

Jan Hein Mooren

SPIRITUAL CARE PUT INTO PRACTICE

A Methodology of Humanistic Counselling

The Centres for Moral Services Brussels & Jette organised a colloquium on the 13th of November 2009, entitled 'Spiritual care is not an unnecessary luxury?!', for a public of doctors, nurses, social workers and spiritual counsellors of various denominations. Jan Hein Mooren was asked to illuminate what the identity of the profession entails.

1. INTRODUCTION

First of all, I would like to express my gratitude for the invitation to come and speak here on the subject of spiritual care. In particular, I will talk about a methodology for humanist spiritual counselling, as a way of clarifying the nature and uniqueness of that profession.

Both in the Netherlands and Belgium, the offering of spiritual counselling in hospitals, psychiatric care or elderly care, is still not always a given. A 1983 memo from the Dutch National Hospital Council was entitled *Identity and Necessity of Spiritual Counselling*. In 1994, a symposium was organised by the humanist counsellors with the same theme: *Spiritual counselling: necessity or luxury*. And this year [ed: 2009] the diaconal council of the IJmond Noord region (i.e. in the Netherlands) organised a study day with the same theme. This symposium now in Brussels, shows that the issue is not only important in the Netherlands. It transcends denomination and is transboundary as well.

Both confessional (religious, ed.) and humanist spiritual counselling must prove their worth. This has to do with rapidly shifting social and cultural contexts and the role of meaning of life and life stance in personal life and society. One of these developments is the privatisation of faith and life stance as a result of secularisation and deconfessionalisation. Secondly, I have developments in the healthcare sector in mind here. In the 1980s, a thorough process of regionalisation took place in this sector in the Netherlands through mergers and reorganisations. One of its consequences is the disappearance of a direct relationship between the spiritual identity of the institutions and care provision.

And finally, spiritual counselling is engaged in an in-depth process of professionalisation (which gained momentum in the 1990s) in a field where there are some competitors on the horizon.

I think that together the three processes that have been identified, ensure that spiritual counselling is placed in the position of having to legitimise its right to exist again and again, of having to prove that it has something specific to offer the people.

2. PROFESSIONALISATION

I would like to dwell on the latter process for a moment; the professionalisation of spiritual counselling, including a brief comparison with psychotherapy. I do not think that the intrinsic value of a profession is only determined by the social recognition that that profession receives. Instead, I believe that the extent to which the profession succeeds in professionalising itself is decisive.¹ Spiritual counselling and psychotherapy both have a right of existence. But, I think we can say that psychotherapy has been more successful in terms of professionalisation in the last century. After so many centuries of self-evident presence of spiritual counselling in people's inner lives, the clergy were, I think, unprepared for the competition that is professionalisation. One of the rivals was and is psychotherapy. It was better equipped for a role in the process of individualisation, that has taken place rapidly and uniformly over the last 100 years. From the beginning of the last century, psychotherapy, under the influence of secularization and the privatisation of faith and view of life, was gradually assigned the definition power with regard to describing and explaining the inner problems and questions of existence that people are bound to face. And confessional spiritual counselling suffered from the law of the handicap of a head start. The result is the psychologization of existential questions and an increasing psychotherapeutic handling of them.

An example of this psychologization. Grieving is a complex event. The bereaved faces the task of accepting the loss and giving it a place in his or her life. The process of saying goodbye to the deceased was, and is, facilitated for many people by their belief in an afterlife and the expectation of a possible reunion with the lost loved one. Thoughts about fate and destiny, and the realization that it lies in the essence of things that God gives life and takes it back, can also be comforting. And for many atheist humanists, the idea of absolute finality is a comfort and

¹ Professionalisation means: the organisation of the profession, standards for expertise, professional code and social recognition.

relief. Gratitude for the time that the deceased and the grieving person received together in this life eases the pain and helps to accept of the loss that was suffered.

As you can instantly hear: the role of view of life is prominently reflected in this short description. This is different in the modern psychological approach to grieving processes. We can take the well-known approach of the behavioural therapist Ron Ramsey as an example. He sees mourning as a task of psychological hygiene. Mourning is a necessary process of allowing grief and expressing it, so that the bereaved can move on with his or her life. Stagnations in that process are described in terms of avoiding to allow this grief. The solution, if there is a case of pathological grieving process, consists of undergoing a well-prepared flooding procedure,² so that emotions such as anger and sadness are released and the bereaved can actively say goodbye. Mind you, I don't make a value judgment on either approach. I believe that both approaches are valuable and that they can complement each other.

Paradoxically, for a long time spiritual counselling was borrowing from psychotherapy for its working methods. There were good reasons for that. The clinical pastoral education and the books of Seward Hiltner, for example, contributed to the client-oriented approach of Carl Rogers becoming a methodical alternative to the erstwhile model of preaching in the ‘zielzorg’ (i.e. ‘soul care’), as spiritual counselling was called in the Netherlands until the 1960s. And the humanists, from the outset, also embraced the Rogerian approach. This development has proven to be advantageous in a number of respects. But the input of view of life in the conversations suffered for some time. In the Netherlands, this development even led to the question of whether view of life was being neglected in spiritual counselling.³

In recent years, a movement can be observed in the Netherlands to strengthen the so-called ‘life stance competence’ of the spiritual counsellors, that is, the ability to make connections between the life stories of clients, the life stance tradition to which they belong and/or the vision of life that they seem to have developed. The process of professionalisation has thus entered the next phase, in which the commitment is, among other things, to develop and better emphasise the specificity of spiritual counselling.

3. THE DOMAIN

² Psychotherapeutic technique in which clients are exposed to what they are afraid of, in the expectation that the anxiety reaction will fade out as a result.

³ Reference to the preface of Willem Berger in Mooren, 1989.

The question that arises now, of course, is: does spiritual counselling have something specific to offer? This brings us to the main theme of my story: the specificity of spiritual counselling. That specificity can be characterised by two elements that, incidentally, are connected. The first element is the *domain*, the second is the *perspective*.

The domain includes the *existential questions* and *existential themes* that spiritual counselling focuses on. These questions and themes are influenced by the perspective from which these questions and themes are looked at. To make a comparison: the décor of a stage can be lighted in varying ways. Depending on the colour and direction of the exposure, different patterns emerge.

I shall outline the domain on the basis of a short case.

Mrs Ten Ham broke her leg and is taken to the outpatient clinic at the neighbouring hospital. She is already 86, lives alone and is visually impaired. One night she fell and it took an hour for help to arrive. Although she is still clear of mind, her children have been thinking for some time that it is too difficult for their mother to take care of herself. She does have the necessary help from home care, but is also often alone. And her social environment is finding the care she needs increasingly demanding. She herself also gives an impression of being overly burdened. For her recovery, she is admitted to a nursing home for a few weeks, where they keep a room available for people in these kinds of situations. As a result, she is confronted with the question of whether it is still justifiable to keep living on her own. She's very sad about that and closes herself off. The carers ask the humanist counsellor to visit Mrs Ten Ham.

Mrs Ten Ham seems to like the fact that someone is inquiring about her and we take the conversation a little further, when the counsellor tells her that the carers were a bit worried because Mrs Ten Ham has isolated herself. 'I'm not normally like this, turning people down, but it all got a bit much for me. I haven't cried in years, not since my husband died. But when I came here, I got so emotional. I was just embarrassed.' The counsellor replies: 'It's quite a transition from your home to here, even if it's temporary. People who stay over here often have a hard time with it, each in their own way. What made you so emotional about it?' It's quiet for a while. Then, speaking quietly but with tears in her eyes, Mrs Ten Ham said: 'I've always known that a moment like this would come, the feeling that it's over, for good. It doesn't even matter if I have to stay here. And not even if one is already dying ... You probably won't even know it then ... No, these

moments are more important, the ones were you still know everything, the moments you realise what's happening to you ...' The counsellor responds: 'It sounds like you have thought about this a lot ... what is it like for you to experience such a moment in reality?' Mrs Ten Ham: 'Reassuring ... (it's quiet for a while) ... Crazy right? I hear myself say this, but it's really true ... It's fulfilled or something. That's a thought that comes from the past ... that means a lot to me, even though I am no longer religious, ... Some kind of consolation almost'.

Mrs Ten Ham's story can be listened to in different ways. I assume every professional hears a lot of different things in a story. But there is a certain selection that is determined by the professional task. As a result, some things are prominently brought to the fore and other things disappear into the background. For example, it is possible to focus on the connection that Mrs Ten Ham herself makes between grief, shame and withdrawing herself. Or one can listen with the focus on information about the lady's social support system and on the help she needs. What themes and questions do we listen to from the point of spiritual counselling? Mrs Ten Ham is concerned with finality, with limitations with regard to shaping her own existence, with the completion of life. She drifts between grief over the shrinking perspective of life and acceptance of it. She also indicates how she normally reacts; composed and social. Which perhaps says something about her underlying values and norms and thus about human dignity. And somewhere from a Christian background, the phrase 'it is fulfilled' still resonates, as a notion that is no longer linked to a worship religion, but which does indicate the value that life is a task to be completed.

Spiritual counsellors are focused on listening to existential themes and questions. These are two partly inter-involved, partly complementary, categories of subjects that together form the domain of spiritual counselling. Existential themes are themes that we irrevocably face as a conscious and intentional being. This concerns freedom and determination, finality and responsibility, truth and absurdity, meaning and meaninglessness, and a range of other issues, that existentialists, in particular, have made us sensitive to.

Existential questions include questions about life, about our place in the world and the cosmos and about how best to live our lives. These are questions such as: what does it mean to be human? How can we humanely give shape to coexisting and to what we value? And what makes life worthwhile?

Taken together, existential themes and existential questions relate to our views on what we think is true and valuable, about ourselves, about our fellow humans and about the world. Characteristic of such themes and questions, is that they cannot be solved by changing ourselves or our situation, but that we have to orient ourselves again and again in relation to these facts throughout life's course.

Incidentally, we have to realise that a conversation like this is not your average conversation. Mrs Ten Ham is clear-minded and can reflect well. In many contacts there is a more fact-telling narrative about daily worries and events, or about memories. And sometimes a real conversation with the client is not possible due to the mental and physical condition that someone is in. But a conversation such as this one, is more common than one thinks, both in hospitals and in elderly care, and in situations where one is explicitly looking for a spiritual counsellor.

4. THE PERSPECTIVE: MEANING OF LIFE

I now move on to the second element that determines the specificity of spiritual counselling: *the perspective*. The perspective is the specific way of looking at what the person brings to the table. Again, two terms that indicate what it is about: *meaning of life* and *view of life*. I will comment on their nature and relationship.

Giving meaning to life is a process. That process takes us somewhere between the extremes of experiencing meaning and experiencing futility. The experience of meaning is not an experience in the sense of an emotion. It is the result of a complex process of perception and appreciation that triggers a constellation of experience. Let's take a look at elements of that experience constellation.

The expression in English 'it makes sense' is a first indication. When we see the sense of something, or understand the 'raison d'être' of something, we say we see the meaning of it. 'Meaning' then refers to *comprehensibility*.

Secondly, the word 'meaning' indicates purpose, for example when we ask the question of what the meaning of a certain action or of life is. It is about the *engagement* we develop in the pursuit of that goal.

Thirdly, we use 'meaning' in relationship to a judgement about the direction of our endeavour: 'he is up to no good' (in Dutch this expression has the word 'meaning' in it: 'he doesn't have good meaning in mind'). If we manage to do the right thing (morally, ethically or aesthetically), we experience *peace of mind*. Furthermore, we have the experience that life makes sense if we

can feel reasonably good about ourselves, if we have the necessary *self-esteem*. And, last but not least, the experience of meaning refers to the feeling that we can handle life, the experience of *competence*.

Comprehensibility, engagement, peace of mind, self-esteem and competence together form the experience that life has meaning. If an element of that experience constellation is threatened or compromised, a search for meaning occurs (Mooren 1998).

Let me give you an example.

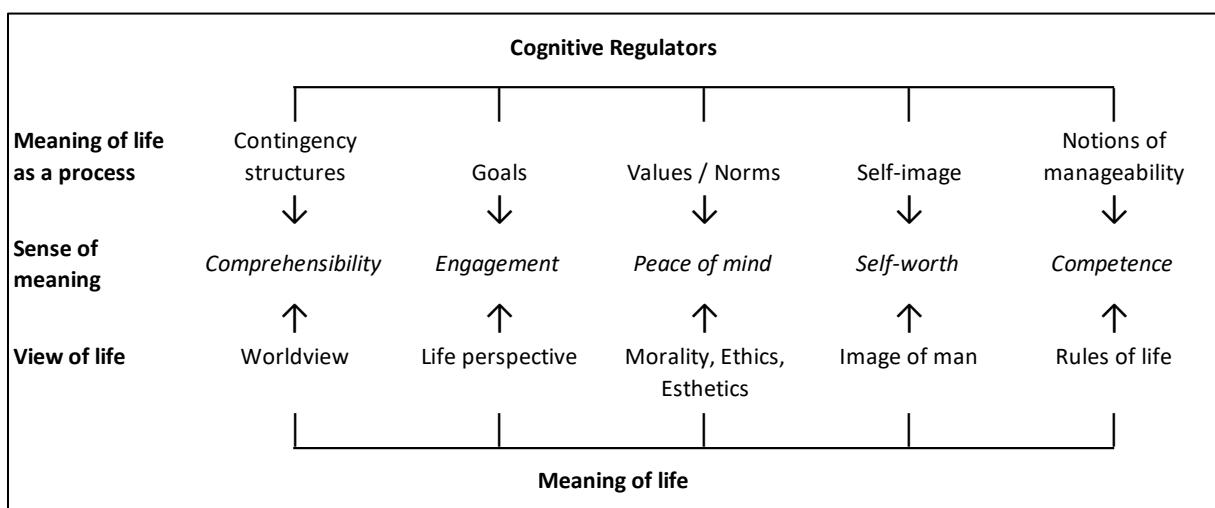
Martine went to study History at university two-and-a-half years ago. She is a confident young woman who is well matched with her subject. She has chosen the field of history as an entry point to get to know the world and calls curiosity her greatest intellectual virtue. Her social life looks healthy, with friends here and there, an occasional lover, a good contact with parents and brother. In her third year, something serious happens. During a weekend out, her best friend and her hitchhike to the east of the country. The driver causes an accident. Martine remains unharmed, but her friend doesn't survive. The aftermath (police statements, meeting her best friend's parents, the funeral, writing the speech), is experienced by Martine as if being in a trance, or perhaps 'numb' is a better word. When, two weeks later, after staying with her parents for some time, she sits alone in her room and realises that she is getting nowhere, the tears start to flow. A roommate supports her, she cries for a long time, after she stops crying, she starts again. She feels better the next day, can think about the accident and about her friend and visits the friend's parents (who she spoke to on the phone a number of times after the funeral). She's sad, but she's not numb anymore.

In the months that follow, it appears that Martine is unable to pick up from where she left off. She can't take an interest in her studies, feels inadequate because of failing classes and working groups, and doesn't go out. She withdraws from her friends and acquaintances, is alone often. When she goes to her parents, they are startled : she has lost weight and looks dishevelled, they don't know her that way. When they talk to her about this, the image emerges that Martine no longer sees the meaning of life. 'You can be gone just like that, you can't control it at all, so why even care what you do? She doesn't understand why people bother at all', she exclaims.

Comprehensibility, engagement, peace of mind, self-esteem and competence together form the experience that life has meaning. From a psychological perspective, the creation of this experience constellation (i.e. the process of assigning meaning to life) can be understood, among other things, in terms of Bandura's cognitive regulation theory. In short, this theory boils down to the fact that what we do/don't do, and our self-experience, is largely regulated by cognitive factors, so by ideas and judgments about ourselves, about what we perceive and experience, about what the right behaviour is, etc.

Bandura mentions four regulators, I added one, inspired by Baumeister (1991) and by Antonovsky (1987). Our actions are regulated by the *goals* we pursue or set ourselves, by *norms and values* that indicate the desirability or undesirability of behaviours, by our *self-image* that serves, among other things, as a benchmark for whether reactions and actions suit us, by *notions of manageability* and by *contingency structures*.

The latter two probably require some clarification. I shall start with contingency structures. People form images, mental representations, of the world around them. This entails, among other things, that we learn to see connections between events and actions and their observed outcomes. Partly we learn to see this cohesion by our own experience and observation, partly through what we hear about the world from others. Bandura calls such representations *contingency structures*. They contain ideas about causation, about the relationship between our actions and their effects, about connections between characteristics of people and objects and the role they play in the world, about the course of things in larger contexts, etc.



MOOREN, 1998

Secondly, people also develop mental representations about how to act in given circumstances, ideas about the best way to deal with a particular situation. I have designated that category in connection with Antonovsky, a well-known stress and coping researcher, with the term ‘notions of manageability’, as Antonovsky talks about manageability.

What is there to say about Martine from this point of view on meaning of life? Let's walk past the components. ‘Meaning of life’ refers to forming a coherent and fairly stable image of the world we live in, which makes us feel like we understand what we encounter. These images help regulate our comings and goings during our interaction with that world. Martine cannot give the event of the accident a place in her view of life and world. There is no longer any coherence and stability.

‘Meaning of life’ also entails that we are driven by goals, resulting in the experience of engagement. Martine, even though she has been able to express her grief, shows a paradoxical reaction that I would describe as ‘loaded indifference’. In any case, there is no fulfilling engagement in the world and life. What one might suspect is that this load indicates underlying feelings of fear or despair, feelings that are still out of the picture today.

‘You can't control it at all’ she exclaims, which points to powerlessness and a lack of experienced control ('efficacy'), a lack of feeling that the situations that life presents us are manageable.

In this excerpt, moral aspects do not come up so much. However, her self-neglect shows that in terms of her self-image and her self-esteem, something is going on. Although we don't know exactly what yet.

You will see these five groups of mental representations align with the five mentioned components of the experience of meaning. The top line represents the current continuous process of meaning of life, but in terms of cognitive regulation theory. The second line displays the experience of meaning.

5. THE PERSPECTIVE: VIEW OF LIFE

Spiritual counsellors are focused on restoring or strengthening that experience of meaning. In doing so, they use psychological knowledge. But they also fall back on a different source. In our interaction with the culture in which we live, we are offered different visions, connected to different lifestyles. We are talking about religion and view of life, about meaning of life frameworks as sources of meaning.

How should we think about the relationship between these frameworks and the process of giving meaning to life as described here? If we look at what categories of statements a view of

life contains, we see, firstly, that each life stance formulates a worldview. What characterises world and life? How do situations and the preceding events interact? If my current interpretations and observations (top line) correspond to that worldview, then the world and life are understandable to me at that moment. Furthermore, each life stance formulates perspectives on life in the sense of what makes life worthwhile or what is worthy of pursuit. If our concrete goals are in line with this, then the experience of meaning, of engagement, is supported by our vision of life. Each life stance formulates or implies an ethic, a morality and sometimes an aesthetic. If the standards and values practiced in the current situation are appropriate, this strengthens our peace of mind. Each life stance also contains an image of man (and often a related image of God), which not only contains observations about the nature of humanity, but which is also evaluative in nature. If our current self-image corresponds to its positive aspects, it supports our self-esteem. And fifthly, a view of life also gives rules of life to live by. Not only rules of life about how to behave morally, but also about how to best pursue happiness, salvation or meaning, or how to best deal with adversity. If we succeed, we feel strengthened in our experience that we can handle life, that we can shape it according to our principles.

Spiritual counsellors are trained in recognizing the underlying visions that determine and support what people do or don't do in actual situations. This also implies that they are able to pick up view of life based dilemmas and contradictions that people face from the stories they tell about their lives. And even though the view of life is not always explicit, the questions and interventions of the spiritual supervisor are partly driven by that level of understanding.

Let's take a look at how Martine fared in a conversation with her parents, in which her experience of futility strongly came to the fore.

Her parents realise that this is the first time Martine has come into contact with death and in such a traumatising way. They recommend Martine talk to someone. If she wants it, her mother would accompany her. Martine agrees because she doesn't want to hurt her parents. But she doesn't want to go to therapy. Her father knows an independent humanist counsellor in the neighbourhood. An appointment is made. Now that the time has come, Martine would rather go alone without her mother. After they have made their introductions, the counsellor asks Martine to tell her story. She can take her time, he assures her.

When Martine has finished talking, it stays quiet for a while. 'Have you been able to say enough goodbye to her?' the counsellor asks. Martine replies that she is still working on

that, she still misses her friend every day and she regularly cries about it. 'Life has many moments of saying goodbye,' says the counsellor, 'have you ever had to think about that before?' No, Martine hasn't, and she says she doesn't want to. If this is how life works, she doesn't want it. 'That puzzles me,' the counsel replies, 'if I understand you correctly, you don't won't life, because you don't want to say goodbye to it.' Martine is surprised, laughs a little, is quiet for a while. 'Yes, when you say it like that, it sounds crazy, but it does feel natural.' 'I understand that' says the counsellor, 'so what matters is whether you can give trouble and adversity a place in your life, whether you have the courage to face life in that regard as well. What I can do for you is explore with you how you think about death and life, about adversity and sadness. And together we can talk about how you want to deal with that.' Martine agrees. From that moment on, they have six conversations over a period of two months, which are philosophical in nature, in the understanding that the counsellor always asks what the discussed does, or has to do, with Martine. Themes that are discussed are life and death, fate and control, responsibility and self-respect, the importance of emotions, also negative ones, in contact with the world, and a number of other topics. With questions and objections, by challenging, supporting and confronting, the counsel keeps Martine busy and thinking and gradually she begins to form a picture of life in relation to finitude and about her own role in dealing with what occurs in her life.

So much for this case. It's an outspoken case of spiritual counselling. Many conversations are more mundane, in the sense that contemplative moments are interspersed with ordinary excerpts from the life story. In terms of the schematic: the conversation regularly jumps vertically. In other words, in many conversations, the levels of everyday meaning and meaning with regard to view of life are intertwined. This distinction is important for spiritual counselling. In our daily activities and in the daily interaction with the people around us, we are usually not conscious, focused and explicitly engaged with giving meaning to life. If everything goes as reasonably expected, we usually do not consider that such a process of giving meaning has taken place. As with breathing, we usually only notice the importance when we lack fresh air and get stuffy. Often view of life only plays an explicit role in special moments such as services, prayer and celebrations, and when the experience of giving meaning is threatened or compromised. When we reflect on our vision of man, world and cosmos, or when we shape life

moments using specific actions and behaviours, we speak of the meaning of life in the context of view of life.

6. IN CONCLUSION

The diagram immediately shows how close-knit interventions at the psychological level and at the view of life level are. The differences are even smaller because conversational technique is 'borrowed' from psychotherapeutic approaches. This is a reason for many to disregard the differences. There are two reasons to respect these differences nevertheless. The first is a fundamental theorem from psychotherapy. The therapist is expected to refrain from the role of spiritual leader or teacher. It is not their job to teach the client a certain lifestyle, or to convey a vision on life, or to maintain a moral position as the way to salvation. That is the main reason why therapists are careful to position themselves with regard to view of life. In terms of diagram, they leave the bottom line alone, at most investigate whether there are elements at that level that function as such that they stand in the way of solutions for the client. I don't use the term 'function' in vain. I think it is legitimate for therapists to pay attention to the religion or life stance of their clients. As long as that interference is based on an analysis of the function of the life's view in promoting or maintaining the complaints, or whether they play a role in the healthy functioning of the person in question.

The second reason for respecting the differences lies in the much broader spectrum of action of the spiritual counsellor compared to that of the psychotherapist. The spiritual counsellor does not limit the contact to the consultation hour or the appointment that has been agreed. Clients can participate in contemplation meetings or celebrations; an appointment can start or end with a prayer or poem; if a client needs it, information can be given about the nature and content of a philosophical tradition; and the spiritual counsellor can perform rituals and (if applicable) serve sacraments. In the Netherlands, where, as mentioned, spiritual counselling takes shape mainly in institutions, it is also the spiritual counsellors who are close in the final phase of a client's or patient's life and who are available to the bereaved after a death. The particularity lies in that this spectrum of action has fluid transitions, which means that the various actions do not always require a new person, a different role, a new contract.

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