Compassionate and Spiritual Care:
A Vision of Positive Holistic Medicine

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Abstract

The recent SARS crisis exposed the inadequacy of a cure-based, bio-medical model of healthcare system. The courage and personal sacrifice of front-line heath-care providers in the face of death have demonstrated the crucial role of compassion and spirituality in healthcare.

This paper presents the case for a positive holistic medicine based on Viktor Frankl's logotherapy and medical ministry (Frankl, 1984; Wong, 2002a). Frankl maintains that healing occurs at the spiritual level and that the medical practice needs to address the vital role of meaning and purpose in the midst of suffering.

Compassionate and spiritual care cannot be entirely based on humanistic-existential values. Nor can it be based on an **instrumental approach**, which emphasizes the utilitarian value of prayers, spiritual sensitivity and spiritual history. The present paper favours a **transformative approach** to holistic medicine. It stresses the benefits of integrating religion/spirituality with one's life and practice to both the healer and the patient. When the healer has experienced spiritual transformation, then compassionate and spiritual care flows naturally from the inner being of the healer; such an exchange of life energy can facilitate healing and wholeness in the patient.

Finally, the paper describes the process of transformative spiritual care through the Healing Wheel Model. According to this model, illness becomes the focal point of interactions between the four main components of the healing wheel: the healer, the patient, God and the healing community. We can maximize spiritual care when the healing connections between all four components are activated and the entire healing wheel is turning.

Introduction

Often, we do not know how a system works until it is put to a severe test. For example, the 9/11 Commission Report (National Commission on Terrorist Attacks, 2004) has concluded that the American military and the Federal Aviation Agency were totally unprepared for the 9/11 attacks, and there was a breakdown of emergency response procedures.

Similarly, the recent SARS crisis exposed the inadequacy of the biomedical model of healthcare system. All of the expensive high-tech medical equipment and cure-based medical knowledge prove useless in the war against a deadly, highly infectious disease, when there is no easy diagnosis and no known antidote.

Last year (2003), 299 people died of SARS in Hong Kong and 7 million residents lived in fear. The only bright spot throughout the ordeal was the courage and compassion of front-line healthcare professionals. They worked long hours and risked their own lives to serve the sick and contain the illness. With their heroic efforts, they demonstrated the indispensable role of compassionate and spiritual care.

Are we any better prepared for another public health crisis, such as the AIDS epidemic? What changes are needed in order to meet the double challenge of rising healthcare costs and deepening budget cuts? How can we do better with less in reducing the likelihood of another healthcare disaster?

Against this backdrop, I propose that it is an opportune time to seriously consider the benefits of a bio-psycho-social-spiritual model. By tapping into the spiritual healing resources that are freely available, we can improve healthcare services without a corresponding increase in cost.

The historical Alice Ho Miu Ling Nethersole Hospital serves as a good example of spiritually oriented holistic healthcare. For more than 100 years, Nethersole Hospital has earned a reputation of consistently providing compassionate quality care for the residents in Hong Kong. Their medical ministry is based on the following mission statement:

"To bring Life to Mankind in its fullness through enhancement of Wellness of the Total Person and Compassionate Care of the Sick."

According to this mission statement, the purpose of healthcare is not to cure but to offer healing and well-being. The objective is to empower all patients to live their lives to the fullest, regardless of their physical conditions. Nethersole Hospital's mission statement reminds us of Jesus' ministry: "I have come that may have life and have it to the full." (John's Gospel, 10:10).

This is a powerful vision of holistic medicine that enables us to transcend existing boundaries and limitations. "Without vision, the people perish." A grand, positive vision can lift our spirits, embolden our hearts, and enable us to transcend boundary situations.

Central to this lofty mission is the spiritual health of the healthcare professionals. We are all familiar with the injunction: "Physician, heal thyself!" This holds true in both the physical and spiritual realms.

It would be difficult for physicians to practice compassionate care, when there is no compassion in their hearts. Similarly, it would be difficult for them to practice spiritual care, when they reject anything spiritual. Physicians cannot prescribe spiritual care in an impersonal manner the way they prescribe drugs. For spiritual care to be genuine and effective, it needs to flow from a heart that is spiritually healthy and spiritually in tuned.

Therefore, I will introduce the concept of a **healing wheel** as a working model of holistic care. This model incorporates four key components: God, the healer, the healing community, and the patient. According to this model, the spiritual condition of the healer is an important variable. I will present the case that we can maximize compassionate and spiritual care only when all the components are involved and when all the healing connections are activated. The healing wheel cannot turn very well if any of the components or any of the connections is missing.

The need for a positive holistic healthcare

Many in the medical profession still cling to the traditional bio-medical disease model. There is the need to educate the thousands of medical professionals and policy makers, who don't share our vision. Here are some of the reasons for holistic care.

The paradox of progress

Several recent books (e.g., Myers, 2000) have documented the paradox of progress. Our quality of life has not improved with the progress in technology, education, and personal income. In fact, there is some evidence that the level of life satisfaction in America has been on the decline.

Similarly, the quality of medical care has not kept pace with the advances in medical technology and pharmaceutical research. All the expansive high-tech medical equipment and wonder drugs cannot replace proper patient care. For example, a recent study in Canada shows that many thousands have died in hospitals because of human errors. Litigations against physicians have increased steadily in North America.

Somewhere along the way, in our eager embrace of technological innovations and total dependence on wonder drugs, we diminished our own humanity and lost sight of the fact that the heart and soul of medicine is compassionate care.

The limitation of a cure-based medical model

There is still no cure for many diseases and chronic illnesses. There is no cure for aging and dying. Genetic and medical research may increase life expectancy, but science can never give us immortality.

Palliative care has taken an increasing important role, because people are living longer and more people are suffering from incurable chronic conditions. In end-of-life care facilities such as hospices, the best "medicine" is compassion, which facilitates healing of the "soul". Healing is possible even for dying people, if we provide a compassionate and loving environment, which facilitates acceptance, reconciliation, forgiveness and hope.

It is indeed important that drugs can control and reduce pain, but there are no drugs for broken hearts and wounded souls, and there is no medication for the existential anxieties of alienation, loneliness, despair, meaninglessness and fear of death.

Need for a paradigm shift

In addition to the above limitations, the current trends towards bureaucratic control, government regulations, materialism and consumerism further corrode the quality of our healthcare systems (Carson & Koenig, 2004). The house calls and the once trusting relationships between family doctors and patients have largely become a thing of the past. Doctors are burdened by unnecessary paperwork, worried about litigations, and pressured to treat more patients per hour.

Forces of depersonalization and dehumanization have driven healthcare professionals to burnout and despair. They begin to wonder: "What am I doing here? Why am I so unhappy? What is my calling?"

The present crisis in healthcare calls for a holistic approach that can re-ignite the passion of healthcare workers, and tap into the vast healing resources in spiritual transformation and faith communities.

Holistic medicine recognizes that humans are psycho-bio-social-spiritual beings. From the Christian perspective, human beings were created in God's image and are for whom Christ died. That's why every life is important and every individual has inherent value and dignity. This spiritual vision can be a powerful source of compassionate and spiritual care. For example, what motivated Mother Theresa in her compassionate care for the poor was her spiritual vision in that in caring the poor, she was serving Christ. Other spiritual traditions, such as Buddhism, can also become a source of inspiration and compassion.

Within the medical field, Viktor Frankl provides a good example of compassionate holistic care and his logotherapy is a useful conceptual framework for medicine as a spiritual ministry. Therefore, we will begin our journey into holistic healthcare with Dr. Frankl.

Dr. Viktor Frankl and logotherapy

Dr. Viktor Frankl, a neurologist and psychiatrist of Vienna, is internationally known for his book Man's Search for Meaning (1984). His logotherapy provides a conceptual framework for positive holistic medicine. He died 8 years ago at the age of 91. We will be celebrating his 100th birthday next year (2004). In many ways, Dr. Frankl may be considered as the father of compassionate and spiritual care.

While incarcerated in Nazi Concentration Camps, he discovered the power of logotherapy, which means, "healing through meaning". It can be translated as meaning-centered therapy. He considered logotherapy as a medical ministry, an important adjunct to any kind of medical treatment, because it addresses the fundamental issues of meaning and purpose of life (Wong, 2002a).

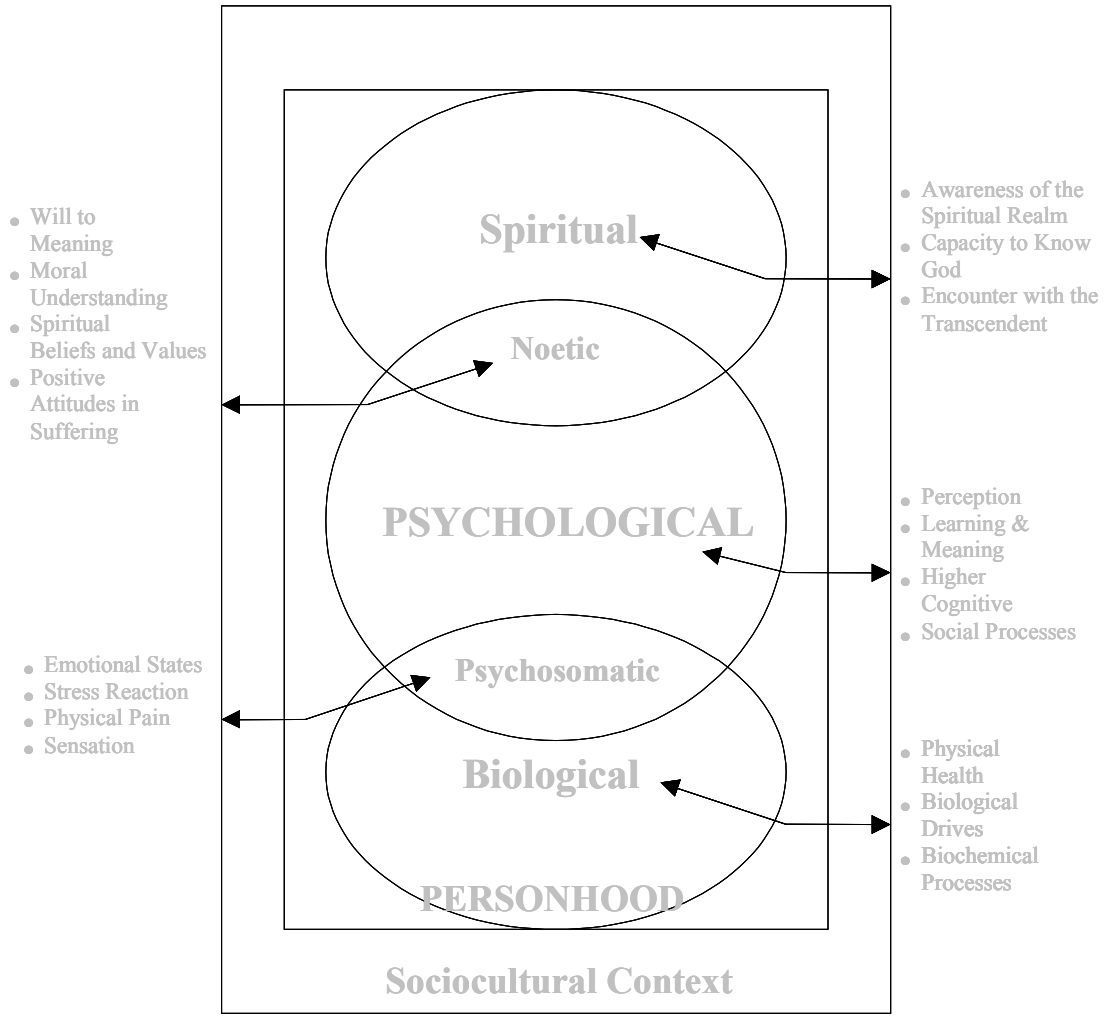
Frankl maintained that healing needs to occur at the spiritual level and that medical practice must address existential questions of suffering and death. "Man is not destroyed by suffering; he is destroyed by suffering without meaning" Frankl (1984).

One of the basic tenets of logotherapy is that meaning can be found in the most horrible situations. Apart from the quest for meaning, the medical ministry needs to awaken the defiant human spirit and ignite a sense of tragic optimism.

He has given hope and inspiration to millions of people facing suffering and death. Compassion compelled him to minister to other inmates – to restore their hope and dignity in the face of brutal oppression. He demonstrated the importance of a deep conviction and an abiding faith.

His anthropology is that human beings are unified and yet multi-dimensional. We experience ourselves as a unified whole, an organic entity that cannot be divided. Yet, for analytical purposes, it is helpful to think of ourselves as consisting of three dimensions – body, mind and spirit. Frankl's view is schematized by Wong (1998).

Figure 1: Wong's schematic representation of personhood



We need to recognize the physical, psychological, and spiritual needs of patients, but the core of healing is spiritual. More precisely, it is the noetic realm that contains the medical chest, the powerful source of well-being and healing.

Dr. Herbert Benson, Founder of the Mind/Body Medical Institute at Harvard University, emphasizes mind-body medicine. He and associates (Benson, Corliss, & Cowley, 2004) have shown that emotional experiences can have a real effect on physiological functions and physical healing.

In contrast, Dr. Frankl emphasizes mind-body-spirit medicine, which encompasses spirituality and personal meaning as essential to medical ministry. Frankl's anthropology provides the necessary theoretical unpinning for holistic medicine.

A big part of logotherapy's appeal is that it gives patients and healthcare workers a renewed sense of purpose and hope even when they seem to be losing the battle against cancer or AIDS. It provides not only a conceptual framework to make sense of illness and suffering, but also a new ground for hope in hopeless situations.

Frankl's concept of tragic optimism implies that hope and despair can co-exist and that we can remain optimistic, no matter how helpless and hopeless we feel. The mystery of this paradoxical hope is a very powerful medical tool, which doctors and nurses need to master. Frankl demonstrated that he could use this tool to help himself and other prisoners in Nazi death camps.

The positive psychology of optimism

In the last few years, positive psychology has gained widespread acceptance in North America. Instead of focusing on mental illness and pathology, positive psychology focuses on human strengths and positive community. One of the main themes of positive psychology is optimism. Most of the theorizing and research on optimism are based on confidence in one's own competence and expectations of positive outcomes.

However, 9/11 changed everything. Psychologists are now confronted with the challenge of developing a positive psychology for the suffering masses. Frankl's concept of tragic optimism is a prototype to this kind of mature positive psychology. Below I have identified five key ingredients of tragic optimism:

(a) Acceptance – Accepting the gloomy reality
(b) Affirmation – Affirming the value and meaning of life
(c) Courage – The capacity to move forward in spite of fear
(d) Faith – Believing in God or a higher power
(e) Self-transcendence – Serving others or a cause larger than oneself

These are the essential elements of hopeless hope. In acceptance, we acknowledge our difficulties and confront our own helpless state. There is no denial, no wishful thinking.

"I am an alcoholic". "I am dying." Such courageous honesty is the very first step towards healing.

In affirmation, we acknowledge that there is something worth living and dying for, that there is positive meaning to be fulfilled in the most hopeless situation. It is the silver lining of a threatening cloud. It is the first ray of dawn after a dreadful night. Hope remains, as long as we cling to it tenaciously with affirmation and courage.

It takes courage to accept the worst-case scenario. It takes courage to affirm life in the face of death and destruction. It takes courage to move forward in spite of fears, doubts and pains. The courage to act in spite of our negative feelings and thoughts is essential to recovery and healing. True affirmation always manifests itself in positive actions.

Even when our determination wavers and our courage falters, because the situation worsens in spite of our best efforts, there is still faith. Yes, when we are going through the darkest moments and are on the verge of giving in, there is faith — faith in the Ultimate Rescuer, faith in God as our Rock and Refuge, faith in ultimate purpose and justice, and faith in the eventual triumph of good over evil. Such faith will sustain us and carry us through unimaginable hardships.

Our faith in God needs to be linked with our love for Him and for our neighbors. Our faith also entails a sense of calling – serving and helping others. Which means self-transcendence. For example, Frankl's calling in Nazi death camps was to minister to other inmates, to restore their hope in life.

The validity of the above five elements has been demonstrated both in real life situations (9/11 and traumatic situations) and through scientific research. My associates and I (Leung, et al. 2003; Wong, 2001, 2003; Wong & McDonald, 2002) have demonstrated and documented that tragic optimism is the only kind of hope that can survive all kinds of adversities and tragedies. I will present my recent research on the importance of tragic optimism. I have found that tragic optimism is related to personal meaning and posttraumatic growth. This faith-based, meaning-centered and compassion-oriented optimism provides the fuel for health-care workers to persist in their good work even in the darkest hour. Therefore, Dr. Frankl's logotherapy provides both the theoretical framework and motivational force for a positive, holistic medicine.

The meaning of compassionate care

Whether we realize it or not, all health-care professionals are in the ministry of compassionate and spiritual care, because medicine is a helping profession dedicated to caring for the sick and relief of human suffering. Without compassion and spirituality, we become managers and providers of medical services rather than medical care. Medicine without compassionate and spiritual care is like a physician without heart and soul.

Historically, those who entered the profession of medicine and nursing were primarily motivated by compassion. In modern times, many are attracted to the medical profession because of its prestige and the potential to get rich. They want to treat as many patients as

possible to maximize profits. Very few are willing to make house calls, because it is not profitable. It is shocking how some doctors deliver the bad news of terminal cancer to their patients in an indifferent and even callous manner.

Compassionate care is the basis of a healing ministry. The word "compassion" means more than caring for someone. It actually means to suffer with others and to be in solidarity with the sufferers. Henri Nouwen once said: "**Compassion asks us to go where it hurts, to enter the places of pain**." Similarly, Puchalski (2001a) wrote: "Compassionate care calls physicians to walk with people in the midst of their pain, to be partners with patients rather than experts dictating information to them" (p.352).

Compassionate care is patient-centered rather than disease-centered. The focus is on the patient as a person in totality. The Christian moral grounding for compassionate care is that we treat our patients as fellow human beings, created in God's image and for whom Christ died. That is why they deserve our attention and care. Mother Theresa said that when she served the poor and the dying, she was serving the Lord whom she loved. It is love that compels us to reach out to the needy, to journey with the sick and suffering in spite of our own fears and needs.

Compassion makes a real difference in the quality of care. Although love is intangible, its effects are unmistakable. Love facilitates healing and recovery through many channels – from the quality of interaction with patients and their loved ones to the communication of the true human worth. A loving doctor or caring nurse can make bitter medicine taste sweet.

However, there are limits to compassion. Without proper self-care and spiritual support, and without the necessary inner resources, sooner or later we will reach a point of physical and psychological exhaustion. Burnout is more likely to occur in an organizational culture of mistrust, secrecy, conflict and bureaucratic control.

In order to show unconditional love to others, we need to cultivate love and kindness in ourselves. Without proper self-care, our love for others is diminished, because we won't have much to offer, even when we want to give all of ourselves. We need rest and solitude and to renew ourselves. The Buddhist approach to compassion and meditation can be very helpful. The Christian teaching of being a channel of God's love is foundational, because we need to be connected with the Source of Love, which is God, the infinite Spirit.

To sustain compassionate care, one must return to the foundation of love over and over again. We believe that God is love and He is the source of goodness, kindness, patience, and compassion. That is why it is difficult to practice compassionate care purely at a humanistic level – one needs to tap into spiritual resources to minimize and prevent burnout. In other words, compassionate love cannot just operate at the humanistic level; we also need to recognize its spiritual source.

Puchalski observed that (2001b) "an increasingly common view holds that although young doctors may be excellent technicians, they often lack the humanitarian skills

required to be compassionate caregivers who can communicate effectively with their patients about many issues related to their medical care, including preferences for treatment, prognosis, and the patient's lifestyle, beliefs, fears, and hopes. A critical part of such communication skills is the ability to discuss a patient's spiritual beliefs and how these beliefs affect the patient's health" (p.33).

While agreeing with Dr. Puchalski, I want to go one step further. In addition to the application of spiritually oriented communication skills, compassionate bedside manners and the knowledge of spiritual history, we need to rediscover the sacred and tap into the transcendental, spiritual realms and the healing energies emanating from God.

The meaning of spiritual care

"A long historical tradition connects religion, medicine, and health care… Over the past decade, the medical community has become increasingly interested in the possibility of bringing down the wall that has separated religion from medicine for more than two centuries." (Koenig, 2001, p.1189)

Historical background

- Strong religious roots of modern medicine in the Western world
- Religion and medicine were the two oldest healthcare professions
- Religious groups built the first hospitals in the 4th century
- Religious orders staffed most hospitals with nurses until the early 1900s
- In China, early practitioners of medicine were often related to Taoism and Buddhism
- Folk religion and ancestor worship also played an important role in China

Modern medicine has made tremendous progress, because it is based on scientific research independent of religious authorities and practices. That is why it is reluctant to include spiritual or faith healers in the scientific discourse (Tsai, 2004).

It can be difficult to navigate the complexity of the world of spiritual healing. In addition to a multitude of faith traditions and spiritual practices, we will encounter witch doctors, faith healers and con artists who prey on those with simple faith and offer remedies with no proven medical value other than the placebo effect. Sometimes, superstitious beliefs in spiritual healing may prevent patients from getting proper medical care and therefore endanger their lives. For example, my older sister died because my grandparents believed more in the healing power of Taoist monks than Western medicine, and they would not allow western-trained physicians to enter our house. I don't know how many others have lost their lives because they place their faith solely in spiritual healing rather than scientific medicine. Given these excesses of religion, no wonder many scientists and medical practitioners remain skeptical about any claims of the healing power of faith or religion.

Current trends in spirituality and health

Recent years have witnessed a rapprochement between medicine and religion. An increasing number of medical schools in the U.S. have included a course on spirituality and health in their curriculum. This is based on the recognition that spirituality is an important aspect of human beings. Currently, there has been a lot of research on the psychology of religion and spirituality (Hill et al, 2000; Emmons & Paloutzian, 2003). Spirituality is regarded as an essential part of people's ultimate concern and quest for meaning and purpose (Emmons, 1999; Frankl, 1984; Wong, 1998). Patients in the contexts of suffering, disability, terminal illnesses and dying are often struggling with the meaning of life and death (Puchalski, 2002; Wong, 1999; Wong & Stiller, 1999)

Questions dying people struggle with

- Who am I?
- Why is my life so painful?
- What is the meaning of my sickness?
- What is the point of living in pain?
- What does death mean?
- Has my life been worthwhile?
- What happens to me after I die?
- How could I find forgiveness?
- How would I spend the remaining days of my life?
- How could I find peace, comfort, and hope in the face of death?

In working with dying patients, doctors and nurses are often confronted with these questions, which cannot be addressed without some spiritual understanding. Only religion and faith can provide meaning, comfort and hope to dying people (Hill, et al, 2000; Wong, 1999).

According to Puchalski (2002), spirituality helps patients cope with dying through the following mechanisms: Hope, sense of control, acceptance of the situation, strength to deal with the situation, and meaning and purpose in the midst of suffering. Siegel, Anderman and Schrimshaw (2001) identifies the following potential pathways whereby religion may help patients cope with illness: (a) providing an interpretative framework, (b) enhancing coping resources, and (c) facilitating access to social support. However, these approaches to spiritual coping reflect an existential perspective of spirituality, which minimizes references to the sacred.

Wong and Reker (2005) have reported empirical evidence that existential coping is distinct from religious coping. The former, similar to Puchalski's concept of spiritual coping, emphasizes acceptance of a bad situation and finding positive meaning and purpose in the midst of suffering. The latter focuses not only on God as the source of help, strength, and comfort, but also God as a person with whom we can relate and communicate.

Generally, people tend to resort to religious coping in situations, which appear to be beyond the limits of their coping resources or capacity to control (Meisenhelder, 2002; Pargament, 1997, 2002a; Wong, 1993). By appealing to patients' religious convictions and beliefs, we can help them restore a sense of purpose and hope in the face of death. Research has shown that both the religious approach and the meaning-centered approach are effective in coping with existential suffering of terminally ill cancer patients (Hirai, Morita, Kashiwagi, 2003).

Elsewhere, Wong (1998) has discussed the differences and commonality between religion and spirituality as two related constructs. The former is generally organized, involving a set of dogmas and faith in God. Spirituality is more loosely defined and centers on individualistic needs for personal meaning and integration.

Puchalski (2002) offers this definition of spirituality: "Spirituality is concerned with a transcendental or existential way to live one's life at a deeper level…All people seek meaning and purpose in life; this search may be intensified when someone is facing death" (p.799). However, it is important that we do not extol the existential value of spirituality at the expense of religion.

Pargament (2002b) points out that religion plays a unique and significant role in human experience:

> "Religion may be a unique human phenomenon both substantive and functionally. In my article and elsewhere, I defined religions as a 'search for significance in ways related to the sacred.' Religion has a unique substantive point of reference, the sacred. The sacred refers not only to the divine, higher powers, and God but to qualities that are closely linked to the divine, such as holiness, blessedness, transcendence, omnipotence, and infinitude" (p.240).

In applying spiritual care to patients, it is helpful to keep in mind the following aspects of religion and spirituality (Pargament 2002a, Wong, 1998):

- Involve belief in a spiritual reality
- Involve belief in God or Higher Powers
- Need to differentiate different forms of religion
- Recognize spirituality as being central to the human experience
- Recognize the innate human need for meaning and spirituality
- Recognize the importance of religious coping in extreme situations
- Recognize the limitations and boundary conditions of religious coping
- Address questions regarding the ultimate meaning and purpose of life
- Involve certain spiritual exercises
- Involve a set of religious beliefs & rituals
- Experience sacred moments of awe, wonder & oneness
- Cultivate a transcendental connection
- Integrate religions/spirituality with everyday life

- Seek spiritual direction & formation

The positive contributions of religious commitment, practices and faith to patients' well-being have been well documented in recent years (Post, et al, 2000; Koenig, McCullough, & Larson, 2001). Here is a summary of the positive functions of religion/spirituality:

- Prayer contributes to healing and recovery
- Faith improves quality of life, hope and happiness
- Religious beliefs affect medical decisions
- Religious beliefs facilitate death acceptance
- Religion/spirituality facilitate coping with chronic pain, disability and terminal illnesses
- Religious beliefs make sense of the chaos and uncertainty and provide a sense of coherence and integration
- Religion can generate a sense of spiritual well-being
- Religious beliefs and communities can be a source of love and compassion

Here is a summary of some of the empirical findings on the benefits of faith:

- Greater longevity
- Faster recovery from illness & surgery
- Reduction of stress & depression
- Better adjustment to disability
- Higher quality-of-life score
- Lower blood pressure
- Fewer cardiovascular problems
- Fewer cases of depression & anxiety
- Better immune functioning
- Healthy lifestyle

Different from the past abuse of faith healing, the current approach to religion and spirituality is rational and scientific; it emphasizes evidence-based healing. It employs a variety of research methodologies, ranging from controlled experimental studies, clinical trials, to large surveys in order to establish the efficacy of personal faith, intercessory prayer, religious beliefs, and activities. Therefore, it tends to exclude from the scientific discourse certain indigenous

However, in spite of the current scientific emphasis, the primary focus of spiritual care is still on the instrumental value of religion and spirituality. This instrumental approach is based on what we say and do with our patients:

- Addressing patients' spiritual needs
- Addressing patients' existential needs
- Taking a spiritual history of patients
- Incorporating appropriate spiritual practices

- Involving chaplains and spiritual leaders
- Involving the appropriate faith community

Puchalski (2001b) emphasizes the importance of taking spiritual history. She believes that by asking your patient's spiritual history, and what gives them meaning in life and how they cope with their illness, may "open the door to a more trusting, deeper and more meaningful relationship. This is at the heart of patient-centered – rather than disease-centered medicine. Physicians, by recognizing the spiritual dimension of our professional lives, can reclaim the spiritual roots of our practice—compassion and service. This is one way to bring compassion back into the art and science of medicine." (p.35).
Puchalski and Romer (2000) have developed a Spiritual Assessment Tool, which may be summarized by the acronym **FICA** –

Spiritual Assessment Tool

F – Faith and belief: "Do you consider yourself spiritual or religious?"
I – Importance: "What importance does your faith or belief have in your life?"
C – Community: "Are you part of a spiritual or religious community?"
A – Address in care: "How would you like me, your healthcare provider, to address these issues in your healthcare?"

There are certain limitations to an instrumental approach; these include the Placebo effect, potential manipulation of faith healers, guilt and self-blame of patients, and absence of compassion in the healer-patient relationship.

I propose that we need to broaden the focus and explore the potentials of spiritual transformation. Such an existential and growth-oriented approach emphasizes spiritual transformation for both the healer and the patient. For example, Koenig's approach to spirituality and health is both informed and inspired by his own spiritual conversion; his spiritual transformation led in a sense to a calling to help patients not only get well but find wholeness (Koenig & Lewis, 2000).

A transformative approach to spiritual care is based on more than spiritual knowledge and compassionate care; it demands that we have some personal spiritual experience. In the final analysis, our effectiveness in helping patients spiritually depends not so much on how much we know, but on who we are and how we live. Yes, we can always leave all spiritual matters to the clergy and chaplains, but if we are serious about providing spiritual care, we want to become a conduit of spiritual blessing in the process of providing healthcare. When religion is fully integrated in the lives of healthcare providers (Pargament, 2002a), they would be more effective in spiritual care, because it would flow naturally from their hearts and souls. Spiritual care becomes more than a tool, an expertise, but the sharing of one's own spiritual life with the patient. The transformative approach to spiritual care involves the healing connection and the healing presence. It can be characterized by the following:

- The healing silence – listening to the inner voice

- The healing touch – touching the inner spirit of the patient
- The healing connection – establishing an I-You relationship
- The healing presence – providing a compassionate presence
- The healing process – nurturing spiritual growth in the patient
- The healing community – building a caring community

This transformative approach places a lot more demand on the healthcare provider than the instrumental approach, because healers not only need to possess the necessary skills, but also need to be spiritually transformed. Here are some of the characteristics of a spiritually transformed healer:

- Understanding your own spiritual needs
- Nurturing your own spirituality as an essential part of your personhood
- Treating spirituality as an integral part of professional development
- Caring for the wounded healer and for your own psychological/spiritual needs
- Treating the patient with compassion, empathy and honesty
- Viewing the patient from a spiritual lens
- Elevating spiritual care to Divine care through prayer

I have (2004) recently identified seven levels of **spiritual transformation**, which cover the entire spectrum of spiritual experience, from the initial spiritual awakening to the on-going journey of spiritual growth:

Levels of spiritual transformation

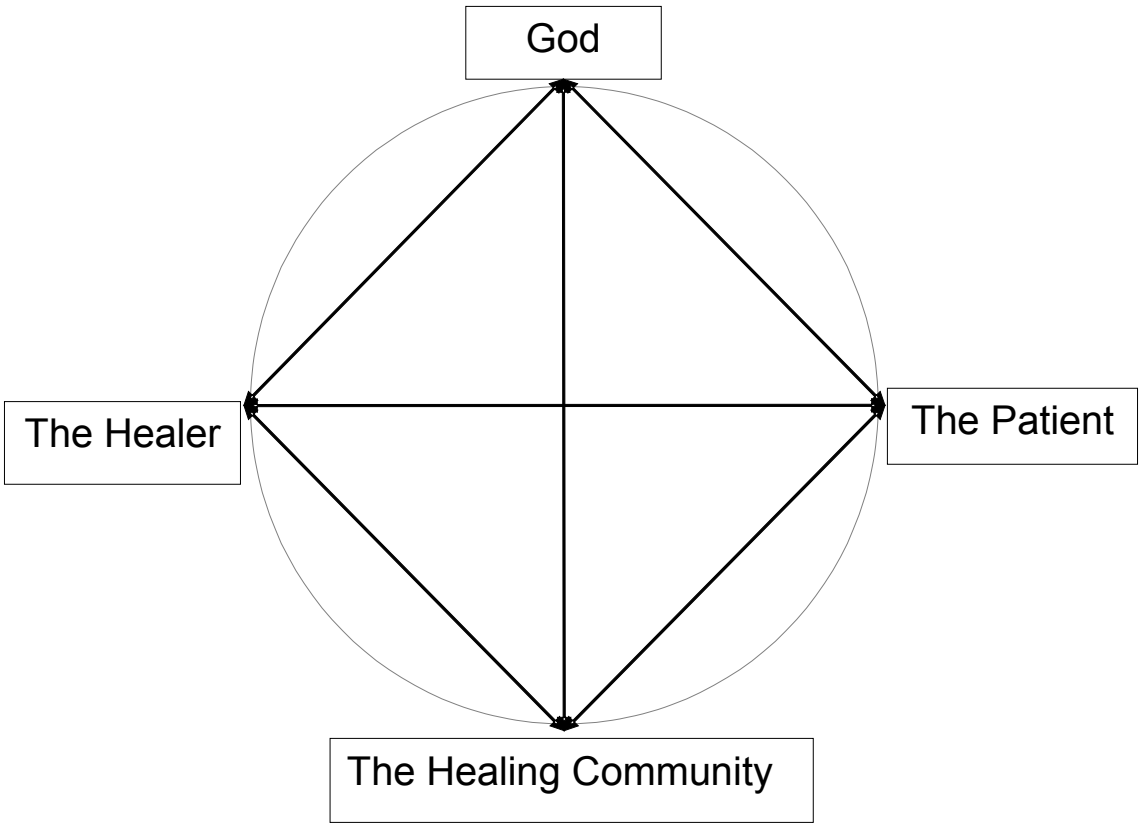
1. Awareness/awakening of one's spiritual need and the beginning of a spiritual quest
2. Sensitivity of the spiritual dimension of people and the transcendental reality
3. Interest in various faith traditions and spiritual practices
4. Developing a personal meaning-belief system regarding religion/spirituality
5. Practicing a set of religious commitments or spiritual practices, such as church attendance, prayer, and meditation
6. Adopting aspects of religious/spiritual life style in much the same way as becoming acculturated to a host culture
7. Integrating religion/spirituality with one's life and becoming a transformed person with respect to values, ultimate concerns, self-identity, life's calling, and the on-going journey of spiritual growth

These levels do not mean sequential stages, but they do roughly indicate where a person is at on the spiritual journey. A person's own spiritual development or lack of it places certain constraints on spiritual care. For example, instrumental spiritual care is possible at the first three levels of spiritual transformation, while transformative spiritual care becomes likely at the remaining four levels. To grow spiritually, healthcare providers need to understand their own spiritual needs and nurture their own spiritual life as a crucial aspect of personal and professional development. There are alternative views of

spiritual development (Clore & Fitzgerald, 2002), but they all emphasize the possibilities of spiritual growth.

Illness provides a natural focal point to forge links between God, the healer, the healing community, and the patient. Thus, the transformative approach to spiritual care can be represented by a Healing Wheel.

Figure 2: The Healing Wheel



Here is a simple explanation of the Healing Wheel. First of all, the healer needs to be spiritually connected with God and become transformed. Her spirituality extends beyond a set of religious beliefs, spiritual practices or spiritual coping; in fact, it involves an exchange of life energies between God and the healer as well as between the healer and the patient. As a person who is transformed spiritually, cognitively, and emotionally, she has become a new creature and a conduit for spiritual blessings. Her love and faith will have an impact on her patient and the healing community. There is something very calm and warm about her. There is compassion in her tone of voice and love in her eyes. As she works with the patients, she is praying to God for wisdom and for healing. Her impact on the patient works through four channels: (a) her prayer moves God to touch the patient, (b) her compassion contributes to a healing relationship with patients, (c) her treatment of the patient is enhanced by prayer and love, and (d) her healing ministry is reinforced by the healing community, which also supports the patient through prayer and other tangible expressions of love. As a result, the patient turns to God for healing and redemption. These are the processes in the first cycle of turning the Healing Wheel.

God then pours out His love towards the patient. The change that takes place in the patient generates a lot of energy and excitement in the healer, who turns to God in gratitude and worship. The patient also joins the healing community, which supports the healer, who then gives thanks to God. This will complete the second cycle. As the Healing Wheel turns over and over again, both the healer and patient are blessed, the healing community is strengthened, and God is gloried.

The impossible can happen, dreams can come true and broken lives can be made whole, when the healing wheel keeps on turning. Compassionate human encounters in the context of a supportive, praying and trusting environment can be a powerful source of healing. The best part is that this healing process does not require money or expensive equipments. Just the human touch anointed by the spirit!

The healing wheel can be sustained to the extent that it provides meaning and purpose for both the healers and the patients. For the healers, they find meaning and purpose in serving God and serving others. For the patients, they rediscover the meaning of hope and love through the compassionate care they have received.

Conclusions

The healing wheel model not only identifies the main components, but also specifies some of the processes involved in spiritual healing. It points out the need for caring for the wounded healer and for providing a healing community as the proper context for spiritual healing.

Caring for the sick and the dying can be very exhausting, especially in a non-supportive environment. Prolonged stress can result in burnout. When this happens, health-care workers may act cynically or callously towards the patients. Therefore, a key component of the Healing Wheel is broken. Hhh

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Spiritual transformation is part of healthcare workers' self-care. Spiritual transformation needs to take place in the healers before it can touch the patients spiritually. That is why healthcare workers need to take time to care for their own spiritual needs. They need to spend time in solitude, in prayer, and in fellowship. They need to deepen their own relationship with God and integrate religion with every aspect of their lives. From the perspective of Christian spirituality, Oswald Sanders (2003) emphasizes: "The only solution to all of life's complex problems is a vibrant relationship with the God of the Bible." For other faith traditions, there is a similar emphasis on spiritual discipline for transformation.

We also need a healing community to support both the healer and the patient. We cannot create such a community through the rearrangement of Feng-Shui. We need to create a truly safe, supportive, compassionate and nurturing environment, in which all members, both staff and patients, are encouraged to undertake a transformative journey, so that they can transform the way they look at life and death. Stanford University's Wellness Community program (Golant, 2004) is a good example. Hospitals, hospices, and rehabilitation centers need to tap into the healing potentials of a vibrant healing community.

Faith community can also function as a healing community (Hale & Koenig, 2003). The key to success in creating a healing community hinges on leadership, because it would require a transformation of the corporate culture and organizational climate. This presentation will provide suggestions on how to create a positive and caring work place, which will serve as a healing community (Wong, 2002b).

A truly positive, holistic healthcare derives its strength from religious faith and conviction in times of suffering. When one has a clear sense of calling to serve others to the point of self-sacrifice, one is more likely to provide compassionate care. When one has found meaning and purpose in one's own life, one is more likely to inspire others. Frankl would not have been able to minister to the spiritual and existential needs of other prisoners in the Nazi death camps, if he had not undergone a spiritual transformation himself.

The most important resource in healthcare is human resource. Therefore, we need to encourage and facilitate the spiritual development of healthcare workers in a time of budgetary cutbacks. Spiritually transformed workers not only become efficient in coping with stress (Pargament, 2002a), but also become a source of compassion and spiritual healing.

There is an important difference between the instrumental approach and the transformative approach. The technology of spiritual care is instrumental, while the spirit of spiritual care is transformational. Instrumental spiritual coping depends on acquiring knowledge and skills, while transformative spiritual coping depends on cultivating one's inner landscape. The former is a situational, temporary effort to deal with a specific

problem, while the former is an on-going inner journey of personal growth in courage, strength, wisdom and love. The former is a piece-meal coping effort, while the latter is the total development and mobilization of all of the healer's inner resources. When a healer is spiritually transformed, his very presence becomes therapeutic; when this happens, instrumental spiritual care becomes superfluous.

A truly positive, holistic healthcare is a powerful force for healing, because it flows from the inner being of the healer, originates from the heart of God, and draws strength from a healing community. The end result is that both the healers and the patients may have life and have it more abundantly. This spiritual revolution of healthcare not only makes good economic sense, but also promises to open up new opportunities for healing and spiritual growth.

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