

SPIRITUAL PAIN

By MICHAEL KEARNEY

Pain insists on being attended to. God whispers to us in our pleasures, speaks in our conscience but shouts to us in our pain. It is His megaphone to rouse a deaf world.

(C. S. Lewis: *The problem of pain*)

THIS QUOTATION HOLDS the central hypothesis of this piece, namely that within pain there is a radical opportunity.

Spiritual versus religious

Some ten years ago I began working as a doctor with people who had far advanced cancer in a hospice in London. The experience was a major culture shock and I quickly realized that my ten years of medical education had taught me a lot about a little as I became aware of enormous gaps in my experience and knowledge. One such area was in the assessment of an individual patient's religious belief. As part of the admission procedure to the hospice I was told to ask about religious background and to determine what this actually meant to that person. 'C of E'—'I was baptized'—'I'm not a churchgoer'—'I watch *Songs of Praise*'—'Not important to me'—'Why? is this place run by nuns?' were typical replies to such questions. I took it and left it at that level. It seemed to me that while the vast majority of patients described themselves as 'C of E' in practice this side of things was neither especially important nor relevant to these individuals' everyday reality.

I now look on this very differently. While I still see that the majority of people in an urban English context do not have strong religious belief systems, I no longer view this area as irrelevant. On the contrary I believe it to be central to an individual patient's care, well-being and growth. This realization came in part with an appreciation of the difference between the spiritual and the religious. By 'spiritual' I understand the essence of what it means to be human. Spiritual issues are issues of the soul and concern our

deepest values and meaning. They are the concern of every man and woman. By 'religious' I understand the particular belief system which enables an individual to conceptualize and express his spirituality.¹ In this sense religious issues are the concern of a particular group within a society. It also occurred to me that while there are many different religions, there is by and large a common religious vocabulary. In contrast there is no such common spiritual vocabulary and using a religious vocabulary (eg 'God', 'faith') with an individual not having a religious belief may not only suffice as a means of communication but actually prove exclusive and counterproductive.

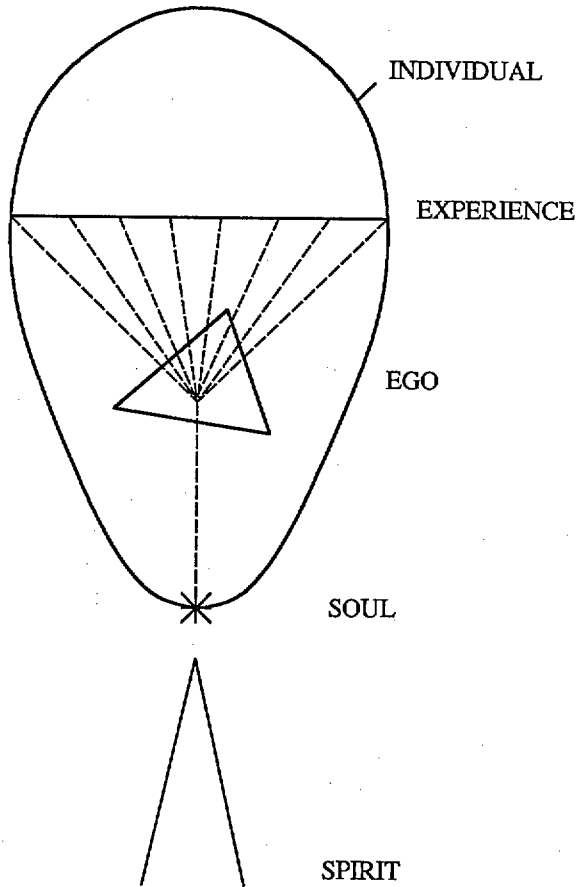
The title of Victor Frankl's important book *Man's search for meaning* aptly describes what appears to be a common spiritual task of humans as they approach their death. This searching can be the source of a struggle, a confusion, a discomfort, an anguish, a suffering that is experienced not only by the individual himself but by those around him—family and staff included. This experience is what the term 'spiritual pain' aims to describe.

Pain

Professor René Leriche defines pain as 'the resultant of the conflict between the stimulus and the whole person'. Dame Cicely Saunders expands this definition in her concept of 'total pain' which describes an experience with different overlapping and interweaving aspects, namely physical, psychological, social and spiritual. While doctors and nurses are skilled at identifying and managing physical aspects of pain, social workers, psychologists and counsellors will be particularly adept in the area of psychological and social pain. Does it therefore follow that 'spiritual pain' is the chaplain's domain? I would challenge this often made assumption and suggest that just as spiritual issues affect everyone so too a patient's 'spiritual pain' is the concern of each member of the multidisciplinary caring team.

Even though it is possible to define physical, psychological and social pain, a numinous fog seems to descend when the focus is on spiritual pain. Although this is understandable in that we are dealing with the deepest and most mysterious areas of human experience, it is not an excuse for apathy or hopelessness in this regard. While accepting that it is impossible to get accurate answers, it is nonetheless worth asking the questions: what is spiritual pain?

Figure 1



How can it be recognized? What can one hope to achieve with and for someone in spiritual pain? What can be done?

What is spiritual pain?

To attempt to answer this question I would like to describe a model which I have found helpful and which has proved acceptable to both those with and without a formal religious belief system (figure 1). In this model spiritual experience is seen as a spectrum which results from the particular relationship dynamic between that individual's ego (or personality) and their soul (deepest self). While the humanist can stop here, the individual who believes in

a transcendent God may wish to include spirit (the transcendent or transpersonal dynamic). While at one end of the spectrum are experiences such as connection, alignment, harmony and meaningfulness which might be summarized as the experience of being healed, at the other extreme are the experiences of disconnection, disharmony, non-alignment and disintegration which constitute spiritual pain.

How can one recognize spiritual pain?

Spiritual pain can be recognized by the questions the patient is asking and in the feelings he is experiencing and expressing. The 'why' questions (classically articulated as 'why me?') indicate a search for meaning and are often accompanied by spiritual pain. In addition or alternatively spiritual pain may be expressed as a feeling. It is important to explore and clarify feelings such as hopelessness, despair, fear and guilt to distinguish physical, psychological or social causes from a spiritual cause. Again, an accompanying experience of meaninglessness helps to identify the latter. In this process it is important to distinguish spiritual from religious pain. While a religious individual may experience spiritual pain (and often express this in religious language eg: 'I feel completely cut off from God') such an individual may also experience religious pain which I would define as a conflict between an outdated image of God that individual holds (often an image from childhood with strong superego and authoritarian overtones) and their present experience. While hopelessness and despair are more indicative of spiritual pain, guilt feelings are more likely to indicate religious pain. Feelings of fear may indicate either.

Finally, I believe one's intuition is important in identifying spiritual pain. While being wary of the ever present danger of projection (helped by checking out one's impressions with other members of the caring team) my experience is that with time it becomes possible to 'sense', to 'know' when the discomfort or pain has a spiritual origin. After meeting an individual in spiritual pain I find that terms like 'suffering', 'anguish' or 'deep restlessness' most aptly describe the experience.

What can one hope to achieve for and with someone in spiritual pain?

Supposing one does correctly identify the source of pain as spiritual, what then? I think the first step is to pause to reflect on what is the purpose, the aim, the goal of such an intervention on

our part. Nietzsche writes 'Someone with a *why* can bear any *how*'. Perhaps then one might describe the task here as enabling that individual to recognize their unique and individual why, to recognize the meaning that 'connects' for them, knowing that this has the potential to transform their pain. Afterwards certain aspects of total pain may still be there or even worsen, and a majority of individuals will experience feelings of sadness and grieving. However, the pain is somehow now no longer the problem it was before. Where there was a restlessness and an agitation there is now a 'knowing that it is OK', a sense of being held, which is not a rationalization but has such qualities as quietness, broadness and a light solidity.

Cynthia was a middle-aged ex-missionary dying with cancer of the ovary. Her physical symptoms were proving difficult to control but more disturbing was her lack of acceptance expressed when I visited her each day as 'I'm being tested—I'm certain that a miracle is going to happen but why is God taking so long?' A week or so later I was surprised when I visited her that she did not talk of miracles and she was obviously more relaxed in herself. Just as I went to leave her, she looked in my eyes, and said 'I know the Lord is healing me'. The miracle had happened and she died peacefully a few hours later. John on the other hand had no formal religious belief. He was in his early fifties, a builder's labourer, divorced, estranged from the rest of his family and dying from cancer of the lung. Three days before he died I had come along, sat on his bed and simply asked him how he was doing. He replied, 'It's hard to describe—contentment—happiness—it's something that came gradually in the last five weeks. Things swirled around inside and settled as truth—that's it—TRUTH. It's an experience. Something inside myself that comes from here [pointing to the middle of his chest]. I feel proud of myself that I have it in me'. Cynthia and John had both arrived, in very different ways, at what I believe is essentially the same transforming and healing experience in themselves.

Before discussing how one might facilitate the process just discussed, there is another important attitudinal dimension to be considered. That pain is unpleasant goes without saying and so it is both understandable and commendable that much of the energy of professionals working in the medical model is aimed at trying to alleviate this pain problem as effectively as possible. Now, while this works well for certain aspects of total pain, such an attitude

and allied approach may actually worsen spiritual pain. The reason for this is hinted at in these following two quotations. The poet Robert Frost writes 'The best way out is always through'. James Hillman the psychotherapist writes 'I have come to see that the uncertainty about what the client and I are really there for—is what we're really there for'. The balm for spiritual pain is not something I have out here, like a couple of aspirins, which *I* can give to the patient for *his* pain. No, the balm for spiritual pain is to be found *in* the experience of the pain itself. And so while the medical model is of benefit in helping us to identify the origin of the pain as spiritual, there is then needed a radically different attitude and approach. Whereas with other aspects of total pain we may be able to throw the lifebelt from the shore and pull the distressed individual to the safety of the shore, with spiritual pain, if what I suggest is true, we need to find ways to enable that individual to wait in the troubled waters of their experience, even to let go more deeply to that experience and I am not sure it is possible to do this without in some way entering those waters oneself. What I am proposing then is a basic revisioning of spiritual pain *from* a problem to be solved *to*, as Rilke puts it, 'a question to be lived', trusting that in some way which I do not understand, the answer is in the question.

And what can be done about it?

The first obvious but nonetheless important and in itself helpful step is to spend time listening to and getting to know the person in pain. In this process and using language sensitively (in a way that remains both accurate and inclusive), it may be possible to identify the source of the pain as spiritual. This process of recognition and accurate naming of the pain may in itself be liberating.

At this point one needs to remember that pain is unpleasant not only for the person in pain but also for those who come into relationship with him—that pain is contagious. One needs to remember that faced with such an unpleasant experience our basic protective instinctive reaction is either to 'fight' (manifesting as a strong urge to 'do' something to control the pain—which in this context may take the form of suggesting *my* answers and *my* meaning and the worst form of death bed evangelization) or 'flight' ('It's a spiritual issue—not my territory—bleep the chaplain—fast'). And finally one needs to remember that only this individual himself can recognize his meaning and that our task is through

our attitude and the quality of our presence to enable him to wait in his experience where meaning is. This realization may become the 'why' that enables us to remain with that person in the 'how' of such an encounter, which will often include the painful experience of our own inadequacy and not knowing.

In saying this I do not wish to imply that there is nothing to be said or done. It may indeed be appropriate to try to find words of encouragement or consolation and occasionally to share our own experience and view of things, though this must be at the patient's invitation and in the awareness that what makes sense to oneself may not make sense for another. Also, the way one offers the more practical aspects of care can give real support. As Dame Cicely Saunders says 'the way care is given can reach the most hidden place'. This physical care may be all we can offer the patient with whom verbal communication is impossible either due to their extreme weakness or their choice in this regard. I would suggest that the chaplain has a particular role in the situation of the spiritual pain of an individual with a religious belief and also where one has identified 'religious pain' calling for the clergyman's particular theological and re-educational skills. The chaplain may also be the one to supervise and encourage other members of the multidisciplinary team in this area of their work.

Finally, what I believe qualifies me above all else to be alongside another person in spiritual pain is not my skill as a doctor, nor my skills in counselling nor the fact that I have training in spiritual direction. What qualifies me to be there is my commitment to my own inner journey—the fact that I myself am crossing thresholds in my own experience, the fact that I am prepared, however falteringly, to entrust myself to the wisdom of my own deep unknowing. It is the belief that in this area it is not so much about the skills I have but the self who I am.

'The end is where we start from' (T. S. Eliot)

The poet Pablo Neruda wrote 'Sometimes, so you will hear me, my words grow faint as seagulls' footprints on the sand'. At this point I too sense the limitations of words. What happens next is known in the experience itself, and the written word can only point in the direction of that experience.

The manual of the Zen Nippon Kyudo Renmei, Japanese archery, devotes most of its writing to a description of the process of holding and drawing the bow correctly. On the actual shooting

of the arrow the following is written: 'The loosening of the arrow is comparable to the way dew collected on one leaf drops by its own dead weight, naturally but necessarily at last to earth'. Commenting on this process the psychotherapist David Findlay writes: 'it is not possible to legislate for the loosening of the arrow, "it shoots"'. What we can do is the necessary groundwork and preparation required to build and hold the space wherein the miraculous can happen'. This analogy enables me to see my role as one of a larger team (which includes the patient himself) who together, in the ways discussed above, work to create and then hold 'a space'. While 'the loosening' or 'letting go' is not something in either my or the patient's control, it is nonetheless a process we are both somehow actively involved in where correct timing and a choice entailing trust are important. Meanwhile the stance is one of humility, of waiting, lightly and loosely grounded, hoping that the miraculous will happen. In this I am encouraged by the wisdom of the North American Indian saying that 'it is not for you to stalk the vision . . . the vision is stalking you'. The miracle then, is not that one *finds* but that *one is found by* meaning and that in this experience I also know healing.

Postscript

Bill was in his eighties, a tiny bird of a man, crippled and immobilised from a combination of deforming arthritis and widespread bone cancer. Bill became very ill after a short time in the hospice with an infection and slipped into unconsciousness. He emerged, unscathed, from this a week or so later. When I next visited he announced 'I believe in God now'. I pulled a chair over, sat down, took his tiny hand in mine and asked quietly 'And does this make a difference to you Bill?': 'Yes', he answered, 'I pass a lot more wind these days.' Echoes perhaps of the spirit blowing where it will and a reminder that there is a smile in there too.

NOTE

¹ I wish to acknowledge the use of the masculine pronoun throughout as a convenience measure, and hope this does not give offence. My occasional use of 'the patient' reflects the context from which my experience is drawn.