A Franciscan Spirituality of Healthcare

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There is no generic spirituality but specific spiritualities arising out of various traditions. The author, a Franciscan friar and physician, explores what are the qualities of a Franciscan spirituality of healthcare, specifically a Franciscan inflection on compassion.

In writing about the spirituality of healthcare, one cannot hope to offer an all-encompassing view. Just as there is no single spirituality of marriage or the priesthood or work, so there is no single spirituality of healthcare. What I will attempt to do, therefore, is to offer a Franciscan spirituality of healthcare that springs from my own background and experience. It is my hope that something from my own spiritual reflections on healthcare may be of help to others on their own spiritual journeys, whether as patients, family members, friends, or professionals.

Towards a Definition of “Franciscan”

One way to approach a definition of “Franciscan” is through the insights of Ludwig Wittgenstein (187). Most people recognize that there are certain things in life that really are mysteries; things that defy language. According to Wittgenstein, the meaning of these things can only be “shown, not said.” The
word “Franciscan” seems to point to a reality of just this type. Franciscanism is more easily shown than said.

The definition of Franciscanism is, in some ways, boundless; yet, it is boundless along particular dimensions. One can define “Franciscan” too narrowly—restricting the number of dimensions along which its boundlessness is expressed.

Despite the caveats and risks, I would like to propose that there are three specific dimensions of compassion that pertain to Franciscan spirituality. These dimensions, while not exhaustive of the charism, are at least necessary dimensions of the kind of compassion that would appear to characterize a genuinely Franciscan spirituality in healthcare. No Christian spirituality of healthcare will neglect compassion. But Franciscan healthcare will not be characterized by generic compassion. Franciscan compassion is mediated along at least the following three specific dimensions: it is personal, incarnational, and imaginative. These dimensions, I believe, essentially define the word “Franciscan.”

By its personal character, I mean that Franciscanism is the most intensely personal of all religious charisms. Francis anthropomorphized the universe. For him, literally everything was personal—the sun was a brother and the moon a sister. And when Francis described the perfect friar, he named actual persons—individual friars, not abstract characteristics (Habig, 1218–19). Everything, even death, has the mystery of the person.

Franciscan spirituality is also incarnational. God is found in matter—in the pus of leprous wounds as well as in the Word of God as it is proclaimed and preached. As Bonaventure puts it, the light of God is refracted through the matter of the universe, as sunlight through a stained glass window (Bonaventure, 1970: 179). According to Scotus, God is found in actual thisness (Shannon and Ingham).

Franciscan spirituality is also characteristically imaginative. Franciscans insist on the imagination that is necessary for empathy. To understand the suffering of God and the suffering of one’s brothers and sisters, as they experience and understand it themselves, requires imagination. As personal, incarnational, and imaginative, it should come as no surprise that Franciscan spirituality is inherently hagiographic—the personal stories of real people who live the charism. Consequently, Franciscan spirituality is without method. There are no exercises.

Persons live concrete historical lives. What does this mean for those who care for the sick? I would argue that Franciscan healthcare must be informed by this

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same spirit of compassion: one that is personal, incarnational, and imaginative. This means that a Franciscan spirituality of healthcare must be marked by the Sign of the Cross. This is the sign that Francis saw throughout his life—marking the shields of his sickbed dreams; marking the illness of the leper; marking his body on Alvernia; and finally marking his death. All are redeemed through the Cross of Christ, the visible sign of God’s love. All are redeemed as persons by a God who is personal, became incarnate for us, and gives us the imagination to hope in the love that heals us.

**Franciscan Spirituality and Healthcare**

The Gospels tell us that the physical suffering of Christ was concentrated into a period of less than twenty-four hours. All that any patient (or any healthcare professional) will ever suffer was subsumed in a drama that unfolded in less than a day. Francis understood this drama. He saw it in the San Damiano crucifix. He saw it in his dreams. He saw it in the leper. He saw it in his own suffering, and in his own death.

**Personal Compassion**

Franciscan spirituality of healthcare must be marked by a compassion that is as deeply personal as the passion of Christ. Franciscan spirituality will always recognize that illness is a spiritual as well as a physical event. Affliction can enlighten spiritual awareness in anyone, just as the early illness of Francis awakened his spiritual life. Human persons are constituted as body and spirit at once, and illness grasps human beings as whole persons. In fact, whatever threatens the essential unity of the human body and the human spirit is what one means when one says that a person is ill.

Franciscan spirituality understands this. A Franciscan approach to healthcare can never be mere bioengineering. It must engage patients as persons (Ramsey), endowed with the dignity that comes not just from having been created in the image and the likeness of God, but also with the alien dignity that comes from having been redeemed by the Cross of Christ (McCormick, 10–12). A genuinely Franciscan spirituality of healthcare does not treat patients as mere isolated organs or as mere consumers of healthcare resources. Rich or poor, young or old, citizen or alien, able or disabled, the personal in every person is boundless, and of inestimable worth.

A practitioner imbued with a Franciscan spirituality will even be sensitive enough to note the embarrassment of patients, just as Francis understood the embarrassment of the poor Knight. Practitioners imbued with the Franciscan spirit will recognize how the sick are often shunned. They will move past any initial hesitation or revulsion and reach out to touch their patients personally, as
Francis embraced the leper. Practitioners imbued with the Franciscan spirit understand the essential unity of their own suffering and the suffering of Christ. They will be able to feel the suffering Christ in their own persons. They will find unity with His suffering through active engagement with their own suffering and that of their patients, just as Francis did on Alvernia. And they know that they can only truly minister to the needs of the dying if they can learn to call death, Sister.

Personal compassion of this sort can only be shown, not said. It is the compassion of Francis and Clare. It is the compassion spoken of by Mother Alfred Moes, foundress of the Rochester Franciscans, who once told Dr. Mayo, “The cause of suffering humanity knows no religion or sex; the charity of the Sisters of Saint Francis is as broad as their religion” (Kauffman, 132).

**Compassion in Action**

A Franciscan spirituality of healthcare must also demonstrate incarnational compassion, which means compassionate action. The most tender stories of Francis and Clare concern their personal care and solicitude for the sick brothers and sisters of their Orders. Austerity was always tempered with concrete compassion—relaxing fasts (Armstrong, Hellman and Short, 2000: 359), feeding grapes to the sick (Ibid., 152, 360), and providing them with feather pillows and wool blankets (Armstrong and Brady, 1982: 220).

Incarnational compassion means emptying bedpans. It means using morphine judiciously to relieve the pain of dying patients. It means binding their wounds with reverence and love. And it means taking the time to listen, even as time becomes increasingly scarce. Healthcare professionals who live a Franciscan spirituality will be present to their patients in the flesh.

Incarnational compassion also demands working for justice in healthcare. Francis gave the leper an alms before he kissed him. Incarnational compassion means going the extra mile to fight for the needs of patients when they are denied essential care by the new merchant class that is now transforming healthcare the way the new merchant class transformed the thirteenth century Europe of St. Francis. Incarnational compassion means working to change a system that, by denying them health insurance, has exiled forty-three million Americans outside the walls of the medical city-state. Incarnational compassion means preaching the “Gospel of Life” to a violent society that systematically kills the unborn, and now wants to do the same to its elderly and its dying.

**Imaginative Compassion**

A Franciscan spirituality of healthcare will also be imaginative. Practitioners with genuinely Franciscan imagination see in the suffering of patients, and in their own suffering, the suffering of Christ the Lord. Francis felt he had a duty towards the sick and the poor because he always saw in them the image of Christ, poor and suffering (Bonaventure, 1978, 254).
The world is suffused with suffering. Doctors, nurses, psychologists, and other healthcare professionals know this better than anyone. They are capable of learning to identify with that suffering. “The world’s our wound.” Like the friars at the deathbed of Francis, healthcare professionals put their hands into the bloody wound of human suffering every day. Healthcare professionals must have the religious imagination to find God there. At the tip of the spleen, at the point of the knife, at the rising mercury’s edge—God is in the suffering, and in the compassionate hand that reaches out with healing.

A Franciscan spirit of imagination will also encourage and engage in scientific research for the sake of the sick. Franciscan spirituality is not anti-scientific. All those who wear glasses or contact lenses can thank Friar Roger Bacon for his pioneering work in optics. To find cures for diseases through research, imagining new ways to ameliorate the symptoms of those who are suffering is pre-eminently Franciscan. To do so is to work creatively with the gifts God has given humankind through our sister Mother Earth and through the exercise of God’s gifts of reason and imagination. Perhaps a Franciscan of the twenty-first century will discover a new pharmaceutical agent to treat Alzheimer’s disease.

Franciscan imagination will also challenge healthcare professionals to create new healthcare structures. Perhaps the command of the Crucified Christ to Francis, “Go and repair my house which is falling into ruin,” also speaks loudly to healthcare professionals today, urging them to rebuild the house of healthcare which is surely falling into ruins. Healthcare today is increasingly impersonal. Healthcare today increasingly replaces the incarnational aspects of care with machines. Healthcare today increasingly dulls the imagination, turning patient care into an assembly line, and drowning out the desperate cries of the sick and the poor with narrow-minded mantras, chanted by the gurus of cost-control.

**Conclusion**

Francis saw in the suffering of others the suffering of Christ. He engaged them with a compassion that was personal, incarnational, and imaginative. He saw all around him a people redeemed by the blood of Christ. The blood that
flowed from the five wounds of the Crucified One of San Damiano bathes and suffuses and redeems all people. The blood of Christ made the blood of Francis shake. But one should never forget that the blood of a leper also made the blood of Francis shake—for the sake of the blood of Christ. The blood of our wounded brothers and sisters—the ones we see in our hospitals and offices every day—ought now to make our own blood shake, as the blood of the leper shook the blood of Francis.

In the care of our patients, we stand daily at the foot of the cross. The blood of Christ, the blood of Francis, the blood of the leper, the blood of our patients, and our own blood are all one. For “the cup of blessing that we bless, is it not a sharing in the blood of Christ?” (1 Cor 10:16). Francis almost never says “communion” when he refers to the Eucharist. Consistently personal, incarnational, and imaginative, Francis always says we receive “the Body and Blood of Christ” (Armstrong, Hellman and Short, 1999, 52; Armstrong and Brady, 64). These days it has almost become cliché to say that one’s spirituality is “incarnational.” Franciscan spirituality recognizes that this means real blood.

It was said that the followers of the Poverello would remain vital and strong “...as long as the blood of the poor Crucified was warm in their memory and the wonderful cup of his suffering inebriated their hearts” (Armstrong, Hellman and Short, 1999, 540). This is our challenge in healthcare today: to follow the course of the blood that ran through the veins of Francis. To practice our healing professions in a way that is shown, not said; lived, not recited. To practice in a way that is personal, incarnational, and imaginative. To render compassionate care in the blood of Christ. This is the gospel way Francis showed us.

References


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