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The spiritual needs of a child in hospital: nurturing the vessel within

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Abstract

A hospital experience can be terrifying for a young child and has the potential to overwhelm and traumatise a child. Misconceptions with regards to illness, pain and suffering are frequently held and children may believe that they are being punished for something they did wrong. The focus in hospital is often on the human body, and a greater emphasis on the emotional and spiritual support of children is much needed. The main argument of this article is that we as human beings consist of body, mind and spirit, and this is illustrated by three vessels, depicting the needs that should be addressed in each of these domains, namely bodily needs, psychological needs and spiritual needs. This distinction is crucial in order to identify correctly the specific spiritualneeds of children in hospital. The argument is made from a nursing perspective, but it is important that professionals from within the hospital environment as well as people and organisations from outside this environment work together to ensure that the spiritual vessel of the child is adequately nurtured.

Keywords: Children; Spiritual Support; Hospital; Holistic Care

Introduction

Although Rene Descartes, a philosopher from the 17th century, made a significant contribution to the development of the scientific foundation of pain (Marchand, 2012:108), his theory of pain today is used worldwide by pain experts as an example of what pain is nót. Another statement that sparked numerous discussions and debates, 'I think, therefore I am', can in similar fashion be used as an example of what a person is not. Although Descartes distinguished between body and mind, he viewed it as separate entities (dualism) and focused on the intellect of a person as the core purpose of being, while this article will argue that the intellect is merely a subcategory of a person's mind. As early as five to four centuries BC, ancient doctors and philosophers differentiated between psychic or mental activities and bodily processes, but the degree of distinction is not always clear (Van der Eijk, 2005:125). Murphy (2006:2) distinguishes between two kinds of dualism thinking, namely 'body-soul' and 'body-mind' dualism. Another way of thinking, called trichotomism, sees human beings as consisting of body, soul and spirit, and Murphy (2006:2) states that this interpretation stems from Paul's blessing in 1 Thessalonians 5:23.According to Ray (2009:15), the Pauline idea of body, soul and spirit

transformed into the secular idea of body, mind and spiritby new Age philosophies. Louw (2014) cautions against the misuse of 1 Thessalonians 5:23 to speculate that Paul's remark on body, soul and spirit can be interpreted as'three different entities' or a 'threefold division', and that it should rather be seen as 'different perspectives within a unity'. However, in the healthcare context, it is important to acknowledge the difference between these perspectives, as each implies different needs that should be nurtured in order to ensure that the whole person is being taken care of.

The purpose of this article therefore is not a philosophical debate, but rather to make the distinction between body, mind and spirit from a nursing perspective in order to identify the specific spiritual needs of a vulnerable child in a strange and frightening hospital environment. Rex Smith (2009:216) explains that 'because the focus of nursing has consistently been the whole person – body, mind and spirit, nursing is an important source of scientific study in spirituality / religion and health'. The physical needs of the human body take precedence in the hospital, often to the detriment of the mental and spiritual needs of the patient. Puchalski et al. (2014:642) describe it as a tendency to view individuals as 'a disease that needs to be fixed'. This article will address this particular inadequacy, and will therefore focus onhow to nurture the spiritual needs of a child in hospital, irrespective of whether it is addressed by professionals from within the hospital environment or from people and organisations outside this environment.

Three vessels

Human beings are vulnerable in that there are constant needs that should be nurtured, but if these needs are identified and addressed accordingly, we can become fulfilled human beings, ready to take on anything life throws at us. It can therefore be said that in our vulnerability, lies our strength. The body, mind and spirit viewpoint of a human being can be illustrated by three vessels, each with the potential of being half full or even empty, depicting the needs that should be addressed in each of these domains: bodily needs, psychological needs and spiritual needs. Campbell (2015:40) uses more or less the same metaphor when he describes the emotional tank of a child that ought to be filled in order to nurture the emotional needs of the child. It is only when all our needs are met and all our vessels are full, that we can experience equilibrium and be in harmony with ourselves and with our external environment. Our goal should be to increase in wisdom (mind), stature (body) and in favour with God and man (spiritual), as was said of Jesus in Luke 2:52.

One can imagine these three vessels, standing on a triangle, one vessel in each corner. If the triangle is balanced in the middle at a single point, the vessels ought to be the same weight in order to balance the whole structure. Therefore, if one vessel is empty, it can tip over the triangle. Each of the vessels should be filled up and nurtured in order for a person to experience harmony and balance in his/her life. It must be clarified here that harmony and balance does not necessarily refer to complete bodily-, psychological- and spiritual health and/or an absence of any illness or disability. It is possible for a person to adjust to an illness or disability in such a way that all his/her needs arebeing met.

Three separate vessels

According to the Theory of Health Promotion in Nursing (University of Johannesburg: Department of Nursing Science, 2009:3-8), a human being is made up of an internal

environment that is in interaction with the external environment. The internal environment consists of the body, the mind or psyche (including the intellect, emotion and volition) and the spirit, while the external environment consists of physical, social and spiritual dimensions. It is important to note that this model depicts the body/physical-, mind or psyche/social- and spirit/spiritual dimensions as equal sides of a triangle, and not one dimension inside the other or one dimension as higher or lower priority than the other. Equally important is the notion that the internal environment is in constant interaction with the external environment. As Bracken and Thomas (2002:1434) explain, to see the mind as 'some sort of enclosed world residing inside the skull' grossly ignores the impact of the social environment on a human being.

In a previous article (Oberholzer et al. 2011), I've identified some of the needs of children in a haematology-oncology unit, and classified it according to the internal and external dimensions as defined by the Theory of Health Promotion in Nursing described above:

- Internal Environment
    - Bodily needs (The need for support in handling the side effects of treatment; The need for support in coping with pain; The need to play)
    - Mind: Intellect (The need to keep up with schoolwork; The need to alleviate misconceptions and receive information)
    - Mind: Emotion (The need to express emotions; The need to be normal; The need for humour; The need to escape; The need for support in handling the stress of treatment)
    - Mind: Volition (The need to have some control)
    - Spirit (The need for spiritual support)
- External Environment
    - Physical (The need to reduce negative sensory stimulation and normalise the environment)
    - Social (The need for support from parents and family; The need for support from friends; The need to alleviate loneliness, social rejection and isolation)
    - Spiritual (The need for religious engagement)

The spiritual needs of these children have not been specified above, and will later be discussed in more detail. With regards to children's spiritual experience, Johnson and Boyatzis (2006:211) argue that even young children can recognise the duality of mind and body. They further state that research affirmed that 'children are prepared equally to think about natural and supernatural possibilities', and explain that this differs from the traditional Piagetian viewpoint. According to Jean Piaget, it is difficult for children to understand abstract ideas, as it is only during the middle-childhood and adolescent years that children are 'coming to grips with abstract structures' (Flavell, 1963:168)[1]. However, it can be argued that these viewpoints do not oppose each other, but that our spiritual experiences are independent of our cognitive abilities. Nye (2004:93) affirms this by stating that children'have an intriguingly rich capacity for spirituality, for a kind of religious knowing and being which is neither contingent on their religious knowledge nor moral accountability'. Hamer (2004:139) describes the processes in the brain during a spiritual encounter and concluded that spirituality is an experience of God, rather than an intellectual understanding. When discussing religious experience, William James (1902:83)

[1]Flavell (1963) translated and interpreted the work of Jean Piaget on the cognitive development of children and made Piaget's work more accessible to all. Piaget, in the foreword of the book written by Flavell (1963:vii), acknowledged the work done by Flavell and admitted that he (Piaget) was 'not an easy author'.

came to the conclusion that people 'possess the objects of their belief, not in the form of mere conceptions which their intellect accepts as true, but rather in the form of quasi-sensible realities directly apprehended'.

We are indeed body, mind and spirit, and although these three are linked and influencing each other, it is still three different concepts, and yet one entity, like the Trinitarian Godhead, and we are in any event created in the *imageo dei.*

Interlinkage of the vessels

Consider again the three vessels on each corner of the triangle as described above. If one of the vessels is not filled, it can tip the triangle and disrupt the balance of the triangle. In similar fashion, when a bodily-, psychological- or spiritual vessel in a human being is lacking, it will cause unbalance and disharmony in the person. An example of this can be somatic pain causing spiritual distress and hopelessness; oremotional trauma leading to physical symptoms such as nausea or physical pain. Louw (2014) suggests that 'Soulfulness is synonymous with embodiment and vice versa. Spiritual wholeness is not possible without the wellness of the human body'. Although in this article the dimensions of body, mind and spirit are not seen as synonymous (as suggested by Louw), it is without doubt seen as interlinked, up to the point where it often becomes difficult to distinguish from each other. When Feudtner, Haney and Dimmers (2003:67) proposed a model of spiritual care needs of children in hospital, they explained spirituality as 'beliefs, activities and relationships' that influence all other domains such as the physical body; mind and emotions; relationships and roles; as well as social and cultural aspects.

The vessels can also be filled up to the point where they are spilling over. Health is not necessarily the absence of an illness, but also an increase in well-being that can be depicted as the vessels overflowing. An example of this to be considered is when an intense positive emotion causes the excretion of feel-good hormones (such as Dopamine, Endorphins and Serotonin) that can boost the immune system and alleviate pain; or a positive experience of the senses such as seeing a beautiful sunset that can perceptibly aid in communicating with God.

Because of this interlinkage of the vessels, clear distinction should be made between the different vessels when caring for and supporting a child in hospital in order to ensure that all three vessels are nurtured in a child. Barnum (2011:28) argues that empathy (the ability to identify with another person's feelings) is not really possible where spirituality is concerned and states that 'if the nurse attempts to see how it [spirituality] feels, he or she will only see how it would feel for the nurse, not how it feels for the patient'. As mentioned by Puchalski et al. (2014:648), spiritual care should take patient preferences into consideration. However, this can be problematic where children are concerned. Spirituality is a subjective and individual experience, and if not defined properly, can result in the spiritual needs of a child in hospital not being taken care of. Adultseither instinctively fill their own vessels or possess the ability to advocate for the necessary care in order to fill these vessels. This is not the case where children are concerned. Children are dependent on adults to meet their needs, placing a huge responsibility on the shoulders of these adults. De Jager Meezenbroek et al. (2012:337) give an example of a spiritual experience as when someone is 'deeply touched by nature or cultural experience'. If a connection with nature is sufficient to nurture the spiritual vessel of the adult

rendering care to a child in hospital, he/she might be tempted to think that all the child needs spiritually, is to connect with nature.

The spiritual vessel

'Spirituality is one of our basic human inheritances. It is, in fact, an instinct' (Hamer, 2004:6). We are created with an empty spiritual vessel, a void, signifying a deep longing to connect with God. From a Christian perspective, our spiritual vessel should be filled by the Holy Spirit through a relationship with God. Louw (2014) defines spirituality as signifying our social interaction with God, and 'creates a space which reveals either nearness (intimacy); distance (separation and rejection) or neutrality (indifference)'.

However, this connection between spirituality and Christianity is much debated and Hyde (2008:29) explains that it is possible to give expression to spirituality separate from any religion and that 'all people, whether or not they belong to or practise any particular religious code, are capable of apperceiving spiritual experience'. Rex Smith (2009:217) brings to our attention that the separation between spirituality and religion is a relative new concept, and further comments that when people do not appreciate the supernatural, it does not diminish their spiritual needs. Modern day society has been very creative in finding ways in which the spiritual vessel can be filled instead of with God. Our spirituality is indeed a subjective experience of the sacred and can be filled with anything that meets our spiritual needs and give meaning and purpose to our lives. Bregman (2004:166) notes that the term 'spirituality' has many purposes, and it serves these purposes to keep the meaning of spirituality elusive and ever-changing and Tanyi(2002:506) describes it as 'self-chosen and/or religious beliefs, values and practices that give meaning to life'.

It should also be noted that religion as such or religious rituals alone will not necessarily nurture the spiritual vessel. The spiritual vessel can only be nurtured by something that is meaningful to a person. When Wiech et al. (2009) measured the way in which religion can aid in relieving physical pain, they showed two pictures (the Virgin Mary and a picture of a lady with no religious connotation) to two groups of people (religious, from the Roman Catholic faith, and non-religious) while receiving a painful stimulus. The pain experiences from the religious group were much lower when looking at the picture of the Virgin Mary, where it made no difference to the non-religious group. Religion, when experienced as legalistic, can have a very negative connotation for some people, as is evident in, for instance, the You Tube video from Jefferson Bethke (2012) 'Why I hate religion, but love Jesus', that went viral and received seven million views in the first 48 hours posted (and more than 30 million views to date). On the cover of the book that followed, the video was described as 'highlighting the difference between teeth gritting and grace, law and love, performance and peace, despair and hope' (Bethke, 2013).

Yust et al. (2006:8) define spirituality as:

> the intrinsic human capacity for self-transcendence in which the individual participates in the sacred – something greater than the self. It propels the search for connectedness, meaning, purpose and ethical responsibility. It is experienced, formed, shaped, and expressed through a wide range of

> religious narratives, beliefs, and practices, and is shaped by many influences in family, community, society, culture and nature.

Spirituality has also been described as 'spiritual intelligence' by Zohar and Marshall (2000:4), and they define it as 'the intelligence with which we address and solve problems of meaning and value, the intelligence with which we can place our actions and our lives in a wider, richer, meaning-giving context, the intelligence with which we can assess that one course of action or one life-path is more meaningful than another'. In a later writing, these authors label spirituality as 'Spiritual Capital'and define it as 'wealth that we can live by … it is wealth we gain through drawing upon our deepest meanings, deepest values, most fundamental purposes, and highest motivations' (Zohar & Marshall, 2004:3).

Eaude (2009:190-191), writing on children's spirituality, indicates that, although spirituality can be associated with an experience of 'awe and wonder', it can also manifest in everyday experiences as children often demonstrate qualities of 'openness, curiosity and an ability to "live in the moment"'. Hay and Nye (2006:50) agree on this and caution not to assume that spirituality in children will manifest as 'something extraordinary, equated with mystical ecstasy', but that it is often a 'very ordinary aspect of young children's everyday experience.'

Rex Smith (2009:220-221) refers to the work of Augsburger (2006:10) and Dueck (2006:4), and concludes that a generic definition (explained as 'monopolar spirituality' by Augsburger and 'thin spirituality' by Dueck) is valuable when assessing a patient's spirituality, as it 'establishes a norm for understanding the spiritual needs of all patients, both inside and outside of faith traditions'. However, when delivering spiritual care to a patient, Augsburger's concept of 'bipolar- and tripolar spirituality' and Dueck's concept of 'thick spirituality' should be incorporated as it is more inclusive of religion and 'point to the need to understand religions and practices within multiple faith traditions'. Dueck (2006:4) further argues that, to include religion simply because it enhances health, can actually be more harmful to the person's spiritual health, and can even be seen as a form of idolatry.

Barnes et al. (2000:900) state that children in particular do not distinguish between religion and spirituality, and religious traditions play an important part in children's moral development, socialization, understanding of the world as well as influencing their ideas on illness and suffering.

The hospital experience

A hospital experience can be terrifying for a young child. The surroundings are out of the ordinary for a child who still has limited life experiences, and the experience often includes fear-provoking or painful procedures. Add to this some misconceptions about hospitalisation and why it is happening, and you have a child in the middle of a very traumatic experience. Bull and Gillies (2007:38) mention a nine year old girl saying that she would have liked to share with God what she felt like in hospital, as the hospital 'was scary … it was like hell'.

Children in hospital can experience spiritual pain, distress and fear due to painful treatments (such as getting an injection or having blood drawn), or when they are witnessing other children

experiencing trauma; they are faced with the difficulty of learning to trust the adults causing the pain; and there is the potential of grief when they are faced with separation and loss (Nash, Darby and Nash, 2015:17). Robinson's remarks in 1972[2] is quoted by Pearson (2005:2) stating that:

> a child coming into the hospital for the first time may see us quite differently. No matter how well we do our job, we are not his parents, the hospital bed is not his own, and the world we provide is an unfamiliar and frightening one. It is a world in which children are hurt. Every body orifice may be entered and when these are exhausted we create new openings by injection, by IV, cut down or by surgery.

It is not uncommon to heal a child's body in hospital, but to send him or her home with emotional or even spiritual scars that may leave a lasting impact.

Nurturing the spiritual vessel of a child in hospital

Rex Smith (2009:218) cautions that the care rendered by nurses is often described as spiritual care, where it is in fact none other than psycho-social care.It is therefore important to define the different vessels, and to ensure that the spiritual vessel of children in hospital is adequately nurtured. Children themselves place a high value on their own spiritual support when in hospital. When children in a haematology-oncology unit were asked to rate 19 resources according to their importance for the children, the need for spiritual support was rated as fourth priority (Oberholzer et al. 2011). Rex Smith (2009:221) pleads for re-instituting religiosity into spiritual care, as the spirituality of most people are entwined with their religion, and respect for and understanding of a patient's worldview, 'may lead to more sensitive and individualized outcomes'. Clutter (2005:375) also stresses the importance of supporting a child's existing faith when rendering spiritual support to children in hospital. This might be an important argument for a child's own church to become more involved in the spiritual care when the child is admitted to hospital.

According to Puchalski et al. (2014:642), there is adequate evidence in the literature emphasising the importance of spiritual care on patient's health and quality of life, but on the other hand, it has also been confirmed that 'negative spiritual and religious beliefs can cause distress and increase the burden of illness'. Clutter (2005:368) notes that, due to children's cognitive developmental level, they are often prone to misconceptions and can sometimes harbour an inaccurate perception of God that can cause spiritual distress. It is therefore important to start by evaluating a child's spiritual and religious beliefs in order to distinguish beliefs that are helpful from beliefs that are causing spiritual pain and distress. Clutter (2005:360) regards 'sound assessment [as] more important for children than for adults' and suggests a list of questions (2005:362) that can be asked to assess the following: a child's concept of God; his/her sources of hope and strength; as well as faith practices that are important to the child. Examples of the questions are as follow: 'What is God like?'; 'Do you believe God causes ___?'; 'How do you feel when you are in trouble?'; 'Who do you like to talk

[2] Robinson, M (1972, May). The psychological impact of illness and hospitalization upon the child – infancy to twelve years. Paper presented to the Metropolitan Washington, DC, Association for the Care of Hospitalized Children, Washington, DC.

to when you feel that way?'; 'Are there things that you do that help you feel closer to God?' or 'Do you ever pray or talk to God?'

After assessing a child's spiritual and religious beliefs,the following interventions can be explored in order to nurture the spiritual vessel of the child. This list is by no means complete, but should be seen as an introduction to a field that still needs a lot of discussion and research.

Spiritual dialogue

Spiritual dialogue is vital for assessing children's spiritual needs, but it has also been described by various authors as an important part of rendering spiritual care in hospital for both adults and children (Barnes et al. 2000:903; Tanyi 2002:507; Feudtner et al. 2003:69; Monareng 2012). A significant part of the spiritual dialogue is to listen to the child and to respect his/her views (Tanyi 2002:507; Feudtner et al. 2003:69). Although children can be very direct and to-the-point at times, they are also sensitive towards the feelings of other people, and if they pick up that a spiritual discussion makes an adult feel uncomfortable, they will be hesitant to engage in such a discussion in future. The initiative for a spiritual dialogue should not be left to the child, but it should be initiated and encouraged by the adult as the more spiritually inclined and mature individual.

O'Brien (2004:82-83) describes the following comments from a paediatric nurse:

> Working with children you have to have a very clear sense of you own spirituality, because they are very sensitive to the spiritual in others. You have to have a spirituality that projects total acceptance because, if not, the kids can read right through it; anything that's a façade or put on, they know it in a heartbeat … They're not afraid of the hard questions, like 'what's it like to die?' or 'will I die'?; but you have to not be afraid to let them ask. Children will give you spiritual clues; you just have to pick up on them.

It is therefore evident that spiritual care also includes a trusting relationship between the caregiver and the child. Parents and family members are also often present when children are hospitalised and should be taken into consideration. Involving the family in spiritual discussions could be negative or positive according to Nash et al. (2015:21-22). On the negative side, children might feel uncomfortable having certain discussions in front of their parents. On the positive side, children are very sensitive on picking up the stress and anxiety of their parents and it might be a good thing to have open discussions or do activities with the child and his/her whole family. It should be noted that children can often have meaningful spiritual experiences but lack the verbal ability to share these experiences. Nash et al. (2015:23) explain that books, songs and pictures such as an image of a lion, a child holding God's hand or even 'blob' pictures can be helpful tools in starting a spiritual discussion with children[3].

[3] As an example, the book: 'The lion, the witch and the wardrobe', by C. S. Lewis contains a number of metaphors that can be used to explore spiritual issues with children.

A caring presence / Love

Arnold, discussing hospital ministry with children, identified the needs of sick or hospitalised children as the need for 'hope, trust, love and acceptance' (O'Brien, 2004:86). Monareng (2012) definesa caring presence as care conducted with compassion, empathy, care, respect and concern. Empathetic listening, touch or other forms of silent communication is suggested by Feudtner et al.(2003:69) as effective ways of providing spiritual care to hospitalised children.

Meaning and purpose

Finding meaning and purpose in life is an important part of spiritual care (Fulton & Moore 1995:228; Monareng 2012). Therapeutic play, bibliotherapy and the 'use of self' in the adult rendering the care, can assist in alleviating spiritual stress in a child and help the child to find meaning and purpose in life (Fulton & Moore 1995:228). Nash et al. (2015:21-25) propose a 'show and tell' that can get children to share what is meaningful to them in order to start a discussion on what gives the child hope.

Religious rituals and symbols

Opportunities for religious rituals, prayer and the reading of sacred texts or Bible stories to the child should be encouraged (Feudtner et al. 2003:69; O'Brien 2004:83; Monareng 2012). O'Brien (2004:83) further explains that, if religious symbols such as a crucifix, statue or icons are part of a child's faith, it can be included in the hospital room as it can be an important source of security and stability to the child. This author also cautions that young children will expect prayers to be answered, and should be counselled if expectations are not met. Children are concrete thinkers, and might benefit from a 'prayer tree' as suggested by Nash et al. (2015:22). Children can write their own prayers on a piece of paper, shaped as a leaf, and stick it onto some branches or an image of a tree. Another activity recommended by Nash et al. (2015:143) is Godly Play, where symbols and objects can be used to create a Bible story. Berryman (1995:13) who initiated the concept of Godly Play, explains that 'the deep pleasure of Godly Play comes from the mastery and growth that takes place within our human limits by means of our relationship with God, the Creator. This relationship helps us discover our deep identity as creatures who create'.

Forgiveness

Monareng (2012) mentions that, helping patients to forgive themselves and others, is an important part of spiritual nursing care. According to Fulton and Moore (1995:228), the ability to forgive self and others can assist in lessening spiritual distress in the child with a chronic illness. They explain further that therapeutic play can help to gain insight into the child's relationships with others and to assist the child in appropriately directing his/her anger. It is also important that children should know that they did not do anything wrong to cause their own illness and that they should be able to forgive themselves. Crawford, O'Dougherty Wright and Masten (2006:362) describe forgiveness as animportant part of coping when children are dealing with adverse circumstances and Clutter (2005:389) defines forgiveness as 'an act, a process and an attitude', that 'brings healing and peace', and stated that the experience of forgiveness can be quite powerful in children.

The literature does not mention anything about the need for children to forgive the doctors, nurses and other healthcare workers, as this might imply that the medical staff did something wrong. However, it is important to discuss this sensitive issue with a child and to explain to him/her the reason why the medical staff had to perform certain procedures and that it was not to punish the child in any way.

Conclusion

Children should receive support when faced with the adversities of a hospital admission, and the spiritual nurturing of children in hospital in particular is a very much neglected area. Information on the spiritual support of children in hospital is limited and the easy way out is to shift theresponsibility from one person to the next. This article is a call for all involved to take hands and together ensure that the spiritual vessel of the child is adequately nurtured. According to Rene Descartes, children think, therefore they are. However, a number of these thoughts are misconceptions about what is happening to them in hospital. Recognising the three vessels and identifying the bodily needs, psychological needs and spiritual needs of children in hospital is an important starting point towards the spiritual nurturing of a child in hospital.

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