

Humanities: Art, Language, and Spirituality in Health Care

Reflection on the Role of the Spirit in Finding Meaning and Healing as Clinicians



Carolyn Jacobs, PhD, MSW

Smith College School for Social Work, Northampton, Massachusetts, USA

Abstract

Reflections on the Role of the Spirit in Finding Meaning and Healing as Clinicians is based on a presentation for the George Washington Spirituality and Health Summer Institute on July 13, 2017. The presentation invited health care professionals to explore contemplative practices as ways to invite the Spirit to strengthening their resilience in caring for themselves and others. As clinicians, there is often a longing to be grounded in a regular contemplative practice centering one's inner life and to acknowledge the creative energy of the Spirit in relationships. This reflection draws on resilience research that finds that contemplative practices such as deep breathing, meditation, reflective writing, and peer or community support enhance ways of meaning making and healing. Contemplative practices are provided, which can connect clinicians to the Spirit with the purpose of leading to increased meaning and healing in self and relationships. J Pain Symptom Manage 2018;55:151–154. © 2017 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Key Words*Spirituality, Contemplative practice, Resilience***Introduction**

The beginning of each day provides an opportunity for opening one's heart to the gift of the Spirit as evidenced in all of Creation's awesome diversity of people, animals, geography, and seasons. We are invited to be present to blessings and to be aware that this day, as every day, is a day in which to be grateful. As clinicians, we need to locate contemplative practices that can keep us grounded as we provide services to those who are suffering. The six-minute video, "A Good Day" with Brother David Steindl-Rast1, was produced and designed in 2007 to increase one's awareness of the beauty of Creation and of all people and is a foundation for contemplative practice in working with others.¹ Stopping to pay attention to the beginning of the day can center one in presence to self and openness to others. In our search for meaning, healing, and supportive relationships, the Spirit is there in our longing. We are invited to join with an energy that enables us to create ways of taking care of ourselves as we move through the process of living and dying; it also serves us as we provide professional

clinical services to others. Our connections to our spiritual selves allow us to be with ambiguities, sufferings, sorrows, and joys. Contemplative practices provide techniques to be open to the Spirit who grounds us and provides ways to hold our lives in our hands with gentleness, forgiveness, and hope. Contemplative practices represent many ways to openness and may be accessed from many traditions. It is interesting that most of them include elements of breath, stillness, silence, awareness, and community.

The organization of this reflection begins with resilience research as it addresses or omits consideration of the Spirit. It identifies overview articles that relate to three contemplative practices—meditation, reflective writing, and connection with community and provide some evidence that they are key contemplative practices for self-care, meaning, and healing for clinicians. Discussing Spirit is important as this is the essential component leading to understanding contemplative practices as focused on centering, and hopefully grounding individuals in their personal religious, spiritual, or secular practices. Breath,

Address correspondence to: Carolyn Jacobs, PhD, MSW, Smith College School for Social Work, Northampton, MA, USA. E-mail: cjacobs@smith.edu

Accepted for publication: November 7, 2017.

meditation, reflective writing, and deep listening with peers are illustrative of such practices. The hope is to offer the reader ways of paying more attention to their inner spirit in meaning making with an increase in their openness to the Spirit for healing. This is a journey that can lead to an increased capacity to care for self, patients, and others.

Resilience Research and the Spirit

Searching for signs of the Spirit in resilience research surfaces the need to understand what resilience is and the recognition that self-care strategies focused on developing and measuring resilience are in the exploratory research stages. In reviewing the literature on the topic of resilience for health care professionals, there are overview articles that come close to providing ways to exploring resilience and the Spirit. The key starting points are self-awareness, self-knowledge, and self-care. Sanchez-Reilly et al.² discuss validated methods on the importance of self-care and self-awareness plans. Self-awareness is defined as a clinician's ability to combine self-knowledge and a dual awareness of both his or her own subjective experience and the needs of the patient. In their review of the research, they found that data support practices of mindfulness meditation and reflective writing as two methods of enhancing self-awareness. Mindfulness meditation involves developing purposeful attention in the present moment and cultivating a kind, nonjudgmental attitude toward self and others.³ Their review of the literature found that there were significant benefits of mindfulness-based interventions for health care professionals, nursing students, and medical and premedical students. The literature concludes that reflective writing and the importance of peer and mentor support were important for living fully present, meaningful relationships along with attending to a spiritual life.²

Resilience definitions have several perspectives in the literature. They include the ability to withstand, recover from, and grow in the face of stressors or healthy adaptation or integrated, positive functioning over the passage of time in the aftermath of adversity.^{4,5} The determinants of resilience include biological, psychological, social, and cultural factors interacting in ways that determine how one responds to stressful experiences. Religious practices such as meditation have been identified as influencing resilience outcomes.⁴ Longitudinal studies focusing on different dimensions of spirituality as well as age, sociocultural background, spiritual development, and physical health may enhance the understanding of spiritual experience as predictors of resilience.⁶

Epstein⁷ speaks of our developing resilience best when we are at our growing edge—just a hair beyond our capacities. He notes that pressures are ongoing

and crises are unpredictable in high-stress professions; real resilience is being prepared to be unprepared. Epstein reminds us that resilience is a capacity that can be grown. It does not mean hardening the heart; rather quite the opposite, resilience is about adopting lightness, a sense of humor, and flexibility. Well-being is about engagement, not withdrawal. It is about presence. Finally, he sees mindfulness as community activity. We need a sense of community to sustain a mindful vision (p.164–68). The question for ongoing research is how clinicians can best integrate what we have learned about the religion/spiritual health relationship into clinical practice.⁸ By broadening the question to explore the role of the Spirit in integrating that learning into our lives and understanding its meaning, clinicians become open to exploring essential dimensions that facilitate their capacity for self-care and care for others.

Spirit in this Context

While Spirit can be seen in many traditions as creative energy, this reflection paper starts with the Judeo-Christian tradition. In the Hebrew Scriptures, the world for “spirit” is ruah. The basic meaning is air, breeze, wind, and breath. It is God who gives breath to people. The spirit of God is the creative power of life (Psalm 33:6). In the Christian Scripture, it is seen as the divine Spirit that is in continuing conversation with the human spiritual nature (Rom 8:9–17).⁹ “Spirit” is the animating or vital principle, which gives life.¹⁰ To be open to Spirit in another tradition, one can consider Thich Nhat Hanh's thoughts on Buddhism, Mindfulness, and the Holy Spirit:

“God as the ground of being cannot be conceived of. If we are aware when we use the word “nirvana” or the word “God” that we are talking about the ground of being, there is no danger in using these words. When we explore traditions, we may point to the common ground beyond all words and concepts, where heart may meet heart, where we may rest in loving-kindness. He refers to the Holy Spirit as the energy of mindfulness and the energy of mindfulness is the energy of Buddha, of a bodhisattva. We have the energy from within.”^{11,12}

Practices that Can Connect Clinicians to Spirit

Spirit as breath is an important first step in contemplative practices leading to meaning and healing. Because meditation and reflective writing have been viewed as positive practices for strengthening resilience in clinicians, they are resources for connecting more consciously with the Spirit. The following deep breathing exercise from Thupten Jinpa¹³ is an excellent beginning:

Download English Version:

<https://daneshyari.com/en/article/8606002>

Download Persian Version:

<https://daneshyari.com/article/8606002>

[Daneshyari.com](https://daneshyari.com)