Spiritual Care Snapshots, 7-12, by David Buck

#### Snapshot 7. Spiritual Distress

All my snapshots so far have had a kind of happy ending; there has been some positive uplift. This is not always the reality. There are various different takes on spiritual pain and distress. Although this can be solely about or include issues of disappointment at a belief system, for me it is chiefly about a challenge to the fundamental core about what we think and believe it is to be human and who we are.

Carers like to know and feel that they are making a difference, helping, doing everything possible to improve a situation. So, when it feels that we are not making a situation better it can be difficult. However, even though sometimes we feel powerless or unable to change things our presence in a supportive role can be vital. And, perhaps sometimes, people don’t want or need us to change a situation or make them feel ‘better’.

We first met Annabelle, Anna,[[1]](#footnote-1) when she was admitted to the inpatient unit for management of her symptoms. It was clear to all staff – housekeepers, therapists, nurses, doctors – that Anna was depressed and withdrawn. It was, as one nurse put it, as if she had ‘turned her face to the wall’, attempting to disengage and ‘just go’. This affected us all deeply, because nothing we said or did seemed to bring any improvement or relief.

When I first met Anna I observed a painfully thin woman in her late forties. I knew that she had a husband and children who visited regularly, but she did not want to engage in conversation about them. And I wouldn’t really call it conversation. I found that it helped asking carefully crafted questions to which Anna could ‘humph’ or grunt answers. I ‘heard’ that she wanted me to visit, to talk a little but mostly to sit next to her bed and be there. Anna didn’t seem to mind silence.

For me, the silences sometimes were very long and painful, with very little eye contact and her back to me often. Perhaps what intensified the situation was that Anna’s room was at the quietest end of the ward with least passing ‘traffic’. I had much time to think about what was going on for her. A life and career cut short, a husband she would not grow old with, a home she could not enjoy, children she would not see marry, and grandchildren she would never have, let alone the physical symptoms she was struggling with.

Many times I wondered if I should leave her room but somehow felt drawn to stay, held there as a witness. Anna chose the spiritual care co-ordinator/chaplain to be witness to her spiritual pain. And not to fix it but simply to hear it, see it, and feel it, because it was real and it was Anna.

I suppose we were all witnesses in some way, understanding also much of what she was saying. And we suffered our own spiritual distress, how inhuman this life can seem at times.

##### Head in a Stranger’s Heart

*What is healing here?*

*What is nourishment and growth*

*and living?*

*What is hope?*

Timeless presence,

listening,

peace.

*Being heard without criticism*

*or judgement,*

*being set free to imagine beyond*

*being human.*

Free to be angry,

free to feel,

free to grieve.

*Which can not be*

*done alone,*

*needs you,*

*the artist.*

Mix and brush

with what we find

and what is given.

*To place your foot on no familiar path*

*or hand on no familiar book*

*but rest your head in a stranger’s heart*

*and feel comforted.*

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#### Snapshot 8. People and Place

It’s not normal working in a hospice.

Although death and dying are natural parts of life and living, to be immersed in an environment entirely shaped by them is beyond the experience and expectations of most people in society. Most people when they set off for work in the morning don’t expect to discover that people they know and care about have died, nor do they imagine themselves walking with multiple people towards life’s ending. Whether working as a nurse, in admin, fundraising or any other role in the hospice, we are all deeply affected by and connected to death and dying.

Hospices are special places and the people who work in them are some of the most caring, gifted, compassionate and professional you will find. But we are all human just like everyone else. Each of us has our own personal story, vulnerabilities, personalities, likes, dislikes, strengths and weaknesses. Each of us has our own reason as to why we think we want to work or volunteer in a place like a hospice. And sometimes the mix of it all gets a bit much.

Not that people would notice. We are ‘professional’ and ‘dedicated’, which can have its difficulties, so I was glad when Poppy[[2]](#footnote-2) asked to come and “have a chat”. We sometimes know when each other are struggling, but, I suspect, not often. Poppy explained that she had been struggling for a while – not sleeping well, not getting on with others in the team, wondering what the real point of her job was, feeling low and wondering where God was in all this, especially in her own faith journey.

Although we came from different faith traditions Poppy found it helpful to reflect with me on where and how God might be leading her. She was unsettled and being challenged in her faith feeling that she was being led on to something new but was frustrated that it seemed to be taking a long time. Applications and interviews for alternative jobs had so far not gone well. Poppy wanted to do something where she felt more at ease and fulfilled.

Poppy had come to the hospice because of the wonderful way a hospice in another part of the country had cared for her grandmother. She wanted to give something back. Much as she loved the work she could sense in her relationships with colleagues and her general state of mental health that something was not right. She had found it difficult to share this with others. We explored issues around the type of work Poppy really enjoyed and what she was best at and the downsides of end of life care.

Over time, and after various meetings, Poppy developed a better understanding of her own needs and personality, maybe working in a hospice was not for her. She developed greater confidence and self-belief. And, yes, she was eventually successful in getting a different role in a different establishment, where her caring and compassionate nature could flourish in a new way.

##### Too Much Death?

He asked

what I liked most

about working here and

how I coped in a place of

dying, death and grief.

But the previous days had been hard,

tragedy, suffering, loss,

pointlessness, unfairness,

helpless, rejected,

hitting home. Why?

And his memory was full to the brim

with how people had sought support

when he had asked with compassion,

feeling helpless, yet doing so much

by listening.

So as I spoke of life and death

he could not contain the flow

of tears, grief and fear

for himself, his family

and for life.

“Is it possible to have too much death?”

“Yes,”

I said.

His relief brought strength,

joy almost.

Normal after all.

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#### Snapshot 9. Ordinary, day-to-day stuff

There is nothing ordinary about doing spiritual care in a hospice. Everything is extraordinary in some way because of the context of end of life care. I suppose what I am thinking of are the days that when you get to the end of them and someone asks, “How was your day?” and you say, “Fine,” or “OK,” or “Nothing special.” So here’s a day with nothing that would make the headlines, something slightly above and slightly below average.[[3]](#footnote-3)

Fifteen miles cycling the ups and downs of West Yorkshire along country lanes and then into the suburbs of the city takes me to the hospice. At my desk at 8.30 am, I read a few pages from a collection of poems I am working through and pause a moment or two for a kind of personal ‘thought for the day’.

Switching on the computer offers emails and ‘tasks’ and referrals to consider. Among these is an email from a chaplaincy colleague asking for support and advice, a reminder about some on-line e-learning I have to do and a request to see a new patient on the inpatient unit. I consider these against what I had written in my diary for today: nothing really to change or compromise on.

After I have done the urgent and important computer and admin stuff and made a couple of phone calls (for bereavement support), I have a coffee, and chat to a colleague from the Family Support Team. On the in-patient unit I see a patient I had arranged to see (a conversation and prayer about searching for ‘a stronger faith’) and introduce myself to the new referral (who talks at length about home and family). This patient also asks for prayer. There are couple of chats with other staff and I am back at my desk writing notes.

After another phone call (for someone who was referred for emotional support – no reply when I call), I break for lunch in a quiet space away from my desk after which I attend the in-patient unit MDT meeting which takes up a sizeable part of my afternoon. I take a mini-break by walking up to the education suite and have a coffee where I find another staff member and we chat about the impending further lockdown restrictions. On the way back I pause at the half finished jigsaw in the Day Therapy Unit and put in a couple of pieces (in recognition of the many conversations I’ve had at that table pre-Covid.)

At my desk there is a message via reception from the ‘no reply’ call earlier. I call and they talk about the fear of loneliness. I am feeling weary and get my diary out to look at the coming days (I work at the hospice three days a week). I check my caseload, pencil in who to contact/see and when, and push the e-learning into next week. I check for emails and deal with a few that can be done quickly and easily.

On the way home I note that the wind is against me as usual. I don’t take it personally.

##### When things don’t fit

Sometimes it feels that

where I am at doesn’t

seem to fit with the world.

Sometimes it feels like

where the world is at

it doesn’t seem to fit with me.

Today feels like one of those days.

###### When things fit

For no other reason than

they just do

and it is good.

And I have no need to explain

the weight lifted,

mind freed,

tummy settled,

the breeze on my face,

the meaning of sleep,

a smile,

belonging.

And it is good.

###### Mostly in-between

But mostly everything is ordinary,

day-to-day, familiar.

Routine,

even what is, to others,

extraordinary,

is usual,

expected.

It is what it is,

mostly.

And so I try

not to judge harshly,

or at all,

for that has implications.

And, in between

is a full-bodied kind of place

that can last a long time.

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#### Snapshot 10 – Volunteers

There is something really special about volunteers. No hospice would be complete without them; indeed the ethos of the place would lose its core in the absence of volunteers. And nowhere in the hospice is, I believe, this more relevant than for spiritual care volunteers – connecting souls. And we expect a lot from them through just being about the place, having a chat on any number and variety of things and sometimes visiting the existential depths of human existence.

Allowing some crossover between them we have two basic types of spiritual care volunteers, those who come in regularly spending time with patients, families and staff and those who come invited to attend for particular things. This second group is largely made up of local ministers and religious representatives.[[4]](#footnote-4) For me, being the only paid person in spiritual care, it is a joy to work with them all. I feel less lonely, but more importantly, it’s good for the different insights and skills they bring, looking at the world as they do, differently to me.

Geoff [[5]](#footnote-5) arrived at the hospice mid-afternoon, was clerked in, assessed and along with his family was getting to know us and we them. “Geoff is poorly”, the nurse explained on the phone to me, “Close to the end, not communicative, last days perhaps.” She went on to explain that that Geoff and his family were Catholics and would like Geoff to be attended by a priest while he was with us. “Not ‘urgent’ as such,” she said, “but as soon as convenient.”

After briefly introducing myself to Geoff and his family I phoned Fr Bartholomew.[[6]](#footnote-6) Our local priest was away and Fr Bartholomew was on a list of priests who would volunteer to come in. I relayed to him the description of the situation for Geoff and his family as described by the nurse. Fr Bartholomew was busy that evening but would come in first thing in the morning.

When I arrived in the morning the nurse from the day before said how grateful Geoff’s family were that the priest came last night. “Yeah,” Fr Bartholomew said when I phoned him, “I just got this feeling that I needed to go right away. So, I got someone to cover the mass I was just about to do, cancelled an evening visit, and came straight over. When I arrived it was clear that Geoff’s condition had changed rapidly. I said prayers, did a blessing and he died a couple of minutes later. Then I was able to spend some time with the family.”

What I love about the spiritual care volunteers is that they can be what I am not. I cannot be a Catholic priest, I’m not a Buddhist, I’m not that down-to-earth guy from the northeast, that lady with the calm peaceful presence, Baptist, humanist, theologian... And, that there is something we all get, like Fr Bartholomew felt, that there is something more to it, and that this something is why we are here and why we do it.

##### Honest Words

Here there is no guile,

for certain

no escaping.

Trespass within yourself

and touch others’ shadows

held close

or far away.

Shadows that sound and echo

our present reality

which changes

on return.

And walk together

and know your place

is not beside

but within

wondering.

Searching,

one word is worth more than many,

time more precious than silence,

one apology

more than enough.

And to be honest

no words can yet

touch the mystery of this place.

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#### Snapshot 11 – Bereavement and Funerals

I met Tracey and Paula in the Quiet Room at the hospice on the Saturday morning after their mum Geraldine [[7]](#footnote-7) had died. We had arranged to meet in order to discuss arrangements and details for Geraldine’s funeral service. They explained that they did not want anything particularly religious but did want the service to reflect who their mum was. Initially they seemed a little reticent talking to a stranger.

I hadn’t met them before, but had supported Geraldine during her short stay with us on the inpatient unit. Geraldine had enjoyed telling her life story and drew comfort from the prayers we said together and the small prayer cross that I gave her. This she then kept close to her.

Tracey and Paula asked if I would say a few words about their mum at the service, so to help me I asked them to talk about their mum. They explained that their dad had died when they were quite young and Geraldine had worked hard keeping home going and everything together. They were proud of their mum. They never went without, they said. She was a good cook though she did burn rather a lot of saucepans.

She was supportive of them and their families, and her grandchildren thought the world of her. There were many walks and holidays together. And every so often I might say, “Yes, she mentioned that”, and they were comforted that the service was going to be taken by someone who had known their mum.

And they mentioned the little cross that she had in her things at the hospice. They were never quite sure about their mum’s beliefs; it was something they never talked about. I said how Geraldine had talked about going to church as a child and the prayers she said. I said that the little cross is sometimes called a comfort cross.

Towards the end of our conversation, after an hour or so, Tracey said, “I’ve found this really helpful, to talk about mum.” Paula agreed. The past couple of years had been tough. There hadn’t been much time to talk and reflect, they had just got on with the business of caring for their mum. It felt good to go back over their lives, remembering the good and the bad, and talk about it.

We chose music and readings for the service, which they said afterwards was lovely, “Just what she would have wanted, respectful, dignified, peaceful and comforting.” People had laughed as I repeated the funny stories they had shared at our meeting, and they cried the natural tears of grief for someone whose life had blessed theirs, who had made them something of who they were, and was no longer with them.

I have no recollection of Tracey, Paula or any of their family returning to the hospice for bereavement support which we offer for as long as people need it, whenever they might need it. Perhaps the talk we had and the ‘good’ funeral led by someone who knew their mum was all that was needed.

##### We Greet and Shake Hands

I hold their grief in the palm of my hand,

fragile, tense,

as if it would burst at the gentlest touch,

fill the room with overwhelming

or shrink back,

recoiling from pain to embryonic silence.

“Forgive me my rambling…”

You are not rambling

but allowing yourself to be held.

I take my hand to a sacred place

and there I try to leave it, as they do theirs.

Touch wood and say my prayers,

yet still it returns to my book.

Our hands touch again,

joining of griefs,

not in greeting this time

but goodbyes and good wishes.

I lead you for a few brief moments

but part of you my hand will never let go.

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#### Spiritual Care – Can you be the air?

For me, at the heart of spiritual care is an acute sense of what it is to be – who we are, what we are and how we relate to others. And when we have some understanding of this, it is about how at the same time both to use and lay aside ‘self’. And, I suppose, it’s about allowing ourselves to inhabit some new shape at every meeting with those we care for as we explore where the wind has blown us.

“I want to see Jesus”, he said. Conscious that many a chaplain might relish this statement, I baulked at the prospect. How? I wondered. Jeremy [[8]](#footnote-8) went on to relate a tale of desperate misery that he had endured early in life at the hand of a family member, and how the church had seemed blind to it, almost condoning the acts.

As an adult, he had experienced much healing through care, support and therapeutic agencies, but the scars were still visible and some things were missing and causing him distress. He felt safe in the hospice environment, safe to explore one of the missing things, the relationship with Jesus that he longed for. I asked questions, talked some theology about faith and belief, and listened a lot.

Belief was not the issue. He said that he had met God. As an artist he had heard the voice of God directing him in his work. It seemed that his work sometimes was an arena for expression of his trauma, a place where he was honest with God. But Jesus seemed disinterested, silent, deaf, but most of all, absent. We talked more.

I spent the following week preparing for our next meeting. I had papers, readings, prayers to show him and maybe say together. I was expecting a trying time. I wasn’t sure I could make it happen. When we next met I did not need to do or say anything. Jeremy said that he had seen Jesus the night of the day we last spoke. Jesus came and stood before him with an open gesture of welcome.

Over subsequent meetings we touched on the difficult area of forgiveness which for him remained incomplete [[9]](#footnote-9). But this did not seem to matter to Jeremy in the new place of peace that he had found as his life came to a close.

Each of us does spiritual care. From the moment someone meets the hospice receptionist we are doing spiritual care – the meeting of human spirits – and the connecting of our different spirits, souls, psyches, personalities (call it what you will) continues. We are all connected in the weave of care, empathy and being. Most people don’t think about this much of the time, which is strange, because like breathing it is one of the fundamentals of human existence.

The first of this series of snapshots offered a commonly referred to definition of spiritual care. I conclude this final snapshot with my own definition of spiritual care, a question…

###### Spiritual Care

Can you be the air

resting in the spaces

between all that is

said and done

and all that is not?

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1. Not her real name. [↑](#footnote-ref-1)
2. Although Poppy is entirely fictional the issues raised by her are closely informed by experience. [↑](#footnote-ref-2)
3. I’ve chosen to set this day mid covid-19 crisis [↑](#footnote-ref-3)
4. We are currently reviewing are work with all volunteer in the light of restrictions under Covid-19, seeking new ways to use the gifts that volunteers offer. [↑](#footnote-ref-4)
5. Identity changed [↑](#footnote-ref-5)
6. Name changed [↑](#footnote-ref-6)
7. Names changed [↑](#footnote-ref-7)
8. Name and some details changed. [↑](#footnote-ref-8)
9. I’ll let the reader speculate as to whether this was about Jeremy’s forgiveness of others, God’s forgiveness of Jeremy, God’s forgiveness of others, or Jeremy’s acceptance of forgiveness … or maybe all of them. [↑](#footnote-ref-9)