-of-life care can solve life’s entire dilemma completely. However, appropriate spiritual counseling can help patients come to terms with missed opportunities.

References

Spiritual Assessment Tools (FICA) are available on the internet.

