CARING AND JOURNEYING TOGETHER (SPIRITUAL AND PASTORAL CARE IN THE ELDERLY)

Ms Tan Bee Ker

Illness can be a crisis. People who are incapacitated by sudden illness, loss of independence and mobility, experience different fears and emotional upheaval. Illness affects the whole person – physically, mentally, emotionally, socially and spiritually. It can cause physical, psychosocial and spiritual disharmony and disequilibrium.

CASE STUDY

We can take a look at patient, Madam B, who was admitted to St. Luke's Hospital for the Elderly. As a chaplain, I do ward visits. As I did my ward round, I noticed that Madam B was visibly distressed, depressed, devastated by her loss of mobility and frustrated over her expressive aphasia. She screamed and hit herself. She was not only disoriented but also suicidal. Nurses had no choice but to restrain her.

Closer Look At Madam B and Family

Prior to Crisis – Background

Madam B was 60 years of age. She suffered from stroke (left/frontal lobe – adjustment impairment, emotional labile), hypertension, depression and thyrotoxicosis.

She came from a closely knit family. She was a housewife, cheerful and humorous. She took care of all the household chores and played a crucial role in keeping the family in order. Her husband, Mr B, 54 years of age, was an odd job stevedore and a sole breadwinner. Her relationship with her husband was enmeshed. They had an adopted daughter 12 years of age, young, immature, hyperactive and impressionable.

TAN BEE KER
Chaplain, St Luke's Hospital for the Elderly

Crisis

Mr B was badly affected by Madam B's condition. They had weak support from relatives and friends. He stopped working in order to give support and encouragement to Madam B. As a result, there were financial difficulties.

Mr B was emotional and suicidal too. He was also depressed over his daughter's immaturity and apparent unconcern. Mr B's condition in turn affected Madam B. Madam B was emotionally labile and her condition worsened. She screamed and rambled on but none had any clue as to what she was saying.

Breakthrough

I sensed that Madam B had something "significant" to say. I prayed to God to help me understand and I managed to address her "concern" – her husband's unrealistic expectations and frustration toward their only daughter who is precious to her. I promised to convey her "concern" to her husband. Madam B became visibly relaxed, calm and peaceful. There was peace at last in the ward, for the rest of the day and night.

I listened and showed active concern. To say that we care will not mean anything, unless we have time to care by listening. Madam B had the opportunity to unload that which was weighing her down emotionally. Someone finally heard, understood and cared for her. Such care and respect opened the door to a therapeutic relationship. Since that day, Madam B called me her "friend."

Progress

Madam B started to speak more coherently. Her mood started to improve and this in turn had a positive effect on her husband and vice-versa. He became less depressed, less stressed and more calm.

The family started to attend the hospital chapel service. In short, not only the patient but her whole family benefited as well.

Initially, Madam B outrightly refused all forms of therapy or treatment. I asked her for the reason. Her frank reply was, "Everyone has been asking me the same question. I am fed up. I told them, "Ng zai" (meaning "don't know" implying "I do not wish to share"). Because you are my "friend," I will tell you the truth. Since my stroke, I had not been home for the last 3 months. I am depressed. My heart is not here. My heart is not with the therapy exercises. My whole heart is at home. My whole world revolves round my home, the care of my husband and daughter."

Madam B was able to freely pour her life story to me – her past, her hopes, her fears, her hobbies and interests in horticulture, cooking and sewing.

Interdisciplinary Team/Holistic Care

Prior to this breakthrough, Madam B was seen as difficult, unmanageable, uncooperative, inattentive, not motivated, having poor topic maintenance and short-attention span on tasks.

It was only through the multi-disciplinary case conference that opportunities were given to share with the other members of the interdisciplinary team (doctors, nurses, therapists, MSW, chaplain) further insights into Madam B's needs, family and social concerns.

Together as a team, we were able to provide holistic care to Madam B and her family, addressing not only medical but psychosocial needs. The team was able to plan appropriate programs tailored to the patient's needs, such as accompanied home visit to address her concern and ease her uneasiness. Her concerns, interests and hobbies were all taken into account.

The team also provided crisis intervention in terms of financial aids, welfare funds and bursary, before and after school care for their daughter, befrienders from a church group for Madam B's husband, voluntary welfare home/day care centre for Madam B upon discharge.

As a chaplain, I played a supportive role yet functioned as a member of the hospital's interdisciplinary team. Because of the special rapport with Madam B, I had to come alongside the doctor, nurses, therapists and medical social worker.

Once, I accompanied Madam B for a psychiatric check. The Psycho-geriatrician was visibly surprised to see Madam B walking steadily and talking in such a clear and coherent way. It was a totally different scenario a month ago –wheel chair bound, emotionally labile and incoherent speech. The Psycho-geriatrician was deeply encouraged and commended the quality "care" given to Madam B. She also commented that truly the benefit of "care" goes beyond the power of drugs and medication.

Caring and Journeying Together

Madam B called me her "friend." What does "being a friend" to a patient mean in the context of health care profession and in particular, the spiritual and pastoral care?

It is "being" as opposed to "doing". It involves giving supportive presence to another human being. It is immersing in the world of the person so as to better understand what the person has been through and is trying to communicate. It is basically "caring" and "journeying together."

Knowing the problem and the world of the patient provides the clue to knowing how to go

about helping the patient. Madam B's illness was not only a crisis for the patient but also for her family and caregiver.

However, as medicine becomes more scientific, health care professionals often tend to consider health in terms of fitness of a body rather than of the whole person. "Caring" for patient cannot be isolated from the context of family and social relationships, as shown in this case study.

Health means wholeness. Wholeness means holistic care. Holistic care to patients must be a team effort. Spiritual and pastoral care can only be accomplished when each member of the interdisciplinary team is aware of their role and the importance of the other members of the team and be able to function as part of the whole.

As Henri Nouwen, a Catholic psychiatrist cum minister rightly observed :

"*When we honestly ask ourselves which persons in our lives mean the most to us, we often find that it is those who, instead of giving much advice, solutions or cures, have chosen rather to share our pain and touch our wounds with a gentle and tender hand. The friend who can be silent with us in an hour of grief and bereavement, who can tolerate not-knowing, not-curing, not-healing and face with us the reality of our powerlessness, that is, the friend who cares.*" [1]

REFERENCES

1. Henri Nouwen, *Out of Solitude* (Indiana: Ave Maria Press, 1974), p 34.
2. Nouwen, Henri J. M. *Out of Solitude.* (Indiana: Ave Maria Press, 1974).
3. Fountain, Daniel. *Health, the Bible and the Church.* (Wheaton, IL: Billy Graham Center, 1989).