

STEADFAST KINDNESS

Ignatian Spirituality for Caregivers

Kathleen R. Fischer

RIGHT NOW, SOMEWHERE ON OUR PLANET, a daughter is leaving work to drive her ageing father to a cardiology appointment; a mother is lifting a son paralyzed by battlefield shrapnel into his wheelchair; a husband is at the side of a wife whose memory has been erased by Alzheimer's disease. Whether freely embracing their role or reluctantly responding to circumstances, millions of people find themselves at some point providing care for family, neighbours or friends with a disability or illness. This caregiving journey may last months or years, becoming a marathon rather than a sprint, affecting every aspect of a person's life. In the coming decades, the already large company of informal caregivers will continue to grow. Owing to unprecedented longevity in many nations worldwide the number of older adults around the globe is increasing more than twice as fast as the total population, and many of these elders will rely at some point on family members and friends for their care.¹

A ministry of faithful kindness, caregiving is both depleting and graced, wrenching and enriching. To survive its sometimes overwhelming demands, and even to find in it a path to holiness, caregivers need solid spiritual resources. For six years, as my brother battled multiple myeloma and then the lung cancer that eventually took his life, I tried to meet his ever-changing needs. Professionals from many fields offered me advice about how to do this while also taking care of myself. Helpful as their practical suggestions were, what I most looked for was a spiritual grounding to support and enlighten me. Many caregivers express a similar need for spiritual sustenance, along with a desire to have their experiences more directly addressed in sermons, retreats and workshops.

Ignatian spirituality is a valuable resource for this large and expanding body of caregivers. Here I explore five Ignatian themes that illuminate

¹ The implications of this demographic shift are explored by the contributors to 'Our World Growing Older: A Look at Global Aging', *Generations: Journal of the American Society on Aging*, 37/1 (Spring, 2013).

caregiving's challenges as well as its gifts: trusting that God's presence can be found anywhere; bringing both reason and emotion to decisions; seeing through the temptations of good people; stepping into stories of healing and hope; and tracing the hours of a day.

Trusting That God's Presence Can Be Found Anywhere

The belief that God is present in all created things anchors Ignatian spirituality.² In a letter to the Portuguese Jesuit Antonio Brandão, Ignatius remarked that since the young Jesuit seminarians were now ending their studies, they would no longer be as free to make long meditations. However they could practise finding God's presence in everything, in 'their dealing with other people, their walking, seeing, tasting, hearing, understanding'. Moreover, he remarked, this practice 'will bring great visitations of our Lord even in short prayers'.³ Ignatius' remarks provide encouragement to caregivers whose schedules also leave little room for formal prayer.

What a difference it makes when a caregiver can hold on to the awareness that the divine presence can be encountered anywhere, that 'we live and move and have our being' in God (Acts 17:28). Caregiving consists of countless mundane tasks: shopping, cooking, tracking medications. As caregivers, we attend others in the most unromantic and



² Exx 235–237.

³ Ignatius to Antonio Brandão, 1 June 1551, translated by Martin E. Palmer, in *Ignatius of Loyola: The Spiritual Exercises and Selected Works*, edited by George E. Ganss (New York: Paulist, 1991), 353.

demanding of life's moments. Each day's schedule reprises actions that feel trivial when compared to praiseworthy public careers or heroic deeds on behalf of peace and justice. But Ignatian spirituality honours the importance of these small acts of kindness by grounding all human action in the reality of the incarnation.⁴ Because the divine dwells in all things, we do not have to leave behind bedpans and pill bottles to serve God.

The incarnation assures us that the practice of such love in its unglamorous details is sacramental. The conviction that all of life is graced provides the backdrop, also, for the kind of prayer most possible in the midst of caregiving's overload. Ignatius' vision assures us that we can be united with God in brief prayers in the midst of our activity—words of gratitude for goodness received, a plea for help, a phrase from a favourite psalm. With such short, simple prayers, caregivers learn to pray without ceasing.

Awareness of God's pervasive presence prepares us to recognise not only the gifts given, but the graces received, in caring for another. Current discussions of caregiving stress its mutual nature, the way grace moves back and forth between those who give and those who receive care.⁵ One morning when my husband and I visited my brother in the hospice where he spent his final weeks, we walked together to the chapel and stood to look out at the landscape of rhododendrons and willow trees visible through its windows. 'God has brought me this far', my brother said, 'and I know he will be with me to the end. I've seen him in the people working to help me.' Not given to using religious language lightly, he called this experience of kindness *grace*. We thanked him in turn for all he had given us during his struggle with cancer: the witness of courage in the midst of so much pain and suffering, the gradual acceptance of dependence after a lifetime of providing for others, and the humour with which he lightened even the darkest days.

In a world where importance is equated with celebrity and success, the hidden acts of love expressed in bodily ministrations may seem insignificant, but they have a larger power. Caregiving both reveals and strengthens our intrinsic interdependence, the truth that we live in a radically relational universe. Contemporary science sheds further light on the nature of this universe that bears God's dynamic presence, and in so doing it shows us how the vocation of caregiving transforms the world

⁴ This pivotal meditation opens the second week of the Spiritual Exercises.

⁵ Marty Richards presents both theoretical and practical approaches to this mutuality in *Caresharing: A Reciprocal Approach to Care Giving and Care Receiving in the Complexities of Aging, Illness or Disability* (Woodstock, Vt: Skylight Paths, 2009).

no less surely than more public actions. The entire cosmos, as we now understand it, consists of a pulsing web of life in which everything affects and is affected by everything else. Nothing exists in isolation. As the theologian Catherine Keller puts it:

We are willy-nilly interconnected. This has always been true, but in this century it has become obvious. For good and for ill, no creature, not even a hermit in the Himalayas or a molecule of oxygen a mile over her head, is untouched by the whole life-process of the planet.⁶

Even our smallest actions increase the love in the world or extend the power of evil, creating circles of influence that spiral ever outward. St Thérèse of Lisieux's 'little way' was recognition of this truth, and it was a sustaining vision as well for Dorothy Day, co-founder of the Catholic Worker Movement: every act of love, no matter how small and unnoticed, contributes to the love in the universe. It is never lost or wasted.

Bringing Both Reason and Emotion to Decisions

Caregivers frequently confront a never-ending parade of difficult decisions. Questions of titanic proportions coexist with small daily choices: can we go on caring for a person at home or do we need to find another living situation? Do we join a clinical trial that may extend life a few months but will result in dangerous side effects? Should we encourage hope or the acceptance of death? Is it time to stop treatments altogether? Discernment becomes an ever-moving line.

After caring for his wife for more than a decade, and then accompanying her in her final days, a friend says that he prays for caregivers every day, for he knows personally what is being asked of them. During his years of caregiving, he frequently found himself pleading, 'Show me your will, O God, and give me the strength to follow it'. This friend's prayer resonated with me as I took part in family discussions surrounding my sister's treatment for an especially resistant brain tumour, an aggressive malignant glioblastoma. An experimental surgery promised some hope, so we joined her in weighing the considerations that finally came down on the side of the surgery. Though carried out in the context of prayer, it was an agonizing discernment process for everyone.

Even to caregivers who want God's desires to shape their decisions, guidelines for discernment can sound complicated: another set of instructions added to burdens already on our shoulders. Yet discernment

⁶ Catherine Keller, *On the Mystery: Discerning Divinity in Process* (Minneapolis: Fortress, 2008), 22.

is intrinsic to caregiving and, at its core, is meant to assist us in listening to what we know and feel, and winnowing this information in God's presence. In *The Discerning Heart*, Wilkie and Noreen Cannon Au show how discernment is a way of finding inner peace by aligning ourselves with God's desire.⁷ Understood in this basic sense, it is what Christian caregivers most want—a path that leads to the living of gospel values. A gift of the Spirit, discernment lifts the burden of finding our way through treacherous terrain all by ourselves.

A significant strength of the Spiritual Exercises is the way they integrate reason and emotion into the discernment process.⁸ This holistic approach is vital because decision-making in the midst of caregiving involves more than the sorting of complex information—it also entails intense feelings. Those who give care are sometimes inclined to rely primarily on reasoned arguments, becoming skilled at weighing the pros and cons of a particular action, while ignoring their deeper anger, resentment, sadness or fear. They may even regard emotions as detrimental to clear-headed judgment. Yet in the literature on caregiving almost no topic occurs as often as emotions; it is replete with advice on how to acknowledge and deal with them.

Illness does not necessarily make us beautiful or noble; it taxes our spiritual resources mightily. And this, in turn, creates challenges for those trying to care for us. Caregivers struggle to keep their emotions in check, compartmentalising their impatience and anxiety. One of the great gifts Ignatian spirituality offers is its incorporation of emotional wisdom, the freedom and encouragement to allow feelings to surface, be heard, and render important information and confirmation of our choices. When decision-making is major or complex, caregivers quite instinctively seek the help of friends, family or a spiritual director, looking for a communal context for their discernment. It is also helpful for caregivers to realise that, since Ignatian consolation and desolation have to do primarily with our relationship with God, the deeper peace that a well-discerned decision brings can coexist with pain and suffering.

Emotional wisdom is especially crucial as we grieve for the suffering of others. It is not the physical tasks of caregiving that most drain us, but rather standing by helplessly as a loved one struggles with pain, dependence, fear and despair. Since compassion is an intrinsic aspect

⁷ Wilkie and Noreen Cannon Au, *The Discerning Heart: Exploring the Christian Path* (New York: Paulist, 2006).

⁸ Exx 177, 316–317. Gail Sheehy illustrates the importance of an integrated approach to decision-making in *Passages in Caregiving: Turning Chaos into Confidence* (New York: HarperCollins, 2010).

of caring for others, we can expect to feel intense sorrow as we watch a brilliant father painstakingly learn to walk and read again after a stroke, or see Hodgkin's lymphoma insidiously ravage the body and spirit of a friend. As a husband remarked, after his wife's illness had permanently altered her mind and personality, 'It's especially tough when the person you're caring for is not the person you knew'. Where is God in the darkness of this illness, in this arduous attempt to live with a disabling disease? The suffering that caregivers witness is powerfully seared into their hearts and minds, and grief becomes a chronic condition.

Ignatian discernment is grounded both in a lived relationship with God and in the paschal mystery (Exx 296–312). Though there is no escape from suffering and sorrow, we do not endure them alone. We have as companion in these dark woods the One who has gone before us and who offers us the promise of risen life. The gospel paradox tells us that life comes out of death, that in the passage through frailty and mortality we are transformed. These Christian faith convictions with their mysterious coexistence of agony and hope are central to Ignatian spirituality, and they establish the foundation for discernment on the caregiving journey.

Seeing Through the Temptations of Good People

The Ignatian tradition also names a particularly germane issue for caregivers: the temptations of good people. Its significance emerged in the narrative of a woman who came to me for spiritual direction. She arrived exhausted and deeply troubled. Although she had been barely able to manage a full-time job and the raising of two children, she was now also caring for her husband, who had been injured in an accident. Friends urged her to accept help, or at least to set aside some moments in the day for herself. The thought of doing this stirred great guilt in her. All these people needed her; how could she let them down? And where in her day could she possibly find time for herself?

As my directee wrestled with these issues, she was helped by insights on the difference between the feelings produced by the Evil Spirit and those coming from the Good Spirit. In his *Spiritual Exercises* Ignatius cautions that, while evil persons are tempted by what is morally evil, good people are more easily tempted by what seems to them morally good.⁹ Since temptations to evil do not draw them, the Evil Spirit works to destroy

⁹ Exx 315, 332–333. Helpful insights into discernment with women, who are the majority of caregivers, can be found in Katherine Dyckman, Mary Garvin and Elizabeth Liebert, *The Spiritual Exercises Reclaimed: Uncovering Liberating Possibilities for Women* (New York: Paulist, 2001), 237–277.

them by their own goodness. Thus the Evil Spirit, disguised as a Good Spirit, might encourage a caregiver to be more self-sacrificing. She begins to play God, believing that everything depends on her. She is reluctant to ask for help, even though all who advise her press her to do so. She finds gratification in being the burden bearer, and she reaches for approval. Soon she struggles with depression, resentment and anger. When my directee began to identify the spirit that was producing so much turmoil, she realised she could be experiencing some peace and joy even as she undertook the difficult tasks that had fallen to her. What had *seemed* to be good was revealed to be the temptation that often undoes generous caregivers.

In 2010, the US theologian Rosemary Radford Ruether published the story of her only son, David, who lives with paranoid schizophrenia. *Many Forms of Madness: A Family's Struggle with Mental Illness and the Mental Health System* was written with David's help and includes his poetry. In it Ruether describes endless crises and her frequently fruitless search for help, as well as the way she integrated David's care into her own career. Though the book is not a theological treatise, in the final chapter Ruether offers some spiritual advice, what she calls 'grace and limits'. Grace refers to the unalterable commitment that loved ones make to those with mental illness, the promise to be there for them for life. But this resolve is balanced with awareness that 'unconditional commitment needs to be lived out under finite conditions'.¹⁰ There are limits to what human beings can do for another, even for their own children. This hard balance between unconditional love and finite conditions must be struck on a daily basis as one cares for a person with mental illness. It is the fine line all caregivers straddle.

Stepping into Stories of Healing and Hope

How should we pray while caring for those who experience illness or disability? Caregivers report that their prayer is often reduced to repeating, 'Help me, God!' While that remains an underlying theme, they also desire other approaches to prayer that are simple enough to be incorporated into a stressful life, including some that can be shared with those receiving their care. The imaginative prayer proposed by Ignatius fits these conditions well. It suggests a fresh way to turn to the New Testament narratives of hope and healing, a path that allows the experience of the gospels profoundly to affect our perceptions and identity.

¹⁰ Rosemary Radford Ruether, *Many Forms of Madness: A Family's Struggle with Mental Illness and the Mental Health System* (Minneapolis: Fortress, 2010), 186.

As those familiar with the Spiritual Exercises know, Ignatius believed in the power of individual images. He viewed each aspect of the gospel story as the object of contemplation: Jesus' baptism, the temptation, the call of the disciples, the miracle at Cana, the stilling of the storm at sea. He invites us to picture in detail a gospel scene and use all of our senses to enter fully into it. We are to hear, see, smell, taste and touch in imagination what is taking place in a particular Christian mystery (Exx 121–126). Imaginative contemplation of a gospel scene moves us from the stance of an observer to that of a participant. Once there, we interact with Jesus about all that presses upon us.

Because of the unifying power of the imagination, we often move naturally from the gospel scene to our own life, from a consideration of Jesus' temptation to our own temptations, from Christ's calming of the waves to our longing that he calm our storms. Such prayer has the power to engage our affections, opening us to a personal encounter with divine grace. Further, the imagination unifies past, present and future in such a way that, although entry into these gospel scenes may appear to be a movement to the past, it is paradoxically a way of remaining in the present.¹¹ God meets us right where we are. For caregivers, the prayer that flows from these contemplations can give voice to the confusion, sorrow, peace or love that they feel. It is an entry into communal as well as individual prayer, enabling both caregivers and patients to express the prayers and reflections that the passage has evoked.

The New Testament stories of Jesus' healings become especially powerful houses of prayer in which to dwell, since they contain the physical, bodily details that are so central an aspect of illness and disability. Caregivers do the most intimate kinds of care, so it is helpful to find that for Jesus touch frequently expresses the first or primary connection. For example, we might step into Luke 8:40–48, the story of a woman who had been ill for twelve years and had only grown financially and physically worse off while under the care of many physicians. Having joined the crowd, we sense the compassion of Jesus and, like the sick woman, we are moved to reach out and touch the hem of his garment. We discover spiritual strength in that connection and, when Jesus asks, 'Who touched me?', we rise to speak with him, telling him whatever resides in our heart. We then listen to his words to us, or just remain quietly in his presence.

¹¹ On the imagination, see Kathleen R. Fischer, 'The Imagination in Spirituality', *The Way Supplement* 66 (Autumn 1989), 96–105.

Imaginative prayer rests on the assurance that God meets us in the particular and ordinary, for they are temples of the holy. At a workshop I once gave on spirituality for caregivers, a woman offered the following comment: ‘When I can actually step into one of the Bible’s stories, I don’t just remember a scripture passage, I live in it afterwards. It constantly flows through my mind.’ She went on to say that this practice lifted her in times of despair and enabled her to be happy in spite of the tragic circumstances that led to a lifetime of caring for a daughter with severe disabilities.

Tracing the Hours of a Day

A woman trying to balance multiple caregiving responsibilities says that sometimes she knows the joy of seeing her mother’s bright smile turned towards her; at other moments she is just a complete wreck, with no idea how she will manage the next task. Caregivers can arrive at the day’s end discouraged and spent: tasks unfinished, problems unresolved, faith and hope stretched to the breaking point. In the midst of all these scattered fragments, sometimes as harsh as broken glass, a caregiver may wonder how she can go on.

The Ignatian Examen (Exx 43) is an ideal prayer at such times. Short but structured, it provides a vessel for gathering the day’s moments, allowing us to open them to God’s grace. Though its format varies and can be adapted to circumstances, key elements of the Examen—awareness of God’s presence, gratitude, recollection of the day’s outer events and inner movements, readiness to receive forgiveness, a turn to the future with hope and a closing prayer—fit well with a caregiver’s needs.

As we enter into the Examen, Ignatius suggests that we imagine God gazing at us with love, desiring a relationship with us. This provides a constant reminder that God wants us to care for ourselves and find the happiness we are meant to know. It brings our failings as a caregiver into the merciful ken of a loving God. Coming into the embrace of this divine compassion is fundamental, since caregivers often judge their efforts as imperfect, and regret any instances of impatience or anger.



Being a caregiver also evokes conflicting feelings. A friend who had been setting aside his own plans for several years in order to be with a colleague dying of the motor neurone disease ALS commented: 'Sometimes I long for it to be over, and am filled with guilt for even thinking such thoughts; at other times I dread the day it will end, and I am consumed by grief'. In the Examen we find a safe harbour where such feelings can be acknowledged and released.

The Examen's focus on gratitude encourages us to name the gifts as well as the challenges of caregiving. At times we are simply thankful to have found the strength to make it through the day. Perhaps we have been positively transformed by our own efforts at kindness. We become aware of the sense of purpose and meaning found in helping someone, greater knowledge and intimacy with a person we love, surprising moments of forgiveness and reconciliation, or inspiration from the courage and resilience of another. Or we may give thanks for the way in which healing occurred in spite of our own flawed efforts. The protagonist of Georges Bernanos' novel *The Diary of a Country Priest* captures this experience as he finds himself giving peace to a dying congregant: 'Oh, miracle—thus to be able to give what we ourselves do not possess, sweet miracle of our empty hands! Hope which was shrivelling in my heart flowered again in hers.'¹²

Finally, this pause at day's end invites us to bring to mind once again the fact that God labours for us in all creation; we can, therefore, let God be God and, in so doing, lift the heavy weight of our own responsibility for the well-being of others. We are freed to do what we can, and then place the rest in this divine care for all that exists (Exx 236). The Examen relies, as do the other themes we have explored from Ignatian spirituality, on trust that we live within a divine matrix that sustains and upholds us as we offer our best, yet imperfect, care to one another. It is the divine Spirit that inspires and sustains our acts of enduring kindness.

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¹² Georges Bernanos, *The Diary of a Country Priest*, translated by Pamela Morris (New York: Doubleday, 1954), 140.