

CARING FOR CARERS IN A FRAGMENTED WORLD

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CHRISTIANS are enjoined to participate in the ministry of reconciliation (2 Cor 5,19). In our acts of reconciliation with our God we inevitably move towards acts of reconciliation with our fellow human beings and then proceed to assist others to be reconciled to each other, which will lead towards wholeness. Carers in this fragmented world include those who provide spiritual, social, economic, psychological and health care within our society, whether lay or professionally trained. Carers are helpers who, as Christians, acknowledge the basic motivation that the love of Christ impels us, a motto adopted by the Religious Sisters of Charity which encapsulates much of the motivation of the majority of carers in the Churches.

The image of caring

In engaging in the task of caring in the fragmented world, the image of a carer has multiple facets as seen by the world and by those who receive their care. Such perceptions include that of a person who is selfless, self-effacing, totally giving, omnipotent, omniscient, indefatigable and even 'saintly'. Such images have been developed by generations of promotion, in our own Churches, of 'exemplary carers'. In our childhood we learnt of those persons who have given themselves totally in the service of others, in 'darkest Africa', in leper colonies, saints who battled against all odds to save the souls of 'heathens' and die as martyrs; we also learnt of those who gave up wealth, fame and the security of a good professional life in order to help those who are 'less fortunate' and in poverty. The history of our Churches is full of such exemplary and saintly carers and their biographies fill the shelves of many libraries. All of us were reared on a steady spiritual diet of these 'models' of Christian service. We have been advised to take their examples and incorporate them into our own thinking, motivations and drive towards being good Christians. Their work and faith have been lauded and we have been encouraged over

and over again to emulate their deeds of dedication, self-giving and even martyrdom. These examples are frequently accompanied by scriptural injunctions such as: 'Go into the world and make disciples of all nations', and we have been told over and over again that it is our 'Christian duty' so to do. Under such a constant, persistent and heavy barrage of examples we find generation after generation of Christians who attempt to take into their caring role, both within the Church and in the world, such models of utter selfless dedication and giving.

The self-image of the carer

The self-image and self-concept of the carer are thus developed. The psycho-spiritual components of this self-concept include varying levels of 'altruism', which range from a very basic ideal of 'doing good unto others' to a more sophisticated idea of 'doing the will of God'. Some have the self-concept that caring is part and parcel of one's faith as those redeemed by the death of Christ. Others see it as a means of earning a place in heaven and ensuring one's joyful unification with God in the future. Still others have the concept that caring is part and parcel of saving others and undertaking the role of the servant in ministering to others. In the development of such a psycho-spiritual self-concept many elements have a basis in the spiritual development guided by our childhood fantasies of Christian service. Frequently the concurrent development of our own psychological needs and the influence of our own psychopathology do not come to the surface. It is necessary to understand that we cannot separate our spiritual life from our psychological life. To understand our own humanity we need necessarily to have an integrated understanding of our own psychological development which, coupled with our spiritual formation, brings us to be the kind of person and the kind of carer we are today. So much of our spiritual development coincidentally meets our dependency needs, fulfils our drive to obtain approval, satisfies our wish for self-esteem and motivates us to higher levels of self-knowledge and personality development. All these are very positive interactions between the spiritual and the psychological aspects of our lives.

What makes us carers?

Some of us become carers due to this forceful modelling imposed upon us in our childhood and adolescence. We wish to emulate

the saints and missionaries and those social reformers we heard so much about in our Sunday Schools. Others respond to what we refer to as the 'call', which is a combination of spiritual direction from one's communion with God and sense of social imperatives in one's life. Still others derive this wish to be carers out of a sense of conviction which sometimes has a political and reformist ideology in addition to one's spiritual motivation. The majority of carers became so serendipitously and because they happened to be there when they were needed. Most carers happened to be in the right place at the right time and they responded to what they perceived to be needs to be filled.

The demands of caring

In the interaction between spiritual values, psychological demands and social imperatives we have a heady mixture which potentially has very destructive powers on a carer. The demands on the carer, both in time and energy, as well as the emotional commitment, can be noxious. Also there are constant requirements of advocacy and the battle against 'the forces of evil' inherent in such an advocacy role which drains the energy of the carer. The frequent occurrence of 'dissonance' between the carer's need to achieve a better world and better life for those being cared for and the inadequacy and hypocrisy of service provision in our world remains a constant reminder of the insincerity of political, religious and social organizations. The constant requirement and seductiveness of compromise confronts the carer, requiring the carer frequently to acquiesce to a more comfortable arrangement in order to achieve some minor advantage for the disadvantaged, creating a powerful dilemma in the minds and hearts of carers. Whilst most carers have learnt to adapt to resource limitations and have developed strategies to work within such limitations, the psychological, spiritual, moral and ethical conflicts of caring continue to escalate. Any carer who thinks seriously about caring roles, the doubtful efficacy of the caring activities and acknowledges the huge, untapped reservoir of disadvantaged people in the world, cannot but acknowledge this titanic struggle within each one of us and the need to find some kind of resolution in the face of this tremendous dilemma.

The carer in crisis

When the spiritual, psychological and emotional energy of the carer is heavily drained and leads to the questioning of one's life

and commitment, how then can the carer be restored? The question of who cares for the carer is then raised. For a large number of carers the immediate answer to that question is: 'Of course, God cares'. This almost exclusive reliance upon God to care for the carer has been a traditional inculcated value. The logic seems to be that if the love of Christ impels us to be carers then God has to take responsibility to look after us. Although I cannot argue against such theology because God himself does care for us, I do question, however, its validity on a practical level. In reality no amount of prayers, reading of scriptures and other religious devotions can totally support a carer who is in danger of being fragmented by the demands of caring. The inadequacy of such an approach is obvious in the many unfortunate and tragic spiritual and psychological breakdowns in generations of Christian carers who take this as the only way of restoring their integrity in this struggle. It is true that our faith and our relationship with God underpin all our attempts to restore ourselves. It is also necessary to acknowledge that God does not operate in a vacuum but has established within our world mechanisms, devices and resources to sustain us in this life. The Holy Spirit walks beside us but it has to be remembered that he also uses others to provide help and assistance in the time when we require such support. God does not work totally in the abstract but utilizes the worldly provisions in our environment to enable us to do his will. Therefore we can examine some of the restorative elements available to us in our world provided to us by God and which we should gracefully and gratefully utilize when carers find themselves in need of care.

In a large number of religious orders there has been a tradition of 'retreat'. Such tradition has evolved and has been institutionalized because of its effectiveness in restoring the carers who are exhausted by caring. Traditionally such retreats are used for spiritual meditation, in communing with God and the Holy Spirit in prayer and in rest. Not often are such retreats geared towards the psychological and emotional restoration of the carer. Such an agenda usually occurs by accident rather than by design. As our world is becoming more and more complex, and as the issues confronting carers are becoming more and more difficult, it would be necessary that our retreats include 'time out' to restore our psychological and emotional beings and to enhance our emotional and psychological growth. This may require some level of guidance as part of formation with a spiritual director who can acknowledge

psychological components in such ministry. Some of the psychological issues that require introduction into our retreats include issues of anger, of stubbornness and persistence in pursuing non-helpful strategies; dealing with the disruptive forces of pathological commitment to 'selflessness' and hence the refusal to look after ourselves; dealing with life-review in depth and in breadth so that the carer can examine with a spiritual director the whole issue of caring and whether there may be time to quit and be redirected to other ministries. The examination of collegiality and mutual support systems for the carer, the interaction of the psychopathology of the carer with the demands of caring, the matching of the strengths and weaknesses of the carer with the rapidly changing world and the consequences of forced adaptation caused by rapid social change are additional matters worthy of inclusion.

Such examinations can be taken under the umbrella of retreats and time-outs or in a one-to-one situation with a spiritual director. Flexibility is the key word in such provisions. In addition to the help provided by a spiritual director, a chaplain or a counsellor who understands both the spiritual and psychological dimensions of caring, we must not ignore the important role of family, friends and peers, who can make a significant contribution to sustaining the carer in difficult times.

One of the most neglected areas for the carer is *self-care*. Committed Christian carers generally do not care for themselves particularly well. The inculcation of self-sacrifice, selflessness and the negative image of selfishness has permeated the thinking of Christian carers for too long. This is a most destructive concept when taken out of context of one's Christian commitment. It is my contention that at the Last Day when we stand before God in judgement the essential question asked of us is what we have done with our lives and with our souls. It is only after this question has been addressed that he would require of us to give an account of our responsibility to others. If we are unable to care for ourselves then how are we to care for others? Therefore, it behoves carers to undertake *self-care* as part of our responsibility, not only to God and to ourselves but to those for whom we care. To neglect this is to do a disservice to ourselves, to our ministries and to others. This implies a willingness to acknowledge that we need the help of others, a humility to be able to seek help from others who are able to help and also a commitment therefore to care for each other and to exchange caring for each other as carers. Self-care

involves the commitment to one's own time-out, recreation, and to the enjoyment of those things which enrich us without feeling guilty that we are taking time away from our caring responsibilities. The carer needs to feel comfortable in affirming his or her own life and 'non-caring' interests, and to acknowledge that this part of our life has the same importance as the service provision. We need to also be able to exercise appropriate expression of our justified anger by the appropriate challenge of stultified orthodoxy, establishment values, even to the degree of appropriately confronting the forces of conservatism without feeling that we have betrayed the essential nature of Christian service. There are times when the carer will have to undertake strenuous negotiation with God and the Holy Spirit and struggle with the nature of our commitments and challenge our vocation in order to bring us to a fresh realization of our call.

To maintain the *joy of caring* carers need the caring of others whilst at the same time taking responsibility to care for themselves. We have to relinquish our fantasies of omnipotence, omnicompetence, selfless and self-effacing indestructibility, our ability to give all in the service of the kingdom and the fantasy that we, by the grace of God, can be superhuman in caring for others. In acknowledging that we too are but sinners saved by grace and that our humanity places finite limitations on our caring abilities, we may be humble enough to acknowledge that we need the help of others and courageous enough to seek their help. We need to acknowledge also that our peers who seek help from us are not thereby diminished but rather, in acknowledging their need for us to help, they are demonstrating their humility and their insightfulness.

Who cares for the carers?—God, Holy Spirit, myself and we together.