Title	**Exploring patients' spirituality by use of the Diamond Model**				
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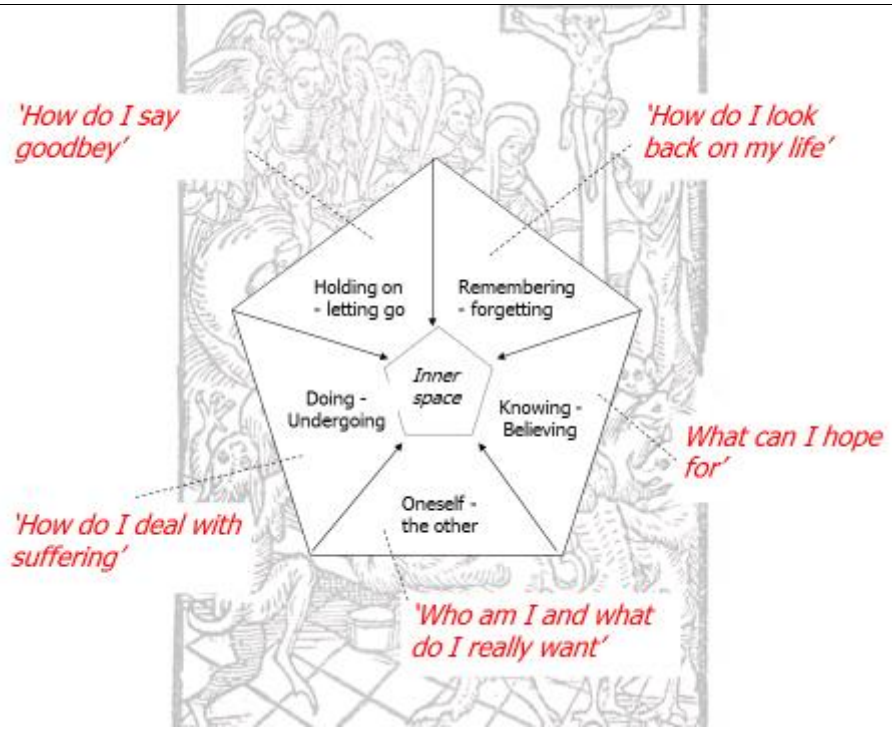
EPICC Standard Competency	General Teaching & Learning	1 Intrapersonal Spirituality	2 Interpersonal Spirituality	3 Spiritual Care: Assessment and Planning	4 Spiritual Care: Intervention and Evaluation
Teaching Group	Nursing				
Year of Teaching	1, 2.				
Learning Objectives	• Recognise patients' spirituality and spiritual needs within the following domains of the Diamond model: ○ Autonomy. ○ Acting. ○ Relations. ○ Balance. ○ Hope.				
Strategy Description	<u>Step 1</u> 15-minute lecture: Introduction of the diamond model and its spiritual domains. For more information about this model see information below. <u>Step 2</u> Students individually choose a patient they are currently caring for during their internship. <u>Step 3</u> Students individually explore the patients' spirituality/spiritual needs by use of the 5 spiritual domains of the diamond model (5 minutes per domain). <u>Step 4</u> Students decide if/what spiritual need(s) should be part of the caring plan for the patient and/or describe the additional questions they want to ask the patient to gain more insight into the patients' spirituality/spiritual needs (5 minutes). <u>Step 5</u> Discussion in groups of 3 where students clarify/explain to each other how they worked out the diamond model (20 minutes). <u>Step 6</u> Plenary discussion/reflection about the use/usefulness of the Diamond model to develop better insight into patients' spirituality/spiritual needs (15 minutes).				

	 **Diamond Model**
Educator's Role	• Introduce the Diamond Model. • Structure the lecture in different steps. • Leading plenary discussion: Examples of spiritual domains, reflection on use/usefulness in nursing/nursing process, questions/comments students.
Resources	• PowerPoint with the above elements of the Diamond Model. • A copy of the Diamond Model for every student.
Learner Assessment	• Analysis of a patient care by use of the Diamond Model. • How do the different spiritual themes work out in the patient? • Provide students with a patient case study (for assessment). • *Analyse this patient case study according to the themes from the Ars Moriendi Model. What these themes do occur and how would you describe the patient situation according to the continuum of each theme.*
Additional Comments	**The Ars Moriendi (also called the Diamond Model)** For more than twenty centuries, dying has been considered as an important event that one should prepare for. From ancient Greek and Roman literature until the nineteenth century many thinkers have contributed to the body of literature that was known as *ars moriendi* (the art of dying). In the fourteenth century, a mortal disease called 'the Black Death' spread over Europe, killing an estimated fifty million people. It disrupted medieval society and traumatized western culture for decades. The dance of death, consisting of **dancing skeletons** is among the most well-known heritages of this trauma. The Black Death was also considered to be a spiritual disaster. It prevented people from preparing well for the transition between earthly life and life hereafter. In particular, when the clergy were among the first to die from the plague, the remaining population was left spiritually abandoned. As a result of this, block prints were manufactured that showed five scenes in which a dying man was depicted in his spiritual struggle. The structure of those scenes was always the same. On one side of the bed, devils and demons were trying to tempt the dying person. At the other side of the bed, saints and angels inspire the dying person to give him an antidote to the temptations. On the last picture there was always a **priest holding a candle and a crucifix**,

comforting the dying man, and one would see how an angel would take him to heaven. Although the order and list of temptations was not always the same, medieval pragmatism made sure that there were always five temptations. Anyone could easily remember them looking at the fingers on one hand. What then were these temptations?

Normally the first attack of the devils would be aimed at the dying person's faith. The weapon used by devils is doubt. There is no heaven, no hell, no Last Judgement. Every human life has the same outcome: death. Nothing more. **On the block prints we see the devils holding up a blanket, keeping out of sight the spiritual world of angels and saints**. But then the angels come into play. And in the **next woodcut we see them encourage the dying person to hold on to his faith** and have confidence in what cannot be seen and trust God.

If faith is preserved, the devils start their second attack: the temptation of desperation. For if there is a God and a heaven, how realistic is it that one will reach such a blessed place? On the block prints we see a 'helpful' devil holding up a list of sins that have been noted during his lifetime. And again on the next picture we see the angels coming in with the virtue of hope. They stress that God's love is endlessly greater. Christ died for our sins.

But, death is also letting go of everything one has become attached to in one's life on earth. The next attack of the devils focusses precisely on what is called avarice (gierigheid). **On the block prints we see a beautiful house with a great wine cellar, wife and children, horses**. The devils formulate uneasy thoughts: 'who will live there after one has died?'. **This time the angels are holding up a blanket**. Whoever focuses too much on what keeps them connected to this earthly existence will never be able to let go of life. It is important to focus on the spiritual world and the things to come. Opposed to varice is the virtue of love, which connects the dying soul first and foremost to God.

After the attempts to undermine the three central virtues of faith, hope and charity, the devils seem to slowly run out of options to win the battle. So they put all their cards in the intensity of the pain and suffering of the dying person. Why suffer so much? Why not put an end to all misery by taking one's life as the Romans and other pagans would do?

Again the angels try to comfort by offering an impressive counter story: 'look at how Christ died, look at all the martyrs who have died for their faith'. Suffering is a temptation we all have to undergo. It can be used for purification and to strengthen the relationship with God.

The last attack of the devils is a piece of medieval psychology. Anyone who has been able to resist the first four temptations must be proud of this achievement. They praise the dying person and tell him how great he is. Pride may develop into complacency (zelfgenoegzaamheid). The angels say: 'humility is the key to religious life'. Accepting that it is not one's own merit, but God's grace.

This *ars moriendi* model is attractive in its simplicity. All struggles of the dying process are summarised into five choices. Nevertheless, there are reasons why it cannot be

transferred to our twenty-first century without running into serious problems.

The problem is that it can only work in a predominantly Christian culture. And one can say that it is too much focused on salvation of the soul, without paying attention to other dimensions of the dying process. And a contemporary art of dying asks for different accents. It should be open to a great variety of spiritual traditions, religious and non-religious. It means that the process of dying is more important than the outcome of heaven or hell. And finally, a contemporary *ars moriendi* should not be so straitjacket. It should offer space for the countless personal ways of dying in our time. Does this mean that the *ars moriendi* framework is not useful in our days? Maybe understanding its real value is only possible when we try to approach it from the side of the spiritual process it was part of. Interpreting the model within the framework of Christian spirituality, we might discover that the model had its place in the context of a lived relationship with God. The dying process would appear as a process of fivefold transformation.

If we look at the block prints from this angle, we can see how there might be an effort to comfort and pacify the dying person. The demonic voices try to fixate the dying person with hopelessness, guilt, fear, pain and pride. The angelic voices try to create perspective and space so that the dying person is able to relax and let go. In essence the spiritual transformation is a process of acceptance and surrendering. Perhaps this can still be of great value for us in the twenty-first century, regardless we are religious or non-religious.

Carlo Leget, who developed this contemporary *ars moriendi* model did for some months participatory observation in a nursing home in the Netherlands. During his observations he met a widowed women in her mid-eighties. She was suffering from a gastric cancer. As the physician entered the room the women immediately asked her in a demanding tone whether she was prepared to 'help' her if the pain became unbearable. She told the physician she had a euthanasia declaration and she wanted to be sure that the physician want to honour her wishes.

Carlo experienced feelings of irritation and resistance inside himself. He thought it was rude of the women to open a conversation in this way, by asking the physician about something as hard and drastic as active termination of her life.

He wondered whether the physician would feel the same. To his surprise the physician responded by saying to the patient that euthanasia literally means 'good death' and that different people understand different things by this term. Reflecting on a good death, she as a physician would think of everything that could be achieved through good palliative care.

But, she continued, other people use the term for active termination of life by a physician at the explicit request of the patient. The older woman was visibly intrigued by these options. She asked the physician to tell her more about this palliative care scenario.

After she did that the patient felt silent. The physician told her she had a question as well. She would like to know what had made her fill in the euthanasia declaration. The women began to tell about her husband who had suffered from lung cancer and severe breathlessness. It was so hard to bear for her and her children that she had

promised herself that she would fill in the declaration form to have a way out. The more she spoke about her husband, the more her tone softened. She was able to speak about what she feared most.

Reflecting on this encounter we see that within a few moments the demanding older women had transformed into a vulnerable grandmother. The open attitude of the physician had obviously created an atmosphere of trust and attention that enabled the women to open up.

Carlo Leget calls this **'inner space'**. It is a state of mind in which one is able to experience thoughts and emotions, without identifying with them or being swept away by them. As a communication technique inner space enables to reflect the expressions of the patient. As a spiritual attitude, inner space is a way of connecting with one's inner life and discovering the many inner voices that inhabit us.

Putting the concept of **inner space at the centre of the *ars moriendi*** enables people from whatever spiritual tradition to join in. When inner space is sought and appreciated in its radical form, it opens up to new experiences and new insights. It is fundamental in its openness. In that way it differs from the medieval *ars moriendi* which is highly moralistic in which good and bad have been well defined beforehand.

Another feature of the medieval *ars moriendi* is the fact that in every one of the five struggles a clear choice has to be made. There is only black (the devils) or white (the angels). This is a quiet dualistic approach. In our days the process of sickness and dying is not according to a straitjacket road map.

In order to keep the new *ars moriendi* as open as possible, the two poles of the model should not be formulated in terms of good and bad. The poles should be considered as general anthropological categories. They are clear enough to organize our experiences and thoughts. But they are also open enough to not limit and close down on beforehand the interpretation of what we experience.

We now can ask ourselves the question how the five struggles could be reframed so that they might be helpful for the struggles people in the twenty-first century encounter.

The last struggle of the medieval *ars moriendi* was between complacency and humility. People who are complacent are satisfied with themselves and do not need anyone else. They are not open to uneasiness, doubt or dialogue. A humble person has both feet on the ground. Such a person situates himself in between people. Complacency and humbleness were moral categories. When we try to reframe them in non-moral categories we can identify the poles of **'oneself' and 'the others'**. The question in our new *ars moriendi* becomes: **'Who am I and what do I really want?'**.

The penultimate struggle in the medieval model is concerning pain and suffering. Here the alternatives were to be either patient or impatient. Again we see a highly moral opposition. Trying to grasp the non-moral content inside these two alternatives one could say that patience is marked by undergoing and enduring. Impatience is associated with taking action and doing something about the situation. So the second central question of the new *ars moriendi* would be: **'How do I deal with**

	suffering?'. This is a question that can be answered by investigating how many voices inside oneself oscillate **between 'doing' and 'undergoing'**. The third struggle concerned all the good things in life and the alternatives of avarice and charity. They both deal with the tension between **holding and letting go**. Holding on to all good things in life, one would never be able to die well. So the medieval solution was to focus on God. In the new *ars moriendi*, the poles of holding and letting go are still valuable, but not as alternatives. The central question is: **'How do I say goodbye?'**. It prepares the way for an answer in the tension between these poles. The second struggle is about the temptation of despair and hope. Looking at the non-moral core of this, one could say that despair is characterised by the destructive power the past can have. By remembering what went wrong in the past, people are chained to something they cannot change. In this situation, the only way to open up a future is to forget about the past. Remembering and forgetting are two non-moral concepts. They can be part of both good and bad practices or actions. The fourth question of the new *ars moriendi* therefore is: `**How do I look back on my life?'**. This is a question to be answered in the space that is opened up by the poles of **'remembering' and 'forgetting'**. The first struggle in the medieval model, finally, was dedicated to the opposition between faith and loss of faith. It deals with having confidence in things that cannot be seen or proven. Faith is about the foundations of our knowledge. In our days people seek for knowledge based on scientific evidence or on knowledge based on faith. The fifth question of our contemporary *ars moriendi* is about: **'What can I hope for?**'. It is answered between the poles of **knowing and believing**. And so we have the total picture of the contemporary *ars moriendi*. This model is now also known as the **Diamond Model** because of the different facets of a spiritual struggle that a person can face. *At first this framework is designed for use in palliative care. I think in its essence it is also useful in other, non-palliative, healthcare settings. The five spiritual struggles can occur in every patient.*
References	Leget, C. (2017). *Art of living, art of dying: Spiritual care for a good death*. London: Jessica Kingsley Publishers.