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Ethical and spiritual perspectives on treatment as a possible way of making decisions for a new life

Ladies and Gentlemen,

So now a working psychiatrist from a practice in the forests and meadows, from a town known for its card games, is to tell experienced practitioners from large institutions something about spiritually sensitive psychiatric treatment and decision making. Someone from a psychiatric practice where sometimes the only issue is to find an available bed or cover for sick colleagues. It's a challenge, but one I willingly accept. This comes down to my nature and my past history. And let me say right at the start: I see my contribution as a broadening of the theme, a stimulus to thought, an indication of the gentleness and tenderness of human life. An indication of what is hidden in every person: searching, calling out, crying out for help and security, in the last analysis, the question of meaning (and let's beware of thinking we've solved it in our own lives!). Only if I have meaning in my life can I too come to a decision. Much else remains simply impulses driven by our emotions.

I'm not going to present you with results from trials, nor with quotations from clever books – there are already enough of those. After two years studying for an MBA and learning about the most diverse models of personnel management and decision making, I've learnt that, if anything, my clinic is no model clinic for these concepts. Perhaps in all this we should always consider that many people – and I include myself in this – are grateful for guidance and clear guidelines.

I'm also not going to send you my power point presentation. This is the only illustration.

Let me start by saying that change takes place in the head, and this head normally belongs to a person. I sometimes feel sick at the superfluity of mission statements and their heroic expressions ('People at the centre') and I don't **want** to hear them anymore. I can usually identify the spirit and quality of an institution (and the identification of the staff with it) after 30 minutes in the reception area. It isn't what is written that counts, but what is experienced. And so I find it an honour which fills me with humility and gratitude when a visitor says: "You know, this is the first time I've come to your clinic, and everyone was so happy. And that's so positive." (Of course, I don't hear whatever else is said). Or if a psychologist tells me, at the end of her temporary contract, that she has never come across such a good atmosphere in any other clinic, or a colleague who has expressed his gratitude for being allowed a day off without any hassle. This should be a matter of course. This is ethics that goes beyond any self-assessment reports, that puts into the shade every KTQ and ISO certificate (German certification for hospitals and international standards organization certificate). It is also a part of the hope that is experienced within, not something that exists on some piece of paper, and in the worst case is certificated and learnt off by heart ("and that's why I couldn't look after the patient"). Only the smallest part of our work can be measured. There is still so much that can be written about though. It depends on your colleagues. Are they reliable ('steady')? Do they have any credentials apart from yoga and

good grades? Sometimes I really do feel afraid for Generation Y. For 6 months I've been speaking with staff representatives about suitable regulations for further training for therapists. And the more we tie ourselves in knots over trivial details to allow for every exception, the more I'm inclined to say: summum ius, summa iniuria.

What do I want to tell you? The story of a patient, written down by my colleague and now published in a small journal ("Es ist auch ein Leben gewesen." Spirituelle Intervention in der Psychiatrischen Therapie, in: Ehm, S., Giebel, A. (Hg.) Geistesgegenwärtig behandeln, Neukirchener Theologie 2017). My colleague changed his career, a specialist radiologist who took the plunge and made a new start in psychiatry two years ago, a completely new field for him, but someone filled with hope. I was permitted to look after the patient with him. Let him tell a true story:

'A Life'

The flat clay figure hangs on a red ribbon interwoven with gold on the pin board above my desk in my consultation room; it can't decide if it's an angel or a butterfly. It is wearing a deep red, floor length cloak that only reveals the tips of its shoes. The spread out, butterfly-like sleeves give the upright, very gently backwards leaning shape an upwards momentum. Its hair is, to put it mildly, a mess.

Mrs. S. gave me this figure, a handmade Christmas tree decoration, at the end of November last year, and said it was a guardian angel. She had no objection – apart from a smile -- to my assertion that it looked like her, with the loose cut of the dress and the dishevelled hair. When we parted for the last time, I promised her I would not forget her as long as I was able to remember.

The Story of a Patient

Mrs S. is 52. She comes voluntarily through a referral by her GP, as she has herself noticed, as she says, that something is not right with her and things can't go on as they are. Since April last year everything has got too much for her. She has problems at work, because she suspects everyone is insinuating bad things about her (theft, willful destruction of equipment). As she is very afraid because of this, she has the impression that everything she touches breaks. In her personal life, her friends have changed, her best friend has tired of listening to her. She has withdrawn socially, as people weren't helping matters. She also doesn't confide in her husband, since he's often said she's crazy. She has preferred to withdraw to her smoker's room, which is her 'cave'. She's also suffering at the moment from disturbed sleep, finds it difficult to fall asleep and impossible to sleep through the night. She hasn't any self-confidence anymore and is afraid to go to social gatherings. She can't do even the simplest things and thinks everyone is looking at her strangely. Everything's simply too much for her and she has a real 'knot' in her head.

Social and biographical case history

Mrs S. is in her second marriage. She has 2 children from her first marriage, a 30-year-old son and a daughter in her mid-20s, who together with her partner has a 9-year-old daughter. Both children live around 120 km away. Contact with her son has been broken off for a long time; he had turned his back on her after the failure of her first marriage (her husband was a gambler and had ruined the family economically) and his mother's new relationship had distanced them as well. Only recently has there been a cautious rapprochement between mother and son; but he still doesn't visit her at home, as he refuses to have anything to do with her current husband. Her relationship with her daughter is, she says, good.

The patient terminated a pregnancy with her second husband, violating her feelings towards the new life, as she had already at the time "the feeling that this marriage too wasn't the right one." Her husband had drunk a lot of alcohol in the first 10 years and hadn't treated her well; there had been frequent arguments, particularly because of her daughter, while his own daughter ruled the roost. There was a very strong possibility that he had physically abused her during the marriage.

Mrs S. had 2 half-sisters, although, according to her grandmother they had been 'a carnival joke'. She had grown up living with her grandparents until she started school. Evidently she had had a stable and happy relationship with them and was reluctant to move back in with her mother.

There was no contact with her father. Her mother had, it appeared, been a very respected and conscientious nurse, who, however, was not capable of showing any emotional warmth to her daughters.

For 10 years now Mrs S. has been living alone with her second husband in a flat. She has a part-time job at a grocery store with different areas of responsibility. She earns good money in the job and with her salary is the main wage-earner, since her husband earns less as a caretaker. Evidently the couple are estranged from each other, with an extensive lack of communication. Mrs. S. spends the greatest part of her time in her room (her smoking room). This is the former children's room, to which she withdraws to think, watch TV, read and sleep. She's always 'on edge' about making a mistake, as her husband would then verbally attack her. This would then cast a shadow over visits by her daughter and granddaughter or any joint activities with her husband. He was also not interested in visits by other friends, and in the end she gave up on these because she was afraid of making a faux pas in the event she did have any visitors.

Her husband still had a problem with alcohol. He would regularly get drunk on Fridays when meeting up with his gardener friends. She hoped then that he would sleep in the summer house; she would always enjoy this free afternoon and evening.

Diagnostic assessment, therapy and progress:

Mrs S. was admitted as a very overwrought in-patient with paranoid delusional symptoms. She was suffering continually from inner distress and restlessness which had primarily led to detrimental sleep disturbance.

My first contact:

The therapeutic process was made difficult by the patient's extremely high level of mistrust caused by paranoia and delusions.

At the same time, the patient's high level of social competence and ability to empathise with her fellow patients stood out; she increasingly became more open and more approachable in their company.

With the increasing duration of therapy, her closest personal contacts (nurse and therapists) managed to win the patient's trust and thereby gain a fragmentary picture of her biographical and social situation, although the largely conflict driven relationship of Mrs S. with her husband was not spoken about for long periods and she only dared describe it with the greatest of fear since she "had kept quiet about it through all the years and had always made out to the outside world that things were fine with her husband and marriage." As sketched out in the biographical section above, a picture emerged of a woman who, after the failure of her first marriage, in which she was valued very little and economically damaged, had entered into another marriage, against her children's objection and presumably that of her mother too, with "a needy, somewhat helpless" man, who very quickly turned out to be the wrong choice, but whom she could not leave as she had given up everything for him. She had dealt with decades of verbal abuse and, very probably, physical assaults by withdrawing into her own physical and mental space and kept up appearances while becoming increasingly isolated.

Mrs S. opened up, in a crisis moment in her treatment, to her complete despair at having always dissembled, and now that she had the opportunity for the first time to deal with it, and herself, she no longer had the strength nor the will to carry on. In fact, it was most impressive to see the potential the patient had within her for empathy, practical abilities, interests, ability to reflect and wit; qualities she could develop in an appreciative atmosphere, admittedly always shackled to the depressing feeling that at home she would be made to pay for it, for example in her husband's derogatory comments about the clinic and about the telephone calls or visits from fellow patients who were very keen to nurture contact with Mrs. S.

So the ultimate emphasis of the treatment was put on the patient sharpening her awareness of her own spaces and the strengths she took for herself or shared with others and in which she could also be authentically 'herself' outside the clinic. The feeling that there was a sort of 'curse' on her life, and the habit of devaluing and demeaning herself for the smallest errors at home or at work were also dealt with, and the abundance of her strengths made tangible as a 'blessing'.

Tenderness and pain

From the end of the month going into December her mental state suddenly worsened. In individual conversations Mrs. S. sat opposite me with a dark and closed look I hadn't seen in a long time. The fact that Christmas was coming had made itself conspicuously obvious in the shops, at the market, in the foyer and corridors of the clinic. Mrs. S. dreaded it. She dreaded the 24th December, a 'day like any other', whose oppressive stage had been set for a good decade. There was no trip to see her daughter and grandchild, as her divorced husband would be there and her current husband would only behave badly in this situation. But her son would also be there. He would drop in early in the morning to pick up some home-made potato salad. To do this he would ring the doorbell since he wouldn't enter the flat because of her husband. She would then take a bowl of potato salad down to him on the street. She prepared the salad the previous evening. At about 1pm her husband would usually come into her room and ask if they could now eat. After eating they generally exchanged a practical gift which was unwrapped there and then. Then each would withdraw to their respective rooms and watch TV; they liked watching different programmes. She couldn't listen to any German Christmas carols because she couldn't help but cry, and I couldn't imagine how often she (without any religious affiliation) had even (!) watched the pope at the midday mass at St. Peter's out of pure despair. She was happy when this dreadful day was over.

On the morning of the day before the Christmas period I brought a Christmas present for Mrs. S. to her therapy session, asked whether she wanted to accept it and gave it to her with the instruction to keep the package 'this way up' as indicated and not to open it before Christmas day. In an envelope I put a card with a representation of the three kings on the way to Bethlehem with the caption "Open yourself up, become light," along with the following letter :

Dear Mrs. S.,
This may turn out to be the strangest Christmas present in the whole of the Altenburg region, but sometimes you've just got to take a risk – when nothing less than everything is at stake.
I have often thought about when you said you had been "christened with shit". I felt then the pain, your pain behind these words, and continue to as I write these words to you.
I don't know whether you've been christened at all, or whether you're a believer: if so, in what; if not, why not. And strangely, none of this is important to me as my inner certainty in saying to you: such a sentence about a life cannot be allowed to stand!
It may be that many muddled, mistaken, perhaps blameworthy things have happened in your life (and what life hasn't had them?), some of which can be turned around, some of which are beyond repair. And it may be that you haven't received the attention and love – or you haven't yet – for which you yearn. And yet at the same time you have been given abundant gifts which make you so loveable and a great joy and enrichment to others who are fortunate to have been permitted to know you, the real you, Mrs. S.
It's time for a new heading for your life, for which I wish many more good, abundant years full of discoveries, adventures, enjoyment and loud and quiet joys.
So, I'm giving you as a present a little consecrated water. Take it into the shower with you, pour it into your bath water, go out and throw it like dew into the sky so that it falls back onto you. A priest who, by the way, is a gifted joke teller and who has made me break out into guffaws of laughter in the church pews on the most unlikely occasions, consecrated the water and prayed for a special blessing for you; so it's meant as a fun blessing to your liking. For this is the truth: that you are loved and wanted as you are, a treasure for the world which would not be the same without you.
The three kings come with gold, frankincense and myrrh to the crib. Metaphorically gold stands for love, frankincense for yearning and myrrh for pain. Think about it: love throws itself helplessly into our dust so that we can become fully human and march away liberated, with our love, our yearning and our pain. If that isn't amazing …
I send you and your family heartfelt wishes for a happy Christmas and a blessed new year,
Your doctor

On ginkgo leaves and a Viennese souvenir: looking for traces

This present had happened as though of itself, had come about within my very core without me knowing how; it had taken on form and shape in the resonant space that surrounded our individual conversations, and the words had flowed out of me one night whilst quietly contemplating the clay angel above my desk.

In the following days when the words sat on the page and I prepared myself to take responsibility for what I would do or not do, I considered some memories.

They had been very small signs. Two gingko leaves on her bedside cupboard during my rounds in which, monosyllabic, she used to keep herself locked away in her mistrust. As I find gingko leaves beautiful, I said to her that they would give me and her strength. We gave her the poem 'Gingko biloba' by Goethe :

> To my garden here translated,
> Foliage of this eastern tree
> Nourishes the initiated
> With its meaning's mystery.
>
> Is its leaf one self divided,
> Forked into a shape of strife?
> Or have two of them decided
> On a symbiotic life?
>
> This I answer without trouble
> And am qualified to know:
> I am single, I am double,
> And my poems tell you so.
>
> *Johann Wolfgang von Goethe*

She folded it thoughtfully and took it to her room. Some days later she gave me an answer, a piece of paper on which she had written in her careful handwriting :

> This too is art, is a
> divine gift, to carry from a few
> sunlit days so much
> light into your heart that,
> when summer has long since
> faded, the light still lives on.

We had not spoken of God since I had once asked her, right at the start of our conversations, whether she believed in anything. She had replied by asking if I wanted to have a theological discussion with her. I heard my answer, 'If that's what you want' die away in the silence: it remained unanswered.

Christmas Eve

Her face was lit up at our next appointment. She said she had held out until midday, then she had opened the box. She read the enclosed letter several times and finally, without giving it further consideration, phoned a friend with whom she had lost contact years before, but, as she recalled, went to church at Christmas. The friend was so pleased at the unexpected phone call that she invited her quite spontaneously for coffee; she had accepted the invitation without hesitation. After coffee they went to church together. She sang Christmas carols, and said how beautiful it had been. She had walked back home from the church, alone through the night, lit up suddenly by stars and the moon. There, completely alone and in the middle of a street going through an estate of high rise prefabricated flats on the edge of town, she had thrown the consecrated water into the sky and let it rain down upon her. She couldn't describe what had happened in words.

Holy days

Mrs. S. had begun to draw. When she was getting ready to leave, she drew the clinic. She showed me the picture with an abrupt bashfulness and described doing this kind of 'cultural thing' as mad. She had already packed a small box: gingko leaves, poems, her works from creative therapy. She was going to keep its contents at home all to herself. No one was going to be allowed to see it, so that it wouldn't be dragged through the mud verbally; it was almost for her like a sacred place.

We spoke about the sacred that we house, as human beings, within us, like fragile vessels; the awe we feel about what is sacred to us, the inviolable place of withdrawal where we can constantly renew ourselves, and so get better.

After this there was a long silence. Finally a 'goodbye' with a handshake at two arms' length, then a sudden jolt in which she took me in her arms and pulled me with a demure "Come on, let me give you a hug." When we parted I promised her I would never forget her as long as I had the capacity for memory.

A life story

In the summer I met her again on the occasion of a lecture. To my surprise she was sitting in the auditorium. When it was all over she asked me timidly if I would have a coffee with her. She looked happy. Her son had just been with her. The contact had deepened, and he was visiting her again at her home.

She had been spending a lot of time in her room and had been looking through documents. And when she had looked at everything again, mementos, documents, pictures, she had thought that one day, when she was no longer there, someone would look through what she'd left behind. She knew what that person would think: "That was a life."

Why did this person become alive? I think because this woman discovered the meaning for her life. Not my meaning, not her meaning, her meaning for herself. And she was helped along by my colleague. We have the privilege of being fellow travellers for our clients. I think we can only do this if we are firmly anchored, if we are able to rest in something greater. I could stop here and ask you to take this story home with you as a treasure, thankful for the fact that people who were once dead are now alive again.

And yet, here are a few thoughts. After all, my talk is about making decisions for and about the patients :

1. **Look for staff not just basing your choice on academic grades (how can someone do so much extra training?)**

   When looking at applications for therapists for my clinic I'm often astounded. We're not a university hospital: the norm is very good grades and references, lots of additional training at countless therapeutic institutions, etc. And computer skills, of course. But in the section on hobbies I read nothing usually, apart from 'yoga'. Where is the life? Where's the person? What marks him out? What's he living for? Isn't the ability to be a leader of a youth group worth much more than the fifth course in autogenic training? And where are the applicants who, forgive the choice of words, bring 'wisdom' and not just knowledge with them? Our patients need fellow travellers, experienced in their own decision making.

2. **Not all flowers bloom in the way you imagine**

   Today's psychiatric system looks after mentally unstable patients from cradle to grave: from the clinic to supervised individual living quarters or home, into the day centre and then back to the clinic, then into rehab and then back to outpatient psychiatric care. Woe betide if the patient doesn't want this. The carer is summoned and every one speaks at the client … Perhaps someone can be happy if he's allowed to live on the street? Perhaps someone likes to have a drink in the evening? And perhaps someone feels more at ease in a filthy flat eating soup out of a tin? We must beware of projecting our idea of a life worth living onto others (Bundesteilhabegesetz or BTHG, a German law designed to strengthen the autonomy and self-determination of handicapped people).

3. Take care how patients are introduced to you

Perhaps you've learnt, if you're working as a therapist that the wish of the consultant on his rounds is to have the patient introduced as briefly and precisely as possible: "43 year old man, unemployed, living on social security, alcohol dependent, third time here in a neglected state after stopping his treatment for withdrawal." This is only part of the truth. This person has a family; he has hobbies; he once learnt something. This person has dreams and hopes. Let's not reduce our fellow human beings to an ICD diagnosis.

4. Forget talk about a personalised medicine

It might indeed apply to certain types of cancer that I can, by determining the genotype, achieve appropriate treatment and a cure through selected therapies. But reducing a person with psychiatric illness to defective genes has, despite all the clarion calls, still not been successful and it probably won't ever succeed. I am sometimes astounded by cures, and then I'm brought back to earth by therapeutic failures. Man is more than the sum of his genes. And medicines can be a building block towards a cure, but nothing more. What does help is the practitioner as a person and (let me underline what I'm saying) a new and thriving partnership.

5. Wisely correct your colleagues' scepticism on the morning rounds

For all those working in a hospital, ritual has already become routine: the daily morning conference when the night's admissions are discussed and clients arrive not infrequently who have already had contact with psychiatric services for many years: "The 32nd admission of Mr. K., who was rowdy and intoxicated when molesting passers-by in town and when the paramedics arrived asked them to admit him to our clinic since he had made up his mind he was going to get off the drink; this time everything was different to the last time he was discharged from treatment 5 days ago." And you can already hear the snorting of social care and their hospital doctor (he is the one who proudly completely the discharge just yesterday). No. The 32nd admission still means hope for the patient. Who, if not us, is going to plead his case? Are we not too arrogant? Does everything have to go according to our schedule? Perhaps this 32nd admission is the milestone for his deciding on a new life, and we are just about to destroy it.

6. Leave free space for lateral thinking

Particularly among our young practitioners I find an almost manual-based way of thinking. Everything has to go according to the workbook produced at great expense. And woe betide if the patient doesn't keep to the manual: then it's his own fault. Why isn't is possible to use common sense again? Why don't I start listening to the patient? Perhaps a go on a skateboard can replace an EMDR (Eye Movement Desensitization and Reprocessing) treatment.

7. Don't neglect the power of spirituality/ religiosity

a. It creates a relationship
b. It helps practically
c. It gives security when everything collapses
d. It directs the vision towards an 'afterwards' and gives hope (meaning, guilt, death – physiotherapy and speech therapy have miserable explanations for all these).

8. Let's beware of feeling too superior

When the first neuroleptics were introduced into hospitals in the 1950s, doctoral theses measured their efficacy by the level of noise: the lower the noise on the ward, the more effective the medicines being used. Today, in the age of motivation, empowerment and

recovery, we smile about so much ‘ignorance’. Today what counts is rehabilitation, getting back to work, taking part in society; inclusion is the new panacea. Perhaps the next generation will laugh at us and shake their heads at our current ideas of cure. I can well imagine it. We simply don’t know better.

9. Change the context. Be the guest

In my clinic it’s a nice tradition to visit the patient once at home during his stay in the clinic or afterwards. Do it. And forget talk about therapeutic abstinence. There isn’t any such thing anyway. Be a guest for a change; experience your client in the role of host. Drink a coffee with him. Take him a gift. Imagine the pleasure that will give him and how it will contribute to his getting better.

10. We work in one of the most wonderful professions in the world

Where else do we get 8 hours further training every day and can in the same way give as much training to others!

Many thanks.