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LESSONS FROM MYSTICISM FOR HEALTHCARE PROVIDERS: HEALTH CARE AS A SPACE FOR INTERSUBJETIVE ENCOUNTERS OF CARE

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Abstract: *Society's deep divisions, fueled by individualism, competition, consumerism, rigid ideologies, and limited dialogue, have impacted health care, leading to weakened connections between providers and patients. In the U.S., heavy reliance on medical technology and the rise of AI have further eroded these intersubjective bonds, reducing empathetic engagement in care. To address this challenge, the paper explores insights from Christian mystics Saint Teresa of Avila and Edith Stein. Teresa's teachings on self-examination and humility, despite her life as a cloistered nun, influenced both her religious order and the broader Church. Meanwhile, Stein's phenomenological approach emphasized empathy and "suffering with" others, viewing compassion as essential for genuine connections. Both mystics offer profound examples of intersubjectivity, fostering bonds of love and care with oneself, others, and the divine. Their insights provide healthcare professionals with a framework for creating intersubjective spaces that honor each patient's unique experience. In a polarized society, insights from these mystics can help bridge divides, encouraging healthcare relationships grounded in empathy and compassion. This paper will argue that healthcare providers can benefit from the mystic approach in creating intersubjective spaces that facilitate the caregiving process in a society marked by profound divisions.*

Keywords: *Health Care, Teresa of Avila, Edith Stein, Mysticism, Intersubjectivity, Ethics of Care.*

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INTRODUCTION

Our societies have experienced deep divisions that often make a path to reconciliation appear impossible. Factors such as individualism, unwavering personal ideologies, a reluctance to engage in dialogue, and a lack of empathy for those with different viewpoints contribute to the divisions and polarization we witness today. Regrettably, the healthcare field is not immune to this reality. A lack of intersubjective connection between healthcare providers and patients is one of the consequences of these societal divisions: healthcare providers often prioritize giving directives, frequently allocating minimal time for direct face-to-face communication with their patients. Additionally, in highly industrialized countries such as the United States, healthcare systems often rely heavily on medical technology. Although the development of medical technologies advances medical interventions and outcomes, an over-reliance on tools tends to further erode the intersubjective relationship between providers and their patients and clients, a situation exacerbated by the emergence of artificial intelligence in medicine.

Recognizing the deficit of intersubjectivity in health care and the need to re-establish emotional and cognitive connections between healthcare providers and patients, this paper will explore the insights of two Christian mystics and thinkers: Saint Teresa of Avila and Edith Stein. Saint Teresa of Avila describes a soul's journey toward God, emphasizing self-examination, humility, and spiritual growth. Interestingly, despite being a mystic and a cloistered nun, she had a profound impact on her religious order and the broader Catholic Church. On the other hand, Edith Stein, coming from a philosophical background as a phenomenologist, emphasized the importance of encountering others without preconceptions - promoting empathy as a central concept. Her journey from philosophy to mysticism deepened her perspective on empathy and the value of "suffering with" (compassion) as a way to connect with the suffering of others.

Both Teresa of Avila and Edith Stein exemplify deep experiences of intersubjectivity that bind individuals to themselves, to God, and to others with love and care. They illustrate the significance of intersubjectivity in creating transcendent, personal, and interpersonal connections. This concept paves the way for healing in mystical self-encounters and offers a space for encountering others as they truly are, fostering care and healing in an intersubjective relationship. In this paper, we argue that healthcare providers can benefit from the mystic approach in creating intersubjective spaces that facilitate the caregiving process in a society marked by profound divisions.

1. MYSTICAL TEACHINGS: TERESA OF AVILA

Teresa of Avila and Edith Stein approached their work from vastly different backgrounds. Teresa of Avila was a Castillian nun who explored the soul's journey to God. She was one to experience visions and raptures, in a true mystical form.[1] This contemplative and cloistered nun was one of the greatest contributors to the practices and methods of mystical theology today. In contrast, Edith Stein was a profound scholar and writer, approaching much of her work from a philosophical background. Although raised in a Jewish household, Stein considered herself an atheist throughout much of her work in academia before eventually converting to Catholicism later in life. In examining the teachings of each of these women and what they may contribute to modern health care, one must understand the fundamentals of their works.

Teresa Sánchez de Cepeda y Ahumada was born on March 28, 1515, in the city of Avila. Although never formally educated, Teresa's father, Don Alonso, insisted that she learn how to read at a young age. She soon grew into a talented writer as well.[2] At age sixteen, shortly after the death of her mother and the marriage of her older sister, Teresa joined the convent of Our Lady of Grace. It was no longer suitable for her to stay at home, and this

[1] Bernand McGinn, "True Confessions: Augustine and Teresa of Avila on the Mystical Self," in *From Teresa of Avila: Mystical Theology and Spirituality in the Carmelite Tradition,* edited by P. Tyler & E. Howells (London and New York: Routledge, 2017), 120–208.
[2] Shirley D. Boulay, *Teresa of Avila: An Extraordinary Life* (New York: BlueBridge, 2004), 8–9.

particular convent was home to many prestigious ladies who were trained in the arts of spinning, making lace, and playing musical instruments, that is, trained to be wives.[3] Teresa knew that she could not stay in Our Lady of Grace, having had no desire to be a wife. Although she struggled greatly with the idea of becoming part of a religious order, Teresa eventually resolved to join the Convent of the Incarnation in 1536. It was there that her journey as a religious truly began.

Shortly after joining the Convent of the Incarnation, Teresa embarked on a journey to be treated for a serious health condition and spent some time with her uncle, Don Pedro. This visit turned out to be an extremely influential event in Teresa's life. During her stay she was gifted Francisco de Osuna's *Third Spiritual Alphabet.* A treatise on prayer, the *Third Spiritual Alphabet* was centered on the idea that the purpose of prayer should be an inner attention to God.[4] This time of reading and practicing from the *Alphabet* was the first of two major conversions, or "conversios" for Teresa, the second coming in 1555. With this second conversion, and bearing the influence of *Alphabet,* Teresa greatly reimagined the way that she approached Christ in prayer.

Teresa's practices of mental prayer center on the experience of Christ – cultivating a personal relationship with Him who lives within us. She prayed to Christ by "re-presenting" Christ to herself and in this way developing an intimate relationship with him. In her second conversion, Teresa was moved deeply by an image of a suffering Christ. She continued to use that specific image in prayer, finding it more accessible to meet Christ in his own pain:It seemed to me that being alone and afflicted, as a person in need, he had to accept me. I had many simple thoughts of this kind. I found the scene of his prayer in the garden, especially helpful; I set myself to be his companion there.[5] Teresa did not look backward toward the gospel; instead, the gospels were her affirmation that Jesus Christ, through his resurrection, opens to us the means to encounter him. This is what prayer is, then, experiencing Christ and developing our personal relationship with Him. In her own relationship with Christ, she de-emphasized the need for scholastic knowledge of God, instead turning her attention toward the mental and sensory experience.

Later in her life and her development of the practice of prayer, Teresa began her work on *Las Moradas*, or the Mansions (in English, also translated as the Interior Castles). *Las Moradas* is arguably now one of the most famous and influential pieces of mystical writing.[6] The Castles does not solely describe the encounter of Christ, but rather the experience of being all consumed by the presence of God. This work demands of the reader self-examination and reflection, humility, and a desire to grow in spiritual wellness. As the soul progresses through the seven mansions, it becomes increasingly consumed by God, more attuned to His will. In this way, the path to spiritual wellness is in line with a desire to work and live for Christ.

> The first mansions of the interior castle are the beginning of the soul's journey to complete unity with God. According to Teresa, this foundation must begin with both self-examination and humility. One who desires to journey through the mansions and grow in spiritual wellness must spend true time learning about oneself and growing in self-knowledge. This may mean a new awareness of faults and an acknowledgment of shortcomings. Only through this growth in self-knowledge can one continue on a pathway of spiritual growth into transformation. Teresa writesSelf-knowledge is indispensable, even for those who God takes to dwell in the same mansion with Himself. Nothing else, however elevated, perfects the soul which must never forget its own nothingness. Let humility be always at work, like the bee at the honeycomb, or all will be lost.[7]

To Teresa, both this knowledge of the self and a further practice of total humility are indispensable. Without either, the soul cannot continue to grow towards the Lord. Teresa's works of *confesión,* abundant in her

[3] Boulay, *Teresa of Avila*, 10–11.
[4] Boulay, *Teresa of Avila,* 25–27.
[5] Teresa of Avila, *The Life of Saint Teresa of Avila by Herself,* translated by J.M. Cohen (London: Penguin, 1957), 67.
[6] Boulay, *Teresa of Avila,* 222.
[7] Teresa of Avila, *Interior Castle*, translated by the Benedictines of Stanbrook (London: Thomas Baker, 1921), 50.

autobiography, are a method of practicing humility and self-abasement. *Confesión* allows her to break down her own walls, recognizing her dependence on, and deviation from the will of God.[8] The soul and the self-fall before the feet of God, recognizing the stark contrast between the created and the all-encompassing perfection of the creator. "While on Earth nothing is more needful than humility," Teresa writes in *Las Moradas*.[9] To begin to grow closer to God means we understand both who and whose we are.

Teresa describes the soul's journey through the following six mansions to culminate in the seventh mansion, where the soul is in complete unity with God. No power can ever separate the perfect marriage of the two. The soul has already recognized its own radical incompetence in humility, and so it becomes acutely aware of and malleable to the will of God. Thus, according to Teresa, the soul's journey rests in not just a place, but a way of living. A soul in unity with God becomes a tool in His Hands, eager to do His work. As she writes in *Las Moradas:* "This is the end and aim of prayer, my daughters; this is the reason of the spiritual marriage whose children are always good works."[10] In unity with God, good works pour out of us, serving not our own means but the will of our perfect partner in Christ.

As her own soul progressed through the complexities of the interior mansions, it is clear that Teresa of Avila worked to do the will of God. She had a profound impact on both her religious order and the greater Catholic Church. Teresa was responsible for founding many Catholic monasteries, invigorating the life of the Church in the post-Reformation period. Additionally, her focus on mental prayer and the intimate connection with Christ opened up her theology to a wider audience: inner attention to God could be practiced by anyone, regardless of status or education. Teresa sparingly used the term "mystical theology" in her writings, straying from scholastic terminology and instead emphasizing sensory experiences and visualization practices that were available to all.[11] Celebrating fifty years of Teresa being declared a Doctor of the Church, Pope Francis wrote a letter describing her impact:

> Her courage, her intelligence, and her tenacity to which she united a sensitivity for the beautiful and a spiritual motherhood toward all those who approached her work, are an exemplary example of the extraordinary role that women have played throughout history in the Church and society.[12]

Today, Teresa is celebrated as a woman of God and a profound contributor to the mystical life. Her works extend far beyond her lifetime: she had a great influence on future mystical scholars and leaves much to learn from today.

2. MYSTICAL TEACHINGS: EDITH STEIN

One such scholar who took much inspiration from the life and work of Teresa of Avila was Edith Stein. Born in 1881 to a large Jewish family in Breslau, Germany (now Wroclaw, Poland), Stein became a pronounced atheist in her teenage years and did not convert to Christianity until later in her life.[13] Around the time of her conversion, Stein read the entirety of Teresa of Avila's *Book of My Life*, and it would greatly influence her further work in the practice of mystical theology as well as her entrance into monastic life. Today, Stein's works are a resource for the modern Christian in understanding the concept of "suffering with" others. They are highly esteemed for their contributions to phenomenology.

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[8] McGinn, "True Confessions," 135–140.
[9] Teresa of Avila, *Interior Castle,* 51.
[10] Teresa of Avila, *Interior Castle,* 289.
[11] Peter Tyler, "'Divine Unknowing': Lessons from the Christian Mystical Tradition for Healthcare Today," Spirituality & Health 8, no. 2 (2007): 38. https://doi.org/10.1002/shi.286.
[12] Pope Francis, as cited in Courtney Mares, "Pope Francis hails St. Teresa of Ávila as Exemplar of Courage and Spiritual Motherhood," *Catholic News Agency,* April 13, 2021. https://www.catholicnewsagency.com/news/247260/pope-francis-hails-st-teresa-of-avila-as-exemplar-of-courage-and-spiritual-motherhood.
[13] John Sullivan, *Edith Stein: Essential Writings* (Maryknoll: Orbis Books, 2002), 18.

Stein was a brilliant scholar, earning her doctoral degree in Germany as one of the first women in the country to do so. Her studies in philosophy and experimental psychology led her to the work of Edmund Husserl, who would later become her mentor in the field of phenomenology. Under his guidance, she wrote and later published her dissertation *On the Problem of Empathy* in 1917. Stein wrote her quintessential work before her conversion to Catholicism in 1922; however, in it, she remains open to "consider(ing) the behavior of believers as a phenomenon worthy of consideration."[14]

In *On the Problem of Empathy*, Stein argues that empathy is, at its most fundamental, the experience of recognizing another consciousness; empathy is the basis of intersubjective experiences in that it connects two cognitive minds. Essential in understanding this writing is differentiating between primordial and non-primordial experiences and content. When an individual experiences an event primordially, they experience it for themselves in their present reality. An individual's memory can thus be explained as being a primordial experience (they are personally remembering) with non-primordial content (the event is, in reality, not occurring). Empathy, like memory, can be explained as being a primordial experience with non-primordial content. What separates empathy from others' experiences: from expectation, fantasies, or memory, is that the content originates from another person, not from the self. In empathy, one does not directly experience the feelings of others, but rather, represents, or re-presents, those feelings to oneself. Stein argues not that empathy closes a gap between the self and the other, but rather that the gap between the self and the other is disclosed. The subjectivity of the other is displayed to us as we attempt to re-present their feelings to ourselves. In this way, empathy is a recognition of uniqueness, an understanding of the radical existence of individual persons.

Stein offers a perspective to see the other beyond the materiality of the body, without denying the body, but seeking to understand the inner life of the person. For her, empathy "is the process of understanding the inner life of another."[15] In this process, one sees the full person, with no dualism, but rather in the apprehension of one's experience and existence in his/her integrality of a living body in the world. Body and inner life are unified in Stein, and they are one-person movement in the context that impacts how the one realizes his/her existence here and now. Stein affirms:

> The world in which we live is not only a world of physical bodies, but also experiencing subjects external to us, of whose experience we know. This knowledge is not indubitable. Precisely here we are subject to such diverse deception that occasionally we are inclined to doubt the possibility of knowledge in this domain at all. But the phenomenon of forming the psychic life is indubitable there… Thus empathy does not have the character of outer perception, though it does have something in common with outer perception: In both care the object itself is present here and now. We have come to recognize outer perception as an act given primordially. But, though empathy is not outer perception, this is not to say that it does not have this 'primordiality.'[16]

Empathy is not a natural personal movement to understand the other, i.e. a primordial experience, but it is the result of an effort to actively engage with the other, who is a subject in the world, a living body that experiences all around. In this effort, it becomes primordial because it is experienced here and now in the relationship with the other. Therefore, this creates an identification among subjects, that is, an intersubjective relationship from a level of consciousness. This relationship of an encounter, which empathy for Stein is "the experience of the foreign consciousness."[17]

When Stein advances her personal journey to engage with Christian faith and thinking, she brings to their reflection the experience of the cross, which becomes informative to participate in Christ's suffering and, so

[14] Sullivan, *Edith Stein,* 81.
[15] Polina Kukar, "'The Very Unrecognizability of the Other': Edith Stein, Judith Butler, and the Pedagogical Challenge of Empathy," Philosophical Inquiry in Education 24, no. 1 (2016): 7. https://doi.org/10.7202/1070551ar.
[16] Edith Stein, *On the Problem of Empathy* (Washington, DC.: ICS Publications, 1989), 4 and 6.
[17] Stein, *On the Problem of Empathy*, 11.

identifying with the suffering of the other. In this perspective, one may argue that Stein expands the concept of empathy as a way to recognize the transcendental or spiritual dimension of "suffering with others" with ethical implications, such as the need for care for those who are suffering. Although scholars suggest that empathy is not a response to people's inner life in the living body,[18] the development of her thought allows us to see empathy as the basis for an ethic of care that looks at those who are suffering.[19]

In *The Science of the Cross*, Stein presents the cross as a formative truth that is "living, real, and effective."[20] She views the cross as a transformative force, leading the soul toward union with God and salvation. This is a journey of unity, in which empathy plays a key role. As her thinking develops, it becomes clear that empathy enables individuals to transcend their own experiences and enter into Christ's suffering, which represents the highest form of empathic connection, that can be elevated to a mystical experience by God's grace. Moreover, empathy bridges Jesus' suffering on the cross and human suffering, allowing us to engage in the redemptive suffering of others and bringing us closer to the mystery of the Cross and Christ's heart. The cross, in her understanding, symbolizes "all that is difficult and oppressive, so contrary to human nature that bearing it feels like a journey to death,"[21] Then she adds: "All these various forms of the love of neighbor have their roots in the love of God and in the love of the Crucified."[22] While the cross holds redemptive value, it also reflects oppression that must be resisted with hope. For Stein, this living power in the world is accessed through empathy, which serves as the means to understand and share in the suffering of others.

3. LESSONS FROM TERESE OF AVILA' AND EDITH STEIN'S MYSTICISM TO MODERN HEALTH CARE

After this brief presentation of some key elements in the thought and experience of Teresa of Avila and Edith Stein, our aim now is to examine whether they offer insights for our contemporary context, specifically for our modern healthcare setting.

Both Teresa and Stein point us towards a future in which health care emphasizes the intersubjective connection -- opening doors for true relationships between patients, providers, and caregivers, rooted in a deep reflective self and an empathic encounter. Teresa shows that the mystical experience is a holistic encounter with God, in which the Transcendent touches the inner life of a person without rejecting the individual body and his/her contextual circumstances. While Stein's analysis of the concept of empathy was developed in her agnostic years before her embracing of the Christian faith, she already points to a holistic experience of intersubjectivity where the inner life is an integral part of the living body. In the encounter, empathy for Stein is "the experience of the foreign consciousness."[23] Later, as a Carmelite nun, Stein develops an account of union with God, in which the cross is a formative process that leads to this union and to the suffering of others.[24] For individuals who do not come from a religious background or do not engage with theology, these Christian thinkers can provide valuable resources for healthcare practices rooted in self-awareness and recognition of our own humanity. In an acknowledgment of the intersubjective nature of others, there is a fostering of the interconnected approach to care characterized by humility, reciprocity, and trust. Let us offer some lessons learned from these mystical thinkings of the Christian tradition to health care, especially for the relationship between health providers and patients.

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[18] Polina Kukar, "'The Very Unrecognizability of the Other,'" 7.
[19] Astell, Ann W. "Saintly Mimesis, Contagion, and Empathy in the Thought of René Girard, Edith Stein, and Simone Weil," *Shofar: An Interdisciplinary Journal of Jewish Studies* 22, no. 2 (2004): 125. https://doi.org/10.1353/sho.2004.0001.
[20] Edith Stein, The Science of the Cross (Washington, DC.: ICS Publications, 2002), 17.
[21] Stein, *The Science of the Cross*, 17.
[22] Stein, *The Science of the Cross,* 297.
[23] Stein, *On the Problem of Empathy*, 11.
[24] Stein, *The Science of the Cross,* 273.

A. Self-Examination and Humility

For Christian practitioners who seek to apply concepts of mystical theology to their modern practice, one must begin by seeking to attend first to the Christ within them. With this foundation, it is possible to further seek to encounter Christ within the world, and more specifically within the patient-healthcare provider interaction. In *Las Moradas,* Teresa of Avila describes the necessity of beginning the soul's journey to Christ with self-examination and reflection. Self-examination requires daily prayer and increased communication with Christ: as Teresa described, prayer is meant to be continuous, an act of representing Christ to oneself. In this way, prayer becomes less of a formal practice. "[Teresa] encourages her daughters to be with Christ as with a friend," writes Mary Joseph Daly, a contemporary Carmelite nun. "She suggests speaking to Him, not with ready-made prayers but spontaneously, and then growing silent in order to listen."[25]

Christian providers and healthcare workers who desire to begin applying mystical theology to their practice find in Teresa's life and work an example of self-examination in Christ. Through "intimate conversations with God" as stressed by her, they may become more familiar with the Christ working out of them. Perhaps the provider integrates more daily prayer between patients, searching for Christ's guidance and waiting to listen. Perhaps the physician follows Stein's example, taking quiet morning time daily to communicate with God, and bringing those reflections with them during the day.[26] These practices help to build and cultivate self-examination and awareness. For Teresa and Stein, this is essential for our relationship with God and with others.

As Teresa and Sein teach us, the consequence of working through continual self-examination and daily prayer will be a newfound humility in the constant experience of Christ. This, too, is part of the soul's journey toward unity with God, as Teresa describes. In intimate daily connections with Christ through prayer and meditation, a provider or healthcare worker may become more attuned to their own shortcomings and to both the vastness and greatness of God. This found humility can then be brought forward into the personal and professional life, and for the medical professional, into the patient/clinician interaction. Humility in medical practice should not be understood as a direct translation of Teresa's radical humility before God. Rather, it serves as an inspiration and ethical impulse to cultivate a clinical practice rooted in humble, respectful relationships with patients—an ideal that shapes and guides patient/clinician interactions. In humility, the provider begins to recognize their career in a countercultural manner: not as prestigious or economically advantageous, but as a means to be mere hands in the tremendous love of God. This love has been experienced by the spiritually attuned provider who practices self-examination and daily prayer; he/she seeks to allow their patients to experience it as well. As David Sulmasy writes:

> Christianity will provide for physicians a motive that is generally other-regarding…while economists continue to claim that the only reason anyone does anything is out of self-interest, Christianity proclaims that the world's deepest truth is love, and a Christian physician will be motivated to practice medicine as an act of love.[27]

With a motivation of love, any physician, provider, or caregiver has God-given intentions for approaching the practice and art of medicine. These intentions of service become an expression of love through a medical practice based on genuine encounters with patients as they truly are, persons with inherent dignity.

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[25] Mary Joseph Daly, quoted in J. Robson, Mary of St Joseph, and Philomena Sargeant. "Living the Teresian Tradition in the Twenty-First Century: Thoughts from Praxis," in *From Teresa of Avila: Mystical Theology and Spirituality in the Carmelite Tradition*, edited by P. Tyler & E. Howells (London and New York: Routledge, 2017), 124.

[26] Edith Stein, in *Edith Stein: Essential Writings* ed. John Sullivan (Maryknoll: Orbis Books, 2002), 38.

[27] Daniel. Sulmasy, "Christian Witness in Healthcare," *Christian Bioethics: Non-ecumenical Studies in Medical Morality* 22, no. 1(2016), 58–59. https://doi.org/10.1093/cb/cbv033.

B. Finding Christ in Every Patient is a Valuable Teaching

In a deeper desire to apply mystical theological practices to their profession, providers and healthcare workers committed to the Christian faith must look to find Christ out among and within the world. In the healthcare context, Christian tradition teaches that the provider should seek to encounter Christ in each patient; the spiritually attuned provider recognizes God not only within themselves, but in others, an appeal from the biblical teaching when Jesus said: "I was…sick and you visit me… As you did this to one of the least of these brothers of mine, you did it to me" (Matt. 25: 36, 40). As Daniel Sulmasy writes in *Christian Witness in Healthcare*: "Christ can be encountered in the sick. A Christian physician must cultivate sufficient spiritual awareness to appreciate and understand the deepest truth of the patient-physician encounter--to witness the Christ event unfolding in healthcare."[28] In this understanding, a provider now seeks true intersubjective connections with their patients: they look to fully recognize their patients in their humanity and also as bearers of God. They seek not only to teach others, but to learn from them as well.

A provider who understands his/her patients as representatives of Christ seeks to always act with both intention and reverence. The outcome of this is patient recognition: the provider or caregiver fully recognizes each patient and seeks to connect with them. In his memoir describing his experience of being critically ill, author and sociologist Arthur Frank wrote: "From physicians and nurses…I do expect recognition…critical illness takes its travelers to the margins of human experience…I want that journey to be recognized."[29] Recognition can take many forms, but often it involves direct intention, a change in attitude, or a change in language. A mystically attuned provider takes concrete actions: they answer pages promptly, address staff courteously, and understand that every scan, test, or lab is ordered as if for the son of God. Although time restraints are a constant barrier for the provider in modern America's healthcare system, the spiritually attuned provider seeks to use their time with patients meaningfully, seeking to comprehend and not just to direct. The provider listens intently with face-to-face communication. They allow time for the patient to ask them questions directly and seek to explain things in a manner that is accessible and empowering. In recognizing their patients as Christ-bearers, the spiritually attuned provider will act intentionally and with love, striving for every patient to feel fully heard and recognized. This is the foundation of the creation of an empathetic encounter between intersubjectivities.

C. Empathy in Healthcare: Suffering with and for Christ

In the deepest pursuit of learning lessons from mysticism for practices in clinical work, the healthcare provider does not only recognize Christ in his/her patients, but empathizes with them. As Sulmasy writes: "For a Christian physician, the cry of the patient is the cry of Christ from the cross. The first act of witness is to listen to that cry. Such true obedience points the way from sympathy to empathy."[30] In Teresa' and Stein's work, one found a path to meet Christ in his suffering, and to suffer alongside him, spiritually and historically in the suffering of others.

As mentioned earlier, in *The Science of Cross*, Edith Stein offers an account of the cross of Christ, presented as a formative truth real and effective in history that leads us to God, to the other, and to salvation.[31] But the cross also represents oppression against people and, as such, it must be rejected. Although the cross has a redemptive value as a result of the Crucified Jesus who identifies with the historical suffering of individuals and communities, it also shows an oppression that must be rejected with hope. For Stein, this is a living power in the world.[32]

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[28]Sulmasy, "Christian Witness in Healthcare," 53.
[29] Arthur W Frank, *At the Will of the Body: Reflections on Illness* (Boston: Houghton Mifflin, 1991), 54.
[30] Sulmasy, Daniel. "Christian Witness in Healthcare," *Christian Bioethics: Non-ecumenical Studies in Medical Morality* 22, no. 1(2016), 59. https://doi.org/10.1093/cb/cbv033.
[31] Stein, *The Science of the Cross*, 17.
[32] Maskulak, Marian, "Edith Stein and Simone Weil: Reflection for a Theology and Spirituality of the Cross," *Theology Today* 64 no. 4 (2008): 447–449. https://doi.org/10.1177/004057360806400403.

In her work on empathy, Stein offers a foundation for developing a sensitivity to the other who suffers, which she later identifies with the suffering of Christ on the cross. Her phenomenological analysis of the concept of empathy is still present in her spiritual journey and theological reflection on the relationship with the crucified Jesus. Therefore, her account of empathy is central to understanding her development of an account of the awareness of the other, as a "foreign consciousness," and the awareness of the cross as a fundamental truth. Stein described the foundation of empathy as encompassing an awareness of the presence of "otherness." She emphasizes the *disclosure* of the gap between the self and others, an increasing awareness of the individuality of other persons. However, empathy is not a perception of the other in his/her situation, like his/her suffering, as I know how to place myself in his/her situation. Empathy is a "we" as "the subject of empathing"[33] in which "empathy is not outer perception,"[34] but rather a perception of the other as he/she is in his/her inner life in a living body.[35] One connects to this subjectivity of the other in his autonomy and authenticity, without suppressing his "I" nor taking the place of the foreign "I". Later in her mystical writing, one can see this same empathic relationship with God, in which the individuality of both the human person and the divine person encounter in a mystical union. One "I" does not replace nor is suppressed by the presence of the "I" of the other, but rather there is a "we" in which the human person is allowed to participate in the mystery of God.

There is literature that shows the relevance of Stein's account of empathy for the healthcare context.[36] It is not difficult to see this connection in a context where care for the other is part of its nature. In health care, suffering with and for others indicates an identification of the uniqueness of human pain. Stein's account of empathy is valuable for healthcare because it recognizes the uniqueness of individual experiences and suffering. An empathic provider recognizes the patient as a full person – an integral being, with a living body united to an inner life – and, thus, aims to understand what is most significant in caring for each patient in her/her individuality. In our modern health system, an empathic provider offers a practice of resistance to any mechanic protocolar (one-way fits all) culture of healthcare delivery. He or she seeks to individualize his/her practice, refusing to group patients together based on their condition or various demographic factors. This perspective does not discount the potential of medical technologies to offer innovative means of enhancing communication among healthcare providers and improving clinical practice. However, their use should be guided by the clinician's critical discernment of their contextual relevance and efficacy in fostering personalized care and promoting intersubjective engagement. Care then becomes sustained by an empathic relationship between subjectivities that mutually support one another. In this way, the spiritually attuned provider looks to work beyond modern groupings and preconceptions, in opposition to the many injustices present in America's healthcare system.

D. Care as Recognition to Be with the Other

In the Christian tradition, compassion has been one of the foundations for offering care to someone in suffering. In this perspective, care begins with a movement of "being with" that is *com-passion*: *with passion*. Therefore, care is understood as being with those who suffer with passion, with love. Modern medicine and healthcare technology can be built upon this. In this tradition, the mystical encounter with the Transcendent is an experience of care –

[33] Stein, *On the Problem of Empathy,* 18.
[34] Stein, *On the Problem of Empathy*, 6.
[35] Ann W. Astell, "Saintly Mimesis, Contagion, and Empathy in the Thought of René Girard, Edith Stein, and Simone Weil," Shofar: An Interdisciplinary Journal of Jewish Studies 22, no. 2 (2004): 121. https://doi.org/10.1353/sho.2004.0001.
[36] Sylvia M. Määttä, "Closeness and Distance in the Nurse-Patient Relation: The Relevance of Edith Stein's Concept of Empathy," *Nursing Philosophy* 7, no. 1 (2006): 3-10. https://doi.org/10.1111/j.1466-769x.2006.00232.x; Kate Richardson, R. MacLeod and B. Kent. "A Steinian Approach to an Empathic Understanding of Hope among Patients and Clinicians in the Culture of Palliative Care," *Journal of Advanced Nursing* 68, no. 3(2011): 686–694. https://doi.org/10.1111/j.1365-2648.2011.05793.x.

something that occurs in the instant of a second – leading to the mythical experience beyond time and space, and then returning to the historical reality transformed by the mystical encounter. It is an experience of compassion that leads to embodying compassion in the world in the relationship with others.[37] Teresa of Avila and Edith Stein are representative of this mystical tradition. Considering the healthcare context, being with others who suffer as the foundational realization of care is essential for health care to take place in a relationship of trust. This foundation cannot be diminished by the use of modern medical technology and the imposition of certain protocols to secure the interests of the health industry, such as those related to economic growth in a market-based health system.

As Terese affirms, humility is the foundation for the mystical encounter and its first result. For Stein, empathy is not simply helping others, but further a personal revelation in which "we become conscious of our own deficiency or disvalue."[38] This self-awareness of personal limitations and fragility makes the person strong, as apparent a contradiction as it is the contradiction of the cross, the worst punishment and the hope for salvation. Aware of one's own fragility, one has a clear space in the self to recognize the other in his/her suffering and, thus, engage in a process of care as an empathic provider. Suffering with others requires being attentive to the many negative stereotypes and biases that influence health care and impact our way of delivering care or even prevent us from offering it, being comfortable with a model of healthcare delivery in which impersonal relationships are always mediated by medical technologies and protocols as primary foundations for medical care. Racism, sexism, and classism are major challenges in health care affecting patients and providers alike. In the United States, racial and ethnic minority groups experience higher rates of illness and death across a wide range of health conditions.[39] In order to fully attend to the uniqueness of every individual's pain, the spiritually attuned provider desires to avoid working with preconceptions at all costs and understand the structures responsible for creating and maintaining these challenges. For this, a provider must be aware that health care is more than the ability to use a medical tool or prescribe a medication. Self-sacrifice and humility seem core for the development of this awareness and sensitivity to realities impacting patients, for as Teresa taught, "as long as any human being is suffering, Christ is there suffering with that person."[40] Meeting Christ in his suffering involves finding those who are discriminated against and suffering alongside them; it means working against social disparities in health care both through one's individual practice and through policy or broader action. The provider must continually educate themselves on issues such as racism and sexism within health care, becoming aware of how social disparities affect their patient panel. The provider may find the daily language they use changes, becoming more inclusive and containing less prejudice.

Suffering with or for others requires attention to medical social injustices, historical contexts, and people's social and personal dramas beyond one's own individual practice or place of work. A suffering Christ is present in every individual's pain, especially those who do not have accessible or affordable health care. "A corporate Christian witness in healthcare…will resist the callousness that ignores or cynically neglects the concrete healthcare needs of the undocumented, the uninsured, or the underinsured," writes Daniel Sulmasy.[41] The spiritually attuned provider is politically and socially involved, working for and within their communities on social issues that demand his/her attention. He or she attends to Christ where He is the most ignored or overlooked, as Teresa and Stein described. The Christian attitude in health care is far deeper than sympathy. It is muscular, active, and always aware: working to empathize with patients, recognize their subjectivity, and fight against social injustices that affect them.

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[37] Alexandre Martins, *A Pobreza e a Graça: Experiência de Deus em Meio ao Sofrimento em Simone Weil* (São Paulo: Paulus, 2013), 199–223.
[38] Stein, *On the Problem of Empathy*, 116.
[39] Centers for Disease Control and Prevention (CDC), "Racism is a Serious Threat to the Public's Health" in *Minority Health*. September 18, 2023. https://www.cdc.gov/minorityhealth/racism-disparities/index.html.
[40] Gillian T. W. Ahlgren, "Wise Action in a World of Suffering and Injustice: Teresa's Vision for Today," in *From Teresa of Avila: Mystical Theology and Spirituality in The Carmelite Tradition,* edited by P. Tyler & E. Howells (London and New York: Routledge, 2017), 112.
[41] Sulmasy, "Christian Witness in Healthcare," 60.

CONCLUSION

When we began the research for this paper, the question behind was: Do Healthcare Providers Have Lessons to Learn from Mysticism for Their Practice? Although the healthcare context has a strong secular character, we sensed that mystical tradition could offer insights into this context, especially for the practices of health professionals. In addition, we are aware of the impact that religious traditions had on inspiring people to provide care to those who were sick, and also in leading them to create houses of care and then institutions of care, the origin of what we call today hospitals (from Latin *hospitalis* – hospitable or a guest – and its variation *hospitium,* used to refer to both a place for guests and the relationship of hospitality between a host and guest). Hospitals were understood as a place to welcome a guest who needed help to recover, and hospitality was the key element of this relationship of care. Therefore, houses of care – hospitals – were not simply places to deliver technical services, as they are viewed today. The research that resulted in this paper demonstrates that there are lessons from mysticism for contemporary healthcare practices, lessons that are valuable for religious-inspired caregivers and clinicians, but also for all those who seek to care for their patients with hospitality. Grounded on the writings and experiences of Teresa of Avila and Edith Stein, mysticism shows us that healthcare contexts can be (and should) spaces for intersubjective encounters of care.

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