

Spiritual care

What does it mean to be spiritual? What does it mean to be religious? In the previous chapter we have already noted the impact of increased ethnic diversity within Western Europe and the USA, and the loosening of the bonds between individuals and the ancient faith traditions and communities. The sociologist Thomas Luckmann, writing in the 1960s, offered a particularly insightful and prophetic comment about the shift in people's belief patterns: 'The modern sacred cosmos legitimates the retreat of the individual into the "private sphere" and sanctifies his (or her) subjective autonomy.'¹

The shift and loosening of people's belief patterns and behaviours is likely to continue throughout the next decade and beyond, and it is perhaps too soon to speculate about the ultimate impact that these changes will have at every level of society. It is helpful to begin to understand this significant shift from a variety of perspectives, and not simply from the perspective of locating its cause solely within a secular and dominantly materialist culture. I believe that this shift marks a deeply significant change in how people believe, and what they need from and seek in any belief system. As western society has become characterised by highly individualist and more sophisticated behaviours and choices, this has manifested itself not only in an overt emphasis upon choice and personal development – whether in the shopping mall, the restaurant or the hospital – but also in relation to people's relationships at home, in the neighbourhood, and nationally. Given this broad context and emphasis, perhaps it is not surprising that individuals have taken another look at the faith of their parents and grandparents, and of the cultural community, and have begun to question their relationship to and with it in fundamental ways. Did the German theologian Dietrich Bonhoeffer have an inkling of this more open-weave context of individuality, society and religion in mind when he wrote of 'a world come of age'?² Although it might appear that Western society is becoming more secular, the reality may reflect a more private spirituality than an overt and communal religious practice. Again Thomas Luckmann seems to have the apposite term for this development – he calls it 'Invisible Religion.'¹

It would seem that the challenge to religious institutions is to engage with these changes in ways that open and maintain a creative dialogue with those who question them and what they represent. Given this context, it becomes possible to recognise that many people may not

necessarily have taken their leave of God and belief, but that they have detached themselves from the faith families. As a healthcare chaplain working in the UK National Health Service (NHS), I encounter many people – staff and patients – who no longer have an active adherent faith, but who do have an active spiritual life which draws upon one or more religions in positive ways to inform and enrich their lives. Equally, there are many people who describe themselves as spiritual without having any relationship to any specific faith tradition.

Believing without belonging has therefore become far more commonplace among many more people. In the USA, the ARIS Survey 2001 asked respondents ‘What is your religion, if any?’ The replies indicated fluidity in the variety of adherence, identification and affiliation among the population. The authors of the Survey sought to capture this fluidity in the following terms: ‘identification as a state of heart and mind and affiliation as a social condition.’¹

However, even these terms will contain diverse and subjective meanings and interpretations as individuals attach different significance and value to each of them. The authors of the ARIS Survey also suggest that:

*religious identification may well be a social marker as much as a marker designating a specific set of beliefs. For some it may be a reflection of a community or family anchor point to one’s sense of self. For others still it may simply be the ‘gut response’ evoked by the question ‘What is your religion, if any?’, without any wider emotional, social or philosophical ramifications.*¹

Given the increase in this exciting and perhaps rather puzzling diversity and fluidity in relation to religious belief, affiliation and identification within the populations of Western Europe and the USA, it is clear that, although religious belief may appear to be waning in terms of traditional practices of participating in a local faith community, its influence upon the way that people live their lives is not decreasing. What emerges is evidence that for many people it is possible to be culturally religious (e.g. many Jewish people have this relationship to their religion), while others may engage in non-religious spiritual practices as a means of investing their lives with meaning and purpose.

So what does it mean to be spiritual? And what is the place of religion within spiritual care as provided in healthcare institutions? Where does ‘spiritual’ belong? What is ‘spiritual care’? There are further questions. Is any spirituality and spiritual discipline found only within and belonging to religion? Does religion have the sole and prior ownership of anything spiritual? Is it possible to have a spiritual life while not professing any religious adherence or specific faith? What difference, if any, is there between spirituality and religion?

This chapter will begin to map some of the routes that have been taken so far, and which might be taken, in response to some of these questions.

Yet both the questions and their answers belong rightly within the public as well as the private domain. Naturally they belong centrally within the domain of the main religions and of all who seek to engage with a spiritual life and to derive meaning and purpose for their lives through it.

A dictionary definition of the word 'spiritual' presents us first with a non-specific concept: 'of or relating to, or affecting the human spirit as opposed to material or physical things.'³ Secondly, it offers us a more focused definition: 'of or relating to religion or religious belief.' A dictionary definition of religion provides several linked responses: 'the belief in and worship of a superhuman controlling power, especially a personal God or gods; a particular system of faith and worship; a pursuit or interest.'⁴ A religion is a system of faith and worship, both of which express spirituality. Each religion has its own characteristics and, at best, provides room and encouragement for the exploration and expression of a variety of spiritualities within the overall framework of the beliefs, traditions and practices of the faith. It must be emphasised that religion and a religious belief should never exclude spirituality and a spiritual discipline or framework. Conversely, it should never be assumed that because a person does not subscribe to a particular religion they do not have any spirituality or interest in seeking spiritual meaning for their life.

Although such definitions provide us with a starting point, some might regard them as unhelpful and limiting. However, we can ask the following question: 'What affects our spirit?' We might begin to answer this question in terms of emotions as well as in terms of external factors that have a direct effect upon our lives, both practically and in relation to how we feel. We might also ask, in relation to this question, 'Who affects our spirit?' Our response to this question will begin to engage us in a consideration of the significant relationships that we have had and still have, and how these relationships nourish our spirit and our sense of purpose, of belonging, and of meaning in our lives.

When considering what it means to be spiritual, it is helpful to consider not only any particular religious belief that a person may have, but also other aspects of their life which they regard as important – not only their relationships, but also their work, hobbies, the sports they enjoy, etc. Some people take a distinctly philosophical and non-religious approach to life that excludes any reference to a power other than themselves. Examples of such an approach – which could be termed a belief system – include atheism, existentialism and humanism. However, whether approached from the context of religious faith or from the context of a specific or general philosophical and existential understanding, the search for meaning and purpose in life is common to all, and provides a foundation from which to begin to frame a broader set of definitions of what we understand the term 'spiritual' to mean, and how spiritual care within healthcare environments might be formulated.

So it may be misleading to think that because the number of people who

profess any form of religious faith and practice would seem to be dwindling in western society, an interest in and curiosity about a spiritual element to human existence is also declining. There appears to be no such decline. By contrast, there is evidence of increased interest in New Age belief systems, as well as an eager market for what have been termed 'human potential movements.'⁵ Those whose curiosity does not take them into such movements often retain or initiate a new connection with a traditional religion, while not wishing to subscribe entirely to its dogma and practices. Such people engage in what is known as 'supermarket religion' – taking elements from the shelves of several religions which have some meaning for them and which they can use as resources for their lives.

Another misleading understanding is that western society has become essentially materialistic and secular. Apart from the increase in the number of people who are actively seeking to discover more about different spiritual disciplines and traditions, with a view to engaging with one or more of them, there has been no significant decline in the number of people who adhere to common religion. Although a spiritual or religious belief and practice is regarded as a private matter, despite the emphasis upon supermarket religion, a belief is never entirely self-generated, but emerges not only in relation to the person's disposition in terms of thought and feeling, but also in relation to the prevailing context. Thus it may be more accurate to talk in terms of a common religion rather than of (and only exclusively of) a private one. Common religion encompasses the less mainstream elements of faith, belief and practice. Some aspects of common religion will have strong links with the orthodox beliefs of a particular religion, while others will be associated with different religious beliefs, or with practices dissociated from the belief system. Even within such a pattern there will be considerable variation in the beliefs, so that it becomes easier to think of these as being set within a very broad spectrum. This type of relationship with orthodox, mainstream religion is not restricted to the Christian tradition, but can be found within other religions, although to a lesser degree. This notion may tally with the ARIS reflection upon the difference between identification (common religion) and affiliation (a matter of active commitment and participation).

Common religion encompasses such habits as requesting a religious service from the local church (or Temple, Mosque, Synagogue, etc.) without the individual ever having had a strong connection with the faith community, except in some peripheral way. Within a healthcare setting, this request may be reformulated as requesting a Chaplain to attend a death or to officiate at an emergency baptism (if the patient is a Christian), or to arrange a wedding for a terminally ill patient. The provision of the rite does not depend upon the devotion and faith commitment of the person who makes the request. However nominal the person's attachment to the faith community (which the Chaplain

represents at that point) might be, their strong spiritual and emotional need for the particular rite of passage to be provided at that time and in that particular circumstance overrides this.

Another category that has been proposed to try to encapsulate the pattern of believing but not belonging entirely is that of customary religion.⁵ This term relates to a set of beliefs that still retains a connection, however loose, with the official teaching of the Roman Catholic Church. In a hospital setting, this is manifested as a request for the Catholic Chaplain to provide 'Last Rites' (a sacramental ministry of anointing with holy oil and administration of Holy Communion), even though the patient may have lapsed for many years and may even have turned away from the beliefs and practices of the faith. This represents one end of the broad spectrum of common or customary religion in which there are frequent strong links and associations with the Christian faith. At the other end of this spectrum may be found beliefs and practices that are now more closely linked with New Age practices. These include spiritual healing outside the remit of the Church's ministry of healing provided by registered Spiritual Healers, as well as the paranormal, and a further spectrum of psychic practices. These practices and the belief systems that they contain are not easily quantified or set within a clearly defined framework of belief (and it might be asked whether they need to be), but they are frequently a very forceful element of a person's response to crisis. For example, an acutely ill patient may be in bed surrounded by religious artefacts and charms belonging to several faiths, and to none in particular, even though their religion has been given as Hindu.

Many people are happy to admit that they 'believe' but that they no longer 'belong' to a particular faith community, as if they have grown out of it as well as away from it. This reflects the 'supermarket' approach to religion, and is reminiscent of the thought that 'one is nearer God's heart in a garden than anywhere else on earth.' This particular approach is relevant to an individual who does not make an active choice to pursue the 'Ariadne thread'⁶ of curiosity, faith and belonging any further. The consequence may be that such individuals are left without a framework for further enquiry and development, and may tend to drift into other even more formless expressions and experiences of the religious and the spiritual. This pattern is in line with the postmodern emphasis upon fragmentation and self-fulfilment – that the individual will be able to construct from the fragments a coherent belief system for him- or herself.

By contrast with the free-flowing individual approach to belief and belonging, there is another pattern of modern religious behaviour that moves in the opposite direction, towards a reassertion of traditional beliefs. Conservatism within religion is very much alive and well, and accounts for much that is in protest against what appear to be permissive and highly individual cultural patterns. Yet such conservatism may also be found within secular cultures and competes with its religious counter-

parts. So even at the conservative end of this very broad and lengthy spectrum there is a bewildering variety of beliefs and practices that are in active use. Healthcare will benefit from an awareness of these nuances in order to avoid the easy stereotype and to be able to engage with the patient in their care.

Both within and without religious communities (faith families) there is a developing emphasis upon what could be termed 'right relationship' – with oneself, with others, with one's physical environment and with the global environment. This reflects an organic approach to life that regards everything as sacred and as being in relationship, so that if one part of the body is unhealthy, the entire body (the globe) suffers.

New Age movements place great emphasis upon these varied and related elements of right relationship, seeking and working towards wholeness. Wholeness then becomes a spiritual concept that emphasises the sacredness of all life. This belief is found among many ancient beliefs, such as the Native American traditions and many African tribal religions, as well as within the varied manifestations of Paganism. New Age spirituality is, in general, distanced from the major faiths and their teachings, although the common thread to each is the emphasis upon right relationship, albeit primarily with God, with all other relationships consequentially falling into rightness. New Age beliefs are often regarded, perhaps unhelpfully, as rivals of orthodox belief patterns, especially since there is no pressure with regard to individual assent to a particular dogma, which is often seen as a major advantage.

As increasing numbers of people turn to unconventional and untraditional spiritual pathways, so the 'marketplace' of religions is open to fresh influences which have the potential to assist in the reframing of old debates, tensions and sometimes rather proprietorial attitudes towards what is spiritual and what is religious into more expansive exploration.

Essentially there seems to be no place for any dichotomy between the practice of a religion and a spiritual life – together they represent the two sides of the same coin – although the quality of both will vary and will be dependent upon external factors such as the cultural environment, the size of the faith community, the freedom to observe one's religion, the personality of the person concerned and the various influences upon them, as well as upon their personal preferences for certain aspects of their faith. As the earlier parts of this chapter have illustrated, a spiritual life may take many forms and have different emphases. Some of these will overlap with concepts that are found in other areas, while others will belong only to a particular religion or spiritual movement.

It is important to emphasise that the main religions, as well as some of the newly emergent spiritual movements, have tremendous resources for the creation, nourishing and sustaining of a spiritual life – taproots reaching into deep wells whose foundations were set thousands of years ago. Yet it is also possible to say that spirituality, and a spiritual life, are not

necessarily the preserve of the main religions or indeed of any spiritual development movement. It seems reasonable to assert that the search for a meaning and purpose for our human existence is common to us all, and is not only the domain of those who have a religious faith. The form that this search takes is necessarily and significantly varied. It also seems reasonable to assert that there are likely to be areas of commonality where the religious and the philosophical, alongside other approaches to living one's life, have shared sets of meaning. Shared sets of meaning would include such things as the importance of relationship (with oneself, with others, and with the past, the present and the future), the importance and significance of place, the importance of belonging and of contributing and giving to and receiving from others, and the significance and meaning of loss in all its forms.

It is possible to regard spirituality as being akin to a kaleidoscope encompassing religious belief and practice, New Age movements and highly individual belief systems independent of any particular religious belief and dogma – the colours and patterns of each shifting and tumbling together and forming new patterns from former patterns. There is a developing research base with regard to spirituality, with particular reference to the spirituality of those who are ill. I have extrapolated some of the key elements which characterise spirituality, and in Boxes 2.1 and 2.2 I have set these alongside what I consider to be the key elements of a religious belief system.⁷ It comes as no surprise to find that there are many elements common to both!

Disintegration – falling to pieces – is a common reaction to a life crisis, whether this takes place at the point of impact or whether it is delayed for an unspecified length of time. Many people 'hold themselves together' at the time of crisis, and later, when the immediate crisis is over, they allow themselves to 'fall apart' to some degree. In crisis our response is often that of 'fight or flight', when the adrenalin rush sometimes makes it difficult to respond rationally. One of the purposes of spiritual care, whether at a time of crisis or over a much longer period of time, is to facilitate the individual's response and to support them in articulating their deeper thoughts, feelings and needs. This can be summed up as a search for re-integration, or even simply integration – to seek for and find purpose and meaning in circumstances that feel devoid of all meaning. Whether or not this integrative work takes place within the framework of a particular religion will depend upon the person, but the context for all of the different approaches is that of a spiritual search and expression which allows for a richly varied set of responses from one or more elements that characterise spirituality.

A word of caution might be timely at this point. Throughout any developmental process that involves cultivating and sustaining a more thoroughly comprehensive understanding of spirituality and spiritual care, it is important to avoid creating overarching systems which attempt

Box 2.1: Attributes of spirituality

Meaning

The ontological significance of life; making sense of life situations; deriving purpose in existence.

Belief

Non-religious patterns and framework of belief; may or may not be influenced by some of the mainstream faiths and/or New Age beliefs.

Belonging

Relationships with those who share the same or similar beliefs; exploring these beliefs together; creating and experiencing community; sense of continuity.

Nurturing, sustaining

Rituals, prayers, symbols, special and meaningful activities that nourish one's inner life and maintain connectedness with others, with God or the divine, or with self at a deep level.

Value

Beliefs and standards that are cherished; concerning truth, beauty and worth of a thought, object or behaviour; often discussed as 'ultimate values.'

Transcendence

Experience and appreciation of a dimension beyond the self; expanding self-boundaries; sense of awareness of the Divine/God or a higher power.

Connecting

Relationship with self, others, God or a higher power, and the environment.

Becoming

An unfolding of life that demands reflection and experience; includes a sense of who one is and how one knows; a sense of life beyond death and continuing development.

Principles

Values, ethics and moral tenets to frame and influence one's thoughts, feelings, aspirations and behaviour towards others and self.

Reproduced from Hollins S (2005) Spirituality and religion: exploring the relationship. *Nursing Management* 12(6): 25–26. With permission from RCN Publishing Company.

Box 2.2: Attributes of religion**Meaning**

Divine and ontological purpose, and significance of life; developing purpose; purpose through suffering.

Belief

Pattern and framework for one's life that can be challenged and challenging; sustaining, informing; guiding in relation to life crises; sanctity and purpose of life.

Belonging

The family of the faith; a sense of history and of future – both one's own and that of the faith community; sense of continuity.

Nurturing, sustaining

Prayers, worship, symbolism of language and ritual; seasons of the religious year; festivals; relationships arising from and nurtured within the faith community.

Transcendence

Seeking for and being found by God or the divine; going beyond self; relationship with God or the divine; life beyond the limitations of one's body, and immediate circumstances, beyond death.

Becoming

Growing in relationship to God or the divine; a sense of divine 'call' or invitation; response to this invitation.

Principles

Ethical and moral principles; framework for thought and behaviour related to truth, love, justice and compassion.

Connectedness

Relationship to others; relationship with local community and environment; service to others in the name of God or the divine.

Forgiveness, hope, love, joy and compassion

Divine attributes that are sought for one's life and that are exercised in relation to others and self.

Reproduced from Hollins S (2005) Spirituality and religion: exploring the relationship. *Nursing Management* 12(6): 25–26. With permission from RCN Publishing Company.

to apply a universal solution to the questions posed by both a religious and a religion-less spirituality. Allowance is best made for variation of expression.

Each of the main religions has a different concept of what it means to be spiritual – that is, to have a spiritual life or spirituality. This is in contrast with emerging constructs for spirituality, which tend to oversimplify. In the USA, the work of Larry and Laura Fahlberg and of Pamela Reed exemplifies such approaches. These approaches are not always relevant to people who belong to the major faiths who have very different understandings of what spiritual care means, and for whom the concept of pastoral care may be unusual. This emerging but overarching definition of spiritual care is closest to but not wholly aligned with Christian models. There are three main elements to this concept of spiritual care. The first is an emphasis upon holistic care, which considers the individual's feelings and any beliefs or philosophical framework for living. The second element emphasises the search for and discovery of meaning that can be articulated through beliefs and values. The third element emphasises a 'capacity for self-transcendence that is expressed by expanding personal boundaries intrapersonally, interpersonally and transpersonally – inward, outward and upward. Transcendence can be found within or beyond the self, depending upon one's religious or philosophical beliefs.'⁸

Ian Markham asserts that this definition of spirituality is merely a secular version of the Christian understanding of spirituality.⁹ Such a definition is, according to Markham, reductionist in its approach, watering down the essential elements of orthodox concepts of spirituality from within Christianity alone. Although such reduced concepts of spirituality might be understood, if not accepted, by the Christian traditions, they are certainly more likely to be unacceptable to other major faiths, on the basis that these have a very different understanding of what spirituality is.

The concept of transcendence is alien to most of the major faiths. The spirituality of Islam emphasises the extinction of the self in Allah. This is not to be regarded negatively, but revered, for the purpose of the self is for it to merge with God. By contrast, Judaism emphasises the discovery of that which is spiritual in everyday life. This to some extent explains the food laws and other disciplines that practising Jewish people exercise, for these are reminders of the presence of God and of the 'transcendent significance'¹⁰ of the normal and everyday. Hinduism does not really have a concept of transcendence. It emphasises that the divine is within each person. The task of each person is to make an inward journey and in so doing to encounter the divine – the cosmic self (Brahman). The Buddhist emphasis, by way of further contrast, is on the transience of all things and on ethical (right) living: 'Spirituality, then, is the cultivation of certain dispositions that integrate this awareness of the transient nature of all things into one's life.'¹¹

There is an understandable reserve within the faith communities about

the apparent ease with which any definition of spirituality can be developed for use within healthcare contexts. Each religion naturally exercises a different understanding of spirituality and its expression, so how can such diversity be encapsulated within one or two sentences? Another justifiable concern is that since spirituality is at the heart of the faiths, it is important first for this to be acknowledged and understood by healthcare providers, and for there to be encouragement to include a fuller understanding of the different religions and cultures within all training programmes. A bold yet creative move might be to engage members of the different religious groups in dialogue about what is meant by spirituality and spiritual care in the healthcare environment. One element of this dialogue could be to explore whether spirituality can be identified and developed apart from any religion, and if so, what the characteristics might be. My earlier reflections indicate that it is possible to discern an initial framework for understanding spirituality apart from a religious framework by considering existential themes, such as a search for meaning and belonging, or the importance and meaning of different kinds of relationship. Currently there are religious definitions of spirituality and there are also secular as well as philosophical definitions, but each operates within separate areas. The Christian traditions have developed and provided leadership within healthcare chaplaincy alongside their Jewish colleagues for many years. Representatives from the other major faiths are now joining them in this work. Alongside a developing understanding of spiritual care from within the faith traditions, the nursing communities have also provided an excellent seedbed for some secular and philosophical concepts of spirituality and spiritual care.

In any serious consideration of both cultural diversity and spiritual care within healthcare, it becomes clear that we have embarked upon the reclamation of the individual – a creative recognition of the person who is at the heart of any treatment. This recognition naturally leads to further reflection upon what it means to be a person. It also leads to the posing of searching questions concerned with religion and spirituality and how these inform and influence the person for whom we have a professional responsibility.

Some regard religion as being damaging to health (and there is strong evidence to support this view, just as there is strong evidence to support its beneficial influence upon health). Nevertheless, the vast knowledge and experience that the main religions possess both individually and collectively in relation to concepts of 'right living' (a balanced life) as well as in relation to the care of the sick and the dying must not be set aside as irrelevant to the age in which we live.

In this chapter I have only begun to outline some of the elements that can be found in any consideration of a spiritual life, what it means to be religious, and what it means to nourish spirituality, as well as considering how the divisions between what is regarded as secular and sacred are

shifting. Within the overall context of cultural diversity the time has come to address these other crucial elements of diversity that reflect and give clues about what it means to be a person. These clues can no longer be reduced or disregarded by healthcare institutions as being peripheral to the well-being of patients.

References

- 1 Kosmin BA, Mayer E and Keysar A. *American Religious Identification Survey*. New York: Graduate Center of the City University of New York; 2001. pp. 14, 16.
- 2 Bonhoeffer D. *Letters and Papers from Prison*. London: Fontana Books; 1963. p. 118.
- 3 America.gov. 19 August 2008: The demographics of faith; www.America.gov/st/diversity-english/2008/August/20080819121858cmretrop0.5130633.html (accessed 24 August 2008).
- 4 America.gov. 15 August 2008: US minorities will be the majority by 2042, Census Bureau says; www.america.gov/st/diversity-english/2008/August/2008081514005xIrennef0.1078106.html (accessed 24 August 2008).
- 5 Pearsall J, editor. *The Concise Oxford English Dictionary*, revised 10th ed. Oxford: BCA by arrangement with Oxford University Press; 2001.
- 6 Davie G. Faith and belief: a sociological perspective. In: Cobb M and Robshaw V (eds) *The Spiritual Challenge of Healthcare*. Edinburgh: Elsevier; 1998, p. 92.
- 7 Hollins S. Keeping the faith. *Nurse Management*. 2005; 12: 25–6.
- 8 Hornsby-Smith M. *Roman Catholic Beliefs in England*. Cambridge: Cambridge University Press; 1991.
- 9 Markham I. Spirituality and world faiths. In: Cobb M and Robshaw V (eds) *The Spiritual Challenge of Healthcare*. Edinburgh: Elsevier; 1998, p. 77.
- 10 Hammarskjöld D (trans. Auden WH, Sjoberg L). *Markings*. London: Faber and Faber; 1964, p. 169.
- 11 Reed P. The enchantment of healthcare: a paradigm of spirituality. In: Cobb M and Robshaw V (eds) *The Spiritual Challenge of Healthcare*. Edinburgh: Elsevier; 1998, p. 42.