

The Labyrinth: a vehicle for spiritual care in the health care setting

By Dr Vanessa Compton. Aug 5 2008

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Overview: Spiritual well-being is a component of overall health, while spiritual distress can delay and even undermine a sound health care plan. This article explores the meaning of spirituality in health care, and how the labyrinth, an ancient pattern for walking meditation, helps people gain insight into their life journeys, and enhance their own wellness.

What is spirituality?

Spirituality is a fundamental human characteristic, the search for the sacred, a need to have a conscious experience of the divine, however one conceives of it. Spirituality recognizes one's relationship to the divine and sees how the relationship affects one's experience with people and all of creation. Spirituality seeks meaningfulness through intra-, inter-, and trans-personal connection. Spirituality may take expression in religion and rituals, but it is not limited to those things. Faith, although only a part of spirituality, is an essential component. Faith is the ability to draw on spiritual resources without having physical or empiric proof. It is an internal certainty that comes from one's experience with the divine. It is through one's faith that a deep individual spirituality can be mobilized to assist one in the challenges and celebrations of life. Through our spirituality we can make sense of powerful life experiences that would otherwise be confusing or devastating, and use them in ways that become life sustaining. Our spirituality allows us to make sense of the cycle of life and death.

The spiritual dimension of health

The World Health Organization defines health not merely the absence of disease or infirmity but as a state of complete physical, mental, and social well-being. Current definitions of health include emotional and spiritual dimensions. A recent Ontario MOHLTC document defines spirituality as "a basic element of one's identity. It involves not only an organized system of worship as in a religion, but it is an process of discovering the meaning and reason for existing and also for establishing a relationship

with God.” (The document, on End of Life decision-making, goes on to note that “although the medical aspect of care may be continually assessed and managed, many terminal patients report that their spiritual needs are rarely addressed.”)

The relationship between spiritual well-being and health-related quality of life is reciprocal. Spiritual care is a component of holistic healthcare: a MOHLTC document on multidisciplinary integration states that “given increasing recognition of the biopsychosocial nature of health and illness and the complexity of care delivery, comprehensiveness and integration overlap as tools in meeting an individual’s physical, psychological, social, and spiritual needs.” The Ontario MOHLTC guidelines require long term care homes to “provide a home-like setting where a resident’s physical and care needs are met, and where his or her psychological, social, cultural and spiritual needs are met as well.” Spiritual programs are considered mandatory services to be provided by such institutions in Ontario: “Spiritual programs should be offered on site and residents should be supported in maintaining connections with their spiritual community.”

Signs of spiritual wellbeing and spiritual distress

Spirituality has dimensions that can be mapped onto a scale from well-being to distress. Spiritual well-being includes hopefulness, meaning of suffering and illness, religiosity, transcendence, and reconciling with feelings of uncertainty. Spiritual distress is defined in the North American Nursing Diagnosis Association's (NANDA) diagnostic guideline as “the state in which the individual or group experiences or is at risk of experiencing a disturbance in the belief or value system which provides strength, hope, and meaning to life.” The major defining characteristic in this diagnosis is that the patient “experience a disturbance in belief system.” Following from the description of spirituality, North American Nursing Diagnosis Association's (NANDA) defines Minor defining characteristics for the diagnosis include

- Questions meaning of, and/or expresses anger, resentment, and fear about life's meaning, suffering, or death.
- Questions credibility of belief system
- Demonstrates discouragement, despair, ambivalence about beliefs,
- Expresses that he or she has no reason for living
- Feels a sense of spiritual emptiness

- Chooses not to practice usual religious rituals
- Shows emotional detachment from self and others.

Spiritual distress may result from one or more of the following areas:

- Feeling of guilt
- Lack of forgiveness from self or significant others
- Inability to practice religious rituals
- Conflict between religious or spiritual beliefs and the prescribed health regimen
- Lack of purpose and meaning in life
- Alienation from God or higher power

Spiritual care

Such distress impacts negatively on overall health, while significant benefits ensue when quality spiritual care is provided in a consistent and effective manner as a key part of a multidisciplinary approach to treatment for those patients who have had their spiritual concerns and questions addressed. Spiritual care is essential to the provision of quality health care. Spiritual care practices in the context of health care are based on respect and compassion, and may include: presencing; story listening and story telling; creative expression through art, music, reading and writing; prayer, meditation, guided imagery, and dream analysis; healing rituals and religious practices; humour; and connecting with nature. Spiritual care in the form of walking meditation is made available through the experience of the labyrinth.

What is a labyrinth?

Labyrinths and mazes are pathways, going from the entrance to the centre. Though the terms are often used interchangeably, they mean different things. Mazes are puzzles, very popular in 16th and 17th European landscape architecture, with multiple paths and decision points, and sometimes tall impenetrable hedge walls. The Labyrinth, in contrast, is unicursal, a single path to a central goal, without walls or other obstructions to visibility. Its purpose is to guide, not to confuse. For over four thousand years, humans have used the Labyrinth as a focus for meditation that integrates mind, body, and spirit. It has always been a symbol of the path of life, a reminder that although that path seems very confusing and the centre sometimes very far away, it can always be found.

Labyrinths come in two basic forms. The ancient “Classical” pattern with seven

concentric circles around the centre appears as a decorative element in many cultures, often as a symbol of transition and rebirth. The more complex 11-circuit “Chartres style”, laid in the floor of Notre Dame de Chartres Cathedral in France, was the first of many installed during the Gothic period in the early 13th century. These labyrinths symbolized the pilgrimage of the faithful through the twists and turns of life, embodying in geometric form—and in the experience of the pilgrim—the reconciliation of diversity and unity, complexity and simplicity, that was their goal. Outdoor turf labyrinths, modeled on both the Classical and Chartres patterns, played a part in community rituals and seasonal celebrations, processions, dances, and games. Like all communal ritual sites and practices, both sacred and secular, they provided the opportunity to include the individual’s interior events within the group’s common identity, through shared experience and celebration, an experience of diversity within unity.

The labyrinth in contemporary society

Labyrinths have been rediscovered in the past twenty years as low-risk tools for walking meditation and personal growth. They are being created as permanent installations in retreat centres, hospitals, prisons, schools, churches, nursing homes, public parks and private settings, with portable canvas ones being used in rehabilitation programs in post-conflict situations including Rwanda and Bosnia.

The capacity of the labyrinth to support reconciliation and rebalancing is evident in contemporary labyrinth practice. In schools, labyrinths are an effective tool for creative problem solving, stress relief, reducing restlessness, and conflict resolution, children racing around the circuits with glee before slowing down to walk deliberately.

Psychologist Carla Hannaford has found that the labyrinth’s alternating turns and geometric regularity assist in establishing coherent cognitive patterns and a calm focused state in children, especially those in emotional distress or labelled ADHD, autistic, and/or dyslectic. Because the centre is always visible there is no stress about getting lost or doing it wrong, so the walker is free to focus on the journey rather than the destination, on being rather than doing. Researchers working with children in hospital find that the young patients voluntarily report a sense of peace, calmness, courage and strength, naming the centre as a special place of confidence.

Similarly, those working in a nursing home with older patients suffering from Alzheimer’s, in a labyrinth project called “A Place Where They Can’t Get Lost,” report that walking the

labyrinth combined with singing old familiar hymns and songs helps their clients access those parts of themselves that have not been destroyed by the disease, providing a calming restorative treatment that lasts for hours. One resident, who was unresponsive and even hostile to staff suggestions, proudly refused an offer of assistance because, as he said, in the labyrinth he felt he still had control of his life.

There are many factors in the labyrinth's efficacy to promote calmness, insight, and the amelioration of grief, anger, depression and anxiety. Navigating the path keeps one's awareness in the present moment, providing an opportunity for positive thought processes. The symbolism of the pattern invites a reflective perspective, so that anyone at a turning point in their life — and who isn't?— can benefit from this “time out” in a place dedicated to thoughtful consideration of life's journey.

Our project

The Spiritual Care Community of Practice to which I belong is a member of the Senior Health Research Transfer Network, an organization which links caregivers, policy makers, and researchers. Through the development of spiritual care, this Community of Practice fosters networking, knowledge exchange and inspiration among paid and unpaid care providers, policy makers, researchers and seniors who understand spirituality as a component of holistic care. Our CoP believes that there is considerable room for growth and development in our spiritual care practices within the health care system.

The CoP's Labyrinth Sub-Community is currently exploring a way to provide spiritual care for LTC residents, their families and caregivers, through the use of the labyrinth. After considerable planning, we are launching a joint initiative of the Creative Arts and the Spiritual Care programs this autumn, a six week pilot project at the Perley Rideau Veteran Health Care facility in Ottawa to introduce the use of the labyrinth to a group of residents as a way of addressing spiritual well being and quality of life issues. The project aims to evaluate the usefulness of including and supporting the use of the labyrinth within the programming of PRVHC, using three data collection and evaluation methods: self assessment, staff observation, and arts-based inquiry. We **hope** to present preliminary findings through the SHRTN website this winter.

About Vanessa Compton

As an artist and art educator, the common ground between spiritual practices and art making has always intrigued me. My students' creations and transformations inspired my research into the function of the creative imagination in the lived experience of the transpersonal. Then synchronicity led to the labyrinth, an elegant and timeless form of public sacred art and spiritual technology that reliably triggers life-changing insights.

In my own practice of facilitating walks, events, and workshops, I have witnessed many such transformative moments in the lives of people encountering themselves in the labyrinth. The research project with the SHRTN Spiritual Care CoP Labyrinth Sub-Community brings together art, spirituality, health care, and life-long learning in a promising overlap of disciplines, genres, and working vocabularies.

BIO

Vanessa Compton holds a doctorate in Curriculum from the Ontario Institute for Studies in Education. A holistic curriculum specialist, arts educator, practicing visual artist, and Veriditas[®] trained labyrinth facilitator, she creates temporary and permanent labyrinth installations and events at conferences, schools, churches and community settings.

As director of **Labyrinthed™**, Dr. Compton works with individuals and groups in experiential learning programs that tap into the intrinsic power of the labyrinth to unlock creative potential.

For information on labyrinth walks, talks, workshops, and installations, contact Dr. Compton at (613) 233-3066 or by email: vcompton@magma.ca or Vanessa@labyrinthed.com; visit online at www.labyrinthed.com

LINKS

www.shrtn.on.ca

IMAGES



Vanessa and Murphy walking Anam Cara Labyrinth, Chaffey's Locks ON.
Photo: Barb Brown



Dr Compton. Photo: Susan George