Stephanie Blyth [SB]: It's very difficult to heal when we're stressed out and feeling isolated and trapped in our clinical room. So when we can take opportunities to, yeah, come into this different headspace, this different realm of feeling outside of ourselves and our worries and our chattering brain is quiet – whether it's being creative or appreciating nature – there's something very big there for me.

[Music: Ascending, bright, twinkly, uplifting, electronic]

Emily Blyth [SB]: This is On Being Ill, a show about creativity, disability and identity. I'm your host, Emily Blyth.

[Music rises then fades]

Today I’m excited to share a conversation I had with Stephanie Blyth – an emerging spiritual health practitioner who is mobilizing holistic heart- and arts-based practice to bring more inclusive care to patients and staff with Island Health acute care in Victoria, BC. During our conversation we talked about strategies for infusing meaning into our everyday lives, the connection between physical and spiritual health, diverse spiritual and creative expressions including art and reconnecting with nature, and the role that creativity plays in recharging from the daily grind, cultivating community, and sustaining a compassionate presence. Here’s that conversation.

EB: Welcome, Stephanie, to the podcast. It's just such an honour to have you here. I was wondering if you would be able to introduce yourself?

SB: Sure. Hi, I'm Steph. I'm a spiritual health practitioner in acute care. And to me that means I seek ways to support and nurture the spiritual well being of patients, their loved ones, and staff members in my workplace.

EB: Okay. And so in that position – I'm just doing my best to imagine what it might feel like or look like for you in this role. And so I'm wondering if you could kind of lead us through that. So I imagine there you are on the island in Victoria, you get a call that somebody – be it staff, be it a patient or family – are in need of support. Can you kind of take us through from that call to the care and even you know, after care. What are some of the considerations that you're taking?
And what are some of the ways that you’re bringing care into these people’s experiences at the hospital?

SB: Mmm hmmm. What really brings me alive and what I’m most passionate about is on the floor, like out on the unit in the hospital, responding to referrals for folks who are in some type of distress – whether it's anxiety around being in the hospital, isolation, family dynamic issues… Being in the hospital is not a fun or preferred place to be. So a lot of stuff comes up. And I find no two visit is the same, no two referral is the same. It's a vast spectrum of…could be some anxiety around being in hospital and feeling isolated, to a poor prognosis that we’re trying to wrap our head around, to end of life care. So it’s really quite diverse in what the day could look like. And I never know. It's a big part of the role to triage what needs immediate attention versus what could possibly be passed on or wait. So I jot down anything I am hearing on the referral, and it usually requires an open mind in order to collect some more data. Things often get lost in translation, and I like to make sure I'm as neutral and open as possible when meeting whomever is asking for support. So let's say it's a patient. And there’s a lot of misunderstanding around the role coming from historically being the hospital chaplain, would have once upon a time been the title of this role. So I need to bring in a lot of open mindedness and patience for expecting that. So as I leave my office with the information I have, I'm cognisant to appear quite welcoming and neutral. I don't wear scrubs, I get to wear inviting clothes – sometimes a funky scarf or a bright blouse. I have my rainbow lanyard around my neck with some affirmative buttons there. I'm very careful not to carry around any spiritual or religious items. If folks request, say, a Bible or a rosary, I'm very happy to bring those directly to them. But I'm cognisant not to carry them on my person, as a part of my trauma-informed approach. I never know...even if I have a little bit of information going in into the referral, I don't want to assume and then disrupt a potential connection with a patient because I come in with a Bible and perhaps they have some church trauma, or they are a part of a different religious or spiritual background or none. And then I'm coming in and right away there’s maybe some closed doors or assumptions from them of what I'm here for. It's very important to me that whomever I'm supporting knows I’m neutral – I have no agenda, no religious agenda at all. I'm here to be a neutral, supportive, human.

EB: Mmm hmm. Thank you. And can you kind of think of any times where that assumption coming from that original role of the chaplain, kind of persists anyways? Right? I mean, you might walk in – you might not look like what people may be expecting to be that chaplain or more pastoral kind of role. But is that, you know, always enough for are there times where those assumptions persist, and you need to work with that within your role?

SB: Absolutely. Just the phrase spiritual care or spiritual health can often make those connections to religious care, religious health. And there's often resistance of humans here. “Oh, spiritual care is here to see you.” And it's right away a “I'm not interested. No, thank you.” I've learned to lean into feeling curious and excited for those opportunities – balancing respect for boundaries as well. I'm never pushy. And I find I'm often able to just wedge myself in a little bit and just say, “I hear you, and I'm simply here checking in to see how your day is going.” Or, you know, “I noticed you have some flowers there, who brought those to you?” Just something to get the conversation going and establish a little bit of rapport. And then usually I'm able to
explain exactly what I just described, you know: “I'm here with no agenda. I'm a neutral, supportive human. And I really just want to mirror and support whatever is important to you.” And a lot of folks have some church trauma. And so being able to hold space for that, and to offer some alternatives. I've seen some incredible release from folks and some healing coming in, as someone from that world who can offer some gentler perspectives, or explore some of the hurts and the pain and how that's human hurts and pain, and this area and world of spiritual health and of whatever that looks like for you – whether it's God or a higher power, that has nothing to do with with humans. And I've seen a lot of radical forgiveness and acceptance around that, and being able to show up with that language. And that understanding, which is so meaningful, and so impactful, to be able to witness that and hold space for that, of being able to name what hasn't been working, what has really hurt folks, and how we can own that and reframe and offer new perspectives, or simply just witness folks’ pain and validate the heck out of the pain that they've been through. So I've seen that, both with patients and staff. And even the explaining of the transition of the role to staff, some, understandably, staff have been resistant to the narrow understanding of what they think spiritual health is. And when I get to explain that I'm here as a non-religious, just compassionate presence, you can see them relax. And then we can have a little bit of a conversation sometimes about what came up for them in that resistance. And usually there's a story there or a hurt of some sort of oppression or ignorance, unfortunately, along the way. So yeah, pretty powerful stuff. And I'm feeling hopeful for the body of spiritual health as a whole, like these values are coming up into the forefront of… even if a spiritual health practitioner identifies as religious, that's great, that's welcome. And there's quite a big emphasis on you don't bring that into the role necessarily. I think it's so critical at this point for my team and in my community of spiritual health folk, to really lean into unpacking what that looks like for them so we're not perpetuating harm in the subtle ways. And it can be very scary, and I've seen a lot of my colleagues who identify as Christian, like, really struggling with that, and my heart goes out to them. And they're doing the work in sitting with it and unpacking that. It can be very easy to feel so threatened by needing to look at that, and needing to look at some of the harm, without falling into shame. Like, that's a key part of some folks' identity. So I'm holding all these pieces. And we can do it; and we need to. We need to unpack the history and the day-to-day, what that looks like, unpack our privilege and our perspectives, and really lean into trauma-informed approaches to care. I really, really hope and see a lot of it, and have and hold a lot of hope, that we can continue to educate our community particularly. Like it's just too close to home. There's so much harm that has been done; is still being done. I would like to see it be a requirement for this role to have some serious trauma-informed approaches to care training.

**EB:** Mmm hmm. I'm kind of reflecting on the ways that in order to take on this role in a trauma informed way that may be more approachable for queer individuals or people who are Indigenous, and may have that kind of familial trauma, in terms of what you mentioned as church trauma. But it does strike me that in order to be trauma-informed, it means putting down some of the tools of the trade, right? It means putting down that rosary until asked or putting down that Bible until asked. And so I'm thinking about what tools are you picking up as you're putting those down, and what tools might you wish were more available for spiritual care practitioners in this work, or might become more available in the future in an ideal world for you?
**SB:** For me, personally – and this is quite often across the board, regardless of religious background or not – folks really enjoy nature. Especially being in a clinical setting like the hospital, they miss the fresh air, the breeze on their face, seeing the open sky. So we do have a beautiful Zen garden in the center of the facility I work at. And I am able to offer that as a tool. I can either bring in flowers from the Zen garden, or I can actually take folks out in a wheelchair or if they're bed-bound, we can make that work too. There are rooms that open out into the garden. So that is an offering that I often make of “Let's get you outside; let's let's go sit in the Zen Garden and listen to the trickling fountain and look at the beauty of the landscape there.” And what that does for folks’ well-being and just be able to have a change of scenery and take that breath of air and feel a little bit of peace or perhaps a little bit of outside of themselves and outside of that clinical room that they're kind of stuck in during their stay. That is a powerful one. And I've seen some beautiful appreciation and transformation and appreciation from family members too of “Oh, you took my parent out into the garden for an hour today.” Like what that does for them to know that they're cared for at that level – not just their physical needs, which are very important, and their safety, and their wellness, and their stay. But someone’s looking out for their, yeah, their mental well-being, their spiritual well-being, by spending that time with them outside or bringing the outside to them. We're starting to understand that healing is multifaceted. And these things are so important for what we're trying to accomplish for these folks who are in hospital, which is physical healing. These things can't be an afterthought or left as not appropriate to be addressed here. I've just seen folks heal so much quicker when their other needs are met. Like the physical healing comes quicker, when things like emotional, spiritual, mental needs are met and catered to and held.

**EB:** It feels to me like a lot of these conversations come from a moment of being human, a moment of kind of being able to slow down, being able to take that hour in the garden – which in our current healthcare systems…I mean, things are just so overloaded at times. And it seems rare for our service providers to be able to take that concentrated time with us. So I can only imagine how unique and important having that support would be for somebody and their families as you mentioned in that situation. And I feel like this is kind of reaching into this part of the human that, as we've talked about, isn't always supported under our traditional idea of health. And to me, there are some connections between how that spiritual self and how the creative self are not always attended to in our health care systems. And I was wondering if you do see any connections between that creative self, that spiritual self and the ways that well being is tied to those identities in your work?

**SB:** Absolutely. For my role, personally, there’s a lot of creative autonomy. I'm very blessed that I'm able to lean into my gifts and what lights me up. So things like nature therapy, or art therapy – just being able to bring that creativity to the role…what that does for my sense of well being and freedom and excitement for work. I don't see that across all professions. They’re much more scripted, and it makes sense. I understand. I also I'm just curious – I wonder what it might be like for there to be more opportunities to be creative, think outside the box, as they say. And for me, I really get the image of, like, thinking outside of your typical thinking brain. Like you're almost channeling something else, perhaps, or a different part of your brain, or a bigger part of you in creative problem solving. We do know that the different areas of the brain that are activated – it’s fascinating – when we’re in that creative problem solving state, versus maybe a
scripted day, and routine. And I've heard from folks, and this is my experience too, of being in that creation headspace too. So we've got the creative problem solving brain – that feels very exciting and wonderful and beyond my own, sort of, day-to-day brain. And then also being able to lean into, like, painting or creating, and getting into that flow state. That feels very spiritual to me. Even sitting in the garden and gazing up at the sky, and watching folks just in awe and wonder, and that feels spiritual to me, too. We're in a different headspace; we're in a different realm. And that's where I think some really deep healing can occur. It's very difficult to heal when we're stressed out and feeling isolated and trapped in our clinical room. So when we can take opportunities to, yeah, come into this different headspace, this different realm of feeling outside of ourselves and our worries, and our chattering brain is quiet – whether it's being creative or appreciating nature – there's something very big there for me.

**EB:** Thank you. And I'm just thinking about two types of therapy that you mentioned, were nature therapy and art therapy. And I know you have mentioned that Zen Garden. But are there any other, kind of, examples or stories that you could share if somebody doesn't really know what nature therapy looks like, or doesn't really know what art therapy looks like? Can you think of any times where an approach has really stood out to you as quite impactful or an approach that you would take forward again, in your work?

**SB:** Yeah, I think being able to bring these tools to the bedside and watching what that does for folks…So I've often brought worry stones or pine cones – to have that tactile experience. And I'm able to either lead them through a little meditation or just, like, “Hold this stone – how does it feel?” “Hold this pine cone – how does it feel in your body?” And the feedback I've heard is that it takes those folks out of a lot of their worry, and can do incredible things like decrease pain….We know that when we're anxious and worried, your pain perception is through the roof. And I appreciate folks who are curious and vulnerable who don't really know what that looks like, and I'm offering “Hey, let's try – this might seem a bit silly – but let's try holding this cold stone and just being present with it for five minutes and turning it over in our hands and how does that feel?” Or some sand from the beach. I didn't grow up near the ocean but folks who grew up near the ocean, they crave it. And when they're in hospital for lengthy stays, they just…they crave the majesty and the openness of the ocean. So I've, on more than one occasion, brought either mason jars full of ocean water or sand and some shells and made like a little ocean in a bucket for folks to have that – not only that tactile experience like I was mentioning with a stone or something – but being able to connect to that part of them that they crave when they're at the ocean; that part that leaves them in awe and wonder or brings stillness or peace, and just reminding our bodies of what that's like by touching the sand or smelling the ocean water.

**EB:** And I mean, I can totally see how that creativity in your role would be so important in feeling comfortable asking someone to grab that stone or going out and making your bucket. I don't think that there's, you know, that kind of protocol for making your patient's sand bucket – although maybe there should be. And how is it that you kind of intuit or make the decision about what approach you might take with a particular patient or staff member? Can you tell me a little bit about what that looks like for you, when you're connecting with somebody and trying to find
the right tool for the right person, given the immense diversity within the patients you see in the role?

**SB:** Yeah, I appreciate that question. It would be easy for me to assume that everyone would resonate with a bucket of ocean because that would be deeply meaningful for me. And that's not the case. So I do have to ensure that I'm that blank canvas and asking the right questions and asking folks – what's most meaningful to you? Or – tell me about a time, or an activity, that you're at most peace? Like these sorts of questions to get to what impacts folks and then we can go from there. So if it's a “I like hiking in the woods,” or “I like bird watching,” then we can start to get creative of, yeah, shall we bring in some dirt? Or listen to some bird sounds? Or watch a nature video? I can bring you some feathers and just connect you to whatever that is in response to those questions. Yeah – tell me about a time that you felt completely still in your brain and connected to something bigger than yourself? It doesn't have to be nature. Lots of times it's art, music, family…simply looking at a house plant and just wondering “How does it know to do that? How does it just know to grow upwards or sideways to get the sunlight that it needs?” So finding whatever that is for you. There's so many different avenues to that, just something that you can lean into – hopefully on a day to day and not waiting for it to be a dire need of “This makes me feel good. This makes me feel connected to something bigger than myself,” and perhaps bring some stillness to that chattery logical brain that's sometimes constantly nattering us, and recognizing it's different for everybody. Like, for me, it's nature and it's meditation, and it's yoga. And that's not going to resonate with everybody. So let's find what that is for you. It could be watching hockey with your family, like that's your sacred ground – great! Just whatever that is, that you can lean into, and the details of what that is I think is less important as really feeling connected to the tool of making meaning and understanding your existential experience, whatever that looks like.

**EB:** What do you do if you don't mind sharing, to help release some of this and to stay well with the stress and heaviness that may come with the work?

**SB:** Great question – very important for sustainability, to take good care of myself, and to check in with my colleagues and ensure that they're feeling like they have permission to take care of themselves. That's a big one. I see a shift in my team. We're all really taking pause and unpacking this notion that we need to sacrifice; we need to go show up all day, every day, and exhaust ourselves in order to feel like we're doing a good job, in order to feel like we're worthy. I'm not really sure. We're really unpacking it as a team. And it's beautiful to watch. And I just wonder, and bring this to my team, like, what would it be like to prioritize our wellness first, and understand life ebbs and flows and productivity or ability to show up will also ebb and flow. So that's a big one for me, lately. I've recently scaled back to part time hours. I was doing full time and couldn't keep up with my own wellness, and it was frightening and scary, but I really wanted to lean into the – what would it look like I were well most of the time? What would that look like in my work life? So that's a big one – is setting some boundaries around what I can give and what I'm willing to give, and still feel well. I am a big believer and supporter of therapy – I have my own personal therapist; there's also a counselor who's available to staff at the Jubilee. So I see them as well, when I need to unpack some specific work related things like a heavy case of some nature – I'll take that to them. More personal things: I have a personal therapist, that I can
just keep this operating system up here well, and functioning well, when I start to smell burning and the sparks are flying, it's time for some care up there. And then of course balancing with things that are life affirming: time in nature, setting boundaries around answering emails, or being on my phone, and just really being present for that recharge time, whatever that looks like, on the day to day. Could simply be sitting outside or going for a hike or taking off for a few days to go camping and turn my phone off. These are so critical for sustainability in this line of work. And then I am noticing lately more than ever, when I'm at work, I feel so present and I'm able to give the level of compassion and presence that I want to be able to give. So that's another, I feel like, misconception of work and productivity and the culture that we're coming from of this five day work week. And just really wondering like how…where along the way is that actually harmful and perpetuating harm. And I can see it in myself. If I'm burnt out, it's more likely that I'm not going to be helpful or be able to show up for supporting someone and that's no good. We don't want that. So I learned this year what processing art is. Which is just like a mindful doodling project or I really love watercolors. So lately, I've just been painting a lot of circles different colours. It's profound, how meditative that is and how I do feel like my brain is processing some stuff with just giving it that task to draw circles, to paint, to look at the different colors – and what that does for my brain's well-being to almost put it in a screensaver mode and refresh some of those pathways and rest and activate a different part of my brain. So I've been learning it's not something to leave for when you feel inspired or for when you feel like you have dedicated time for a creative project or an art project. Creative processes is part of our birthright and part of maintaining this machine that we have here. And that could look like anything from colouring to building something to cooking in the kitchen and just trying new things, being creative. Like, the different parts of our brain that that's using and then that's giving the parts that worry a little snooze and a break, those parts that are ruminating or stressed or activated at work because it's hard work. Like it really gives it full shut-off time, when we lean into creating something, anything.

**EB:** I think it takes such courage in society as it's currently structured to stand up and say, “My wellness is essential to my work.” And so it's essential also to my life. But in terms of a work balance situation, I'm not willing to sacrifice for the sake of the busy. And not only that, but when I do make those sacrifices, then my work itself becomes less effective. And in your line of work, that means the way that I support real human beings, through sometimes the hardest moments of their life, becomes less effective. So, so important to be conscious of that. And I don't know many people in my personal life other than you who have been so proactive to say that I'm not willing to be a part of this; I'm not willing to go through my life teetering between fine and unwell. And so thinking a little bit about self care, I know that you support a really dedicated team at Royal Jubilee, who run the self care cafe with Island health. And I wondered if you could talk about how you've seen that help contribute to staff wellness at Royal Jubilee, and what we might be able to learn from the self care Cafe within our own workplaces and our own personal lives.

**SB:** Sure, the self care Cafe is one of my favourite parts of the role. It's a little community that was started by two nurses who were struggling and needed support. So they started getting together once every couple of weeks for a tea and a craft – some mindful coloring or learning a new craft. It started off as two humans trying to support each other through their healthcare
careers. And in the last couple of years has grown into a community that offers once a month – what they call – a cafe day, which is a drop in for staff… it's on site at the Jubilee. There is a mindful art activity; there's often massage therapy students come in and give 10 minute chair massages; there's treats and coffee and music. We've just recently started having animal therapy dogs come in. So you can just take a break from your work day and engage in an activity that resonates with you. Or if you're like me, I cycle through all of them. I get my massage, then I pet the dog, then I have my coffee, and colour and just connect with my colleagues not out on the floor, like, just have a bit of a sense of community and have some more in-depth check ins of how personal life is going… how work life is going. And the impact that this has had on folks – from what we've heard, and for me personally – is a key part that we're just touching on. It just feels like a drop in the bucket. It certainly doesn't change how challenging it is to be in healthcare. And it gives me this little glimmer of, “Oh, we're touching on something very important” that I hope that higher up and leadership can also tap into in regards to staff wellness, which is community and belonging and spaces like this, to feel seen, to feel valued, to feel like it's okay to take a break, have a laugh, connect with your colleague over something that's not chart-related or patient-related. The ripple effect that that can have is profound, and we don't have enough of it. So I'm excited to see where that goes. It is growing. It's starting to be offered at other hospitals in Victoria here with vision for that to continue to expand. So very happy and proud to be a part of that community. It feels like it has some potential. I mean, it's already beautiful as it is and it just shines a light on what we need and has potential to keep expanding and keep filling those needs.

**EB**: Incredible. Well thank you for leading me through that and sharing that slice of your experience, your role, and that slice of the way that you impact others. It's been really soul-touching for me talking about. As of now is there anything else that's kind of coming up for you – anything that you'd like to share?

**SB**: I just hope for a future that there are more of us. Until recently I was the sole practitioner and in acute care. It's a 450 patient bed facility and there's one of me, so you can imagine, I can only see a drop in the bucket and then accounting for staff as well, who really needs support. So my team is working, and my leadership is working very hard to advocate for the importance of these types of roles. The importance for having this kind of support offered – for what it does for healing. And I was guilty of this years ago, before I learned more deeply of what's actually happening in the brain and the body. It's not just bonus things. Being able to have a colouring page or a stone to hold on to or a cup of ocean water – it's not bonus. It sets us into those spaces where we can heal, which is why folks are here. If they're left in those fight or flight, acutely stressed out head spaces, they're going to be here for much longer than they need to be. So I'd love to end it on that note of – we're working in the right direction and recognizing how important this holistic approach to our humans is. And I'm hopeful and excited for more of these types of roles throughout our acute care.

[Music: Ascending, bright, twinkly, uplifting, electronic]
Our guest today was Stephanie Blyth. You can keep up to date with some of Steph’s work online through Island Health’s spiritual health webpage, or by following the self care cafe’s instagram page @TeamSelfCareCafe.

On Being Ill is researched, recorded and produced on the traditional, unceded and treaty lands of Indigenous peoples across what is now contemporary Canada where each of us on the show is grateful to live and work. Please visit our website to learn more about our relationships with the lands and the peoples who live on them.

This show is produced by me, Emily Blyth, alongside Coco Nielsen, and executive produced by Emilia Nielsen.

Prince Shima creates all of the music you hear on our show. You can find him on bandcamp @PrinceShima.

If you liked this episode, check out more at EmiliaNielsen.com or wherever you listen to podcasts.

If you’d like to get in touch with us, please write to OnBeingIllPodcast@gmail.com. We’d love to hear from you.

And finally, a big thank you to SSHRC, the Social Sciences and Humanities Research Council of Canada, and York University who fund this work through a Knowledge Mobilization grant.

Until next time, let’s create, converse, and crip the system together!

[Music rises in crescendo then fades out]

[End of transcript]