

**HOSPICE & SPIRITUALITY: "A PROPOSAL FOR A CONFERENCE ON
THE SPIRITUAL AND ESTHETIC ISSUES
OF DEATH AND DYING" ----- ELLIOTT #1853**

As part of a grant request to foundations for this national conference, I prepared this list of ASSUMPTIONS (May/84). The instigator is Florence Wald, one of the three founders of the Hospice movement in America (who, at breakfast, told Loree, Sally Bailey, and me "We three just met on a streetcorner, and decided to do it"), former dean of Yale University's School of Nursing.

ASSUMPTIONS. The shapers of this conference--all of them seasoned professions in disciplines concerned with death and dying--make this proposal on the basis of certain assumptions. To help us in the task, we have invited respected practitioners in medicine, nursing, social work, religious ministry, the arts, the social sciences, philosophy, and theology.

Most of the invitees, realizing the importance of the task, have said yes.

The planners have sought to balance (1) secular and religious, and (2) the various disciplines concerned with death and dying.

Here are our assumptions:

1. Human beings are spiritual creatures, and caregivers do disservice to the dying and their loved ones if they evade the spiritual dimension of caregiving.
2. For obvious reasons, the humanistic components of care for the dying have been developing more slowly than the nonhumanistic: the human being as organism is "objective," and the subjective elements --the esthetic, the ethical, the psychological, and the spiritual-- are (1) harder to get at and (2) even more controversial.
3. In splitting the esthetic, the ethical, the psychological, and the spiritual off from each other and from the biological, our culture has made the task of integrated caregiving more difficult than it was and is in traditional unfragmented (unspecialized) cultures.
4. The richer the development of Hospice experience, the poorer the spiritual component has been revealed to be: we are, in this dimension, underdeveloped. The spiritual component is woefully underdeveloped in practitioners and in the training both of professionals and of volunteers.
5. Hospice experience is an important base for addressing the possibility of integrating the "humanistic" disciplines ("humanistic" meaning the entire range of nonphysical factors in human being/living). While the conference's primary aim is to improve the spiritual and esthetic components in Hospice work, we hope to be good news also in this wider sense. For historical-cultural reasons, all disciplines have become provincial, their various inertias and resistances inhibiting the emergence of a more adequate and flexible health-care system. We believe it is not too strong to call these "tribalisms," and we are convinced that these tribalisms both should and can be transcended.
6. We see the conference as having a high potential for helping professionals in spirituality to (1) come to terms with professionals in other fields concerned with death and dying and (2) fruitfully confront each other in hope of a nonsectarian field of discourse

and action that enhances, rather than denigrating, the particularity of the various sectarian visions and ministries. (As used here, "sectarian" is a political rather than a religious term for the different religions and religious communities in America. This political usage is neutral and nondisparaging.)

7. In spiritual care, competition and misunderstanding are unnecessary. On the common ground of compassion for the dying and their loved ones, intelligent dialog conducted in the spirit of goodwill can eliminate most of the awkwardnesses of the past.

8. Hospice workers, both professional and volunteer, discover that the spiritual is a major aspect of their work and that they are under-trained for it. Some of the dismal results of this discovery are (1) instability of Hospice organizations and (2) the quick depletion of the worker's "nervous energy" and inner strength, which has inadequate resources for renewal. We believe that this conference can begin to address this need.

9. The inadequacy referred to in paragraph #8 applies vis-a-vis work both with the dying and with the primary caregivers and family. Those left behind must deal with a hornet's nest of feelings in addition to grief-bereavement--almost all of these feelings "spiritual" in the wider sense of the word. How train Hospice workers for this?

10. The spiritual is a component in Hospice motivation, which will improve as the spiritual dimension is more adequately dealt with. The ideal is a "spiritual" ministry (1) avoiding proselytism to one's own spirituality (religious commitment and style), though witnessing to one's own vision and disclosures/discoveries is natural and to be expected, and (2) skilfully, compassionately, aiding the dying and primary attendants to make the fullest use of their own spiritual resources.

11. Finally, we assume that the conference will contribute to improved training of health-care professionals in all disciplines and of the clergy. Not the least support for this assumption and hope is the mounting scientific evidence that (1) human wholeness includes the spiritual dimension and (2) only the holistic approach to people-helping correlates with the reality of this wholeness.