

The Voice

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Spirituality: the lost coin, or just lost?

This special issue of The Voice offers a theological reflection on the apparent discovery of spirituality as a dimension that is increasingly claimed to be vital to improving care services to clients suffering various forms of mental illness, intellectual or physical disability, or life-threatening illness. These are all fields of human suffering with which CMN is increasingly concerned.

CMN Director John Bottomley suggests that what has been found with the emergence of spirituality in these various fields of human suffering was never really missing, and what is really missing in providing care for so many ill people is yet to be found.

What has been missing?

Spirituality is emerging as a necessary component of holistic care for service delivery in fields such as intellectual disability, mental health, and palliative care (e.g., McSherry and Cash, 2003, Tanyi et. al., 2006, Holloway, 2007, MacKinlay, 2006, Stavropoulos, 2008). It is as if something that has been missing in health and welfare services has recently been discovered.

But the reasons for the growing interest in spirituality seem largely ignored in the research literature on the topic. While there is a strong sense of enthusiasm in much of the literature on spirituality, similar perhaps to the joy of the woman in Jesus' parable who finds her lost silver coin after diligent searching (Luke 15:8-10), there is little sense in the spirituality literature about what it was that was lost that has now been found.

Indeed, attempts to define this missing component of 'spirituality' in clients, patients and service users have been far from unanimous. At times, it feels like the more diligent the searching for an agreed understanding of spirituality, the more confusing and lost the field becomes. This is particularly so in the lack of attention to the social, political and economic forces in the emergence of spirituality as a focus for the provision of holistic care. The individualistic assumptions about spirituality do not seem to represent any real threat to the economic and political systems in which current models of medical care are so deeply embedded.

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Spirituality and religion

Most attempts to define spirituality begin with the assertion that spirituality is distinct from religion. MacKinlay suggests religion is part of spirituality. "Not all humans practice religion, but all do have a spiritual dimension." (MacKinlay, 2006, p.13) The claim that all humans have a spiritual dimension is core to the argument of those who want to argue for the importance of spiritual care to meet spiritual needs. But it is a claim that Christian scripture contests. For example, in Romans 7:14, "For we know that the law is spiritual; but I am of the flesh, sold into slavery under sin" (NRSV) or "We know that the law is spiritual; but I am unspiritual, sold as a slave to sin (NIV). Paul says what is spiritual is of God, conveyed to humans through God's law, and the human person is unspiritual.

What is it that spiritual care providers are claiming for spirituality and the needs of human beings that is at odds with theology's view of the human person?

One distinction between religion and spirituality has focused on spirituality as an individual phenomenon, embodying relational aspects and one's search for life's meaning and purpose, compared with religion that is an organised entity with rituals and rules. (Tanyi et.al. 2006, p.533) Another distinction also contrasts religion as an organised system of beliefs, values and rituals with spirituality as each person's unique way of attending to the needs of the spirit (Lemmer, 2005). This has led some to argue that the spiritual dimension needs to be understood from an existential position (Narayanasamy, 1999). Amongst the existentialists, Burnard has addressed the spiritual needs of atheists and agnostics, arguing that they have a spirituality within which they find meaning, purpose and fulfillment in life (McSherry and Cash, 2004).

A literature review on the impact of spirituality on mental health concludes that this is the nub of the claim that all people have a spiritual dimension. There is "an assumption that an intrinsic (often sub-conscious) human activity is one of trying to make sense of the world around us and of our meaning and place within it. In this context, 'spirituality' becomes the vehicle through which that meaning is sought" (Cornah, 2009, p.6). But naming the human construction of

meaning as 'spirituality' is relatively recent. When I was a sociology student in the late 1960s, the sociology of knowledge described the act of as making and seeking meaning as an anthropological necessity for human being (Berger, 1967, p.4).

Further, the sociology of knowledge views this activity as only one movement in a dialectical movement. The world of meaning created by human activity then confronts the human person as an external fact, which is then reappropriated into the person's subjective consciousness. Humans produce a world or culture which they then inhabit as a product of that culture. But this relationship between the human person and their social world is largely shifted to the background in much of the writing about definitions of spirituality. For these writers, spirituality is what gives meaning to an individual's life, and helps them deal with life's struggles. Stavropoulos argues that this emphasis on individualism is a characteristic of the liberal ideology of modernity, valuing as it does the autonomous, detached, rational (2008, p.77) and I would add, secular individual.

Whereas most define spirituality as making meaning in largely positive terms, Berger suggests the process of creating meaning is "characterised by a built-in instability" (Berger, p.5), essentially because its dialectical nature relies on human effort for its foundations. Any misstep in the social construction of meaning can have profound consequences for those living within that culture and worldview. This insight has increased force in the modern world because the social construction of human identity is itself devalued in the culture of modernity. The reality of human identity's social construction is hidden within the secular spirituality of modernity and its conception of the human person as a self-actualising, socially detached and autonomous being. On these sociological grounds, the apparent 'discovery' of spirituality may be viewed as contributing to the increasing destabilisation of human identity and the emerging incidence of depression in western societies - ironically, the very opposite of what it's followers claim for their discovery.

McSherry and Smith (2007) argue that spirituality, religion and culture are intertwined and that culture, religion and spiritual beliefs "are powerful dimensions that can shape human experience" (p.20). This argument for the 'intertwining' of beliefs appears to be a device

to broaden the boundaries of 'spirituality' to counter the position that limits spirituality to its association with Judeo-Christian religion and a belief in God. Some argue that understanding spirituality through religious and theistic approaches is "outdated and not in keeping with modernist, multicultural, or indeed secular views of the term" (McSherry and Cash, p.154). This move towards a more secular and 'post modern' view of spirituality has been welcomed as a means of overcoming 'the apprehensions, misconceptions, and fears previously associated' with spirituality defined by (Christian) religion.

The need to demonstrate spirituality's progress over Christian religion's misconceptions and fears locates the 'discovery' of spirituality firmly in the secular spirituality of modernity and post modernity. This spirituality cannot speak of God as theology does, because there is no God to speak of. It can only speak of (a) transcendent being as known through human beliefs. And in a world from which God is banished, human beliefs about transcendent being cannot be anything more than human projections from the secular world of modernity and post modernity. Spirituality is not so much a new discovery as the fulfillment of the 'enlightenment' project to replace God with rational objective reason as the means for explaining the world.

Spirituality is an ingredient of holistic care

Spirituality is being welcomed by many as the savior of a medical care system that many now believe has something missing. "Many health professionals express dissatisfaction that the disease-oriented consumerist medical care system frequently ignores patients' spiritual needs important to their health and well-being." (Holloway, 2007, p.267) The focus on spirituality is viewed as an emerging emphasis on a holistic approach to care (McSherry and Smith, 2007), with the benefit of:

Shifting the focus from a biomedical approach to care to a more individualized approach (McSherry and Smith, 2007).

Recognising that individuals are holistic

beings (Narayanasamy, 1999).

Ensuring care includes appropriate physical, mental, social and spiritual care (MacKinlay, 2006).

Behind this view lies a huge claim for the importance of spirituality in provision of care. "Spiritual care is not to be seen as an additional dimension fragmented out and set apart from the essential care that health care professionals provide. Spiritual care permeates and integrates all aspects of care provision, just as spirituality integrates and unifies all dimensions of the individual" (McSherry, 2006, p.915). With the aid of informed spiritual carers, it is contended, nothing needs to change in a medical care system that has come under so much critique. Now, the dimension that was missing can be added back in to make the care system an integrated whole.

Spirituality as universal

Much of the literature asserts the inherent nature of spirituality (McSherry and Smith, 2007, McSherry, 2006). It is about one's being and one's becoming more aware of one's life source. This assertion of spirituality as a universal phenomenon comes from an existentialist philosophy (Narayanasamy, 1999). Narayanasamy espouses the value of an existentialist approach because it restores the autonomy and humanity of the individual, and validates the search for meaning. These are both important because they "restore these human dimensions that tend to be undermined by positivism, which is a preoccupation of the scientific community" (Narayanasamy, 1999, p.393).

However, attempts to establish a universal definition of spirituality have also been questioned recently as theoretically and culturally impossible (McSherry and Cash, 2004). One criticism is that many of these definitions imply a functioning intellect and the ability to reason, which may exclude people with severe learning difficulties or disorders such as dementia.

Stavropoulos (2008) argues that claims of universalism simply locate the claim in the tradition of western liberal democracies. She

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contends that force was prevalent in Europe to introduce ideals held to be universal, and the philosophy of liberalism imposes a culture of uniformity, for example in the western colonizing of indigenous people. Paradoxically, even as spirituality's universalist claim is raised, it is bent to the establishment of secular human persons who conform to the ideal of being autonomous, independent, individualistic and detached from their social context. Stavropoulos suggests the universal ideal was in fact the white, western middle class male, a conception of self which is inherently unstable while being the norm for mental health.

Spirituality as contested ground

Swinton and Powrie's research (2004) with carers and support workers of people with learning disabilities found the carers and support workers encountered a number of difficulties when it came to putting spiritual care and support into practice. "One of the main problems was that they were uncertain about what spirituality was and how it related to their day-to-day work. People had not had any education or training in this area, so it was difficult for them to recognise and explore it" (p.14). Others have also stressed the importance of proper training for professional carers in spiritual care (See also Hall & Sim, 2005, MacKinlay, 2006), especially if they are to feel comfortable addressing the spiritual dimension (Lemmer, 2005).

This does beg the question whether the concept is actually useful when the things that Swinton and Powrie say define spirituality appear to be quite well understood as part of human caring, that is, "the search for meaning and what is most important in life, what gives value, hope, friendship and purpose as well as, for some people, their relationship with their God." (p.2)

Paley suggests much of this debate about spirituality and spiritual care is "part of a professionalisation project in nursing, a claim to jurisdiction over a newly invented sphere of work" (Paley, 2007, p.1). He argues the literature on spirituality aims "to massively extend the range of experiences that can be described as 'spiritual', while still trading on the term's religious connotations. As this is

essentially a propaganda exercise (in a non-pejorative sense) rather than an exercise in conceptual analysis, it is designed not to *identify* spiritual needs but to *create* them." (p.2) This is regarded as a 'jurisdiction-claiming strategy'. To support his thesis that the interest in spirituality represents an expanding market and claims for a new area of expertise, Paley points to:

The transformation of 'spirituality' into a powerful market brand over the last twenty years, representing the commodification of religion in a newly privatised and subjective form. (p.3)

The failure of the literature to explain the tension between the portrait of a largely secular society and the casually universalising claims that spirituality is the essence of humanity. (p.4)

"..this debate about spirituality and spiritual care is "part of a professionalisation project in nursing, a claim to jurisdiction over a newly invented sphere of work.."

The attempt to show spirituality's ancient roots does not acknowledge the range of senses associated with the term is of very recent origin, ranging from sacred to secular. (p.5)

'Spirituality' only began to detach itself from Christian associations with mysticism, piety and the contemplative life during the 1950s, and became incorporated into humanistic psychology and New Age movements by the late 1980s. (p.5)

A number of Christian ministers (Schultz, 2004) and chaplains have grasped this development apparently as a way of side-stepping the increasing hostility of secular/professional knowledge to Christian faith, by positioning their ministry identity in the 'universal' sphere of spirituality rather than the now supposedly 'negative' ground of Christian faith.

Hall and Sim have argued that the development of best practice in spiritual care for the Brotherhood of St. Laurence's aged care will allow the agency "to work towards the full integrity of their vision and mission" (p.14, 2005). But this must be done "without imposing a particular religious view" (p.33, my underlining). This argument only holds if spirituality is universal - that is, a 'Spiritual Care Worker' (Hall and Sim's term) apparently

cannot be seen to be imposing spiritual care on an aged client if everyone is 'spiritual'. This domestication and side-lining of their faith in favour of what is claimed to be a more-encompassing spirituality allows these ministers and chaplains to claim a much larger arena for their work in much the same way as Paley suggests for nurses.

Paley suggests the task of stretching the definition of spirituality to ensure it applies to all individuals is a 'working-backwards' logic. To establish every patient or client has spiritual needs, it is important to first establish spirituality is universal, and that can only be done by defining it so broadly it is true by fiat. This is important to nurses because it provides an area of expertise for them to resist the process of medicalisation by which non-medical problems become defined and treated as medical problems. Spirituality is an issue that has been re-defined as a 'need' amenable to 'nursing care'. The "demarcation of a particular sphere of work is a critical strategy in the development of any profession" (p.7), but it has occurred through reclassifying "a mélange of unrelated projects - from making sense of life, to work, to close relationships, to complementary therapies, to the contemplation of nature - as expressions of 'spirituality', and correspondingly redesignate an impressively wide and disparate experiences as 'spiritual needs'" (p.7).

Paley further suggests this task is carried primarily within nursing by nursing academics, with little understanding by clinical nurses, and perhaps even less by patients. This situation has become a justification for nurse training in 'spiritual intervention'. He also notes the stretch dynamic of 'spirituality' has encouraged many of the chaplains (90 per cent are Christian clergy) in hospitals to similarly expand their base of operations, thus sharing the nurses agenda while at the same time developing an increasing arena of competition. Finally Paley wonders whether the rise of academic literature on spirituality in the midst of large scale health-care reform is not coincidental, providing a kind of quasi-religious arena of meaning in the face of threats to nursing identities and values (pp.8-9).

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This final point is congruent with Sung-Gun Kim's thesis that the structural and institutional shifts in modern society fostered by globalisation have caused a growing inward turning (subjectivism) for individuals in modern culture. Large scale structural change has had the cultural impact of fostering self-preoccupation (2006, p.220). "Conformity to external obligations becomes less important than sensitivity to inner life and wellbeing" (p.221). Kim suggests the individualism of contemporary spirituality perfectly suits the neo-liberal market, providing a source of meaning for the individual while the forces of globalisation break down traditional values and communal life occasions (p.230). In the Korean context, Kim says this is a spirituality of success.

Spirituality in theological perspective

The affirmation of spirituality and its place in holistic care is at first glance an attractive proposition to people of faith, as it appears to legitimate the place of 'spirit' in professional care. However, there are a number of difficult issues to consider.

1. Stereotypes The contrast between 'spirituality' and 'religion' is based on a stereotypical view of religion, or at least Christianity. The view that spirituality is concerned with the 'inner' world of personal meaning and Christianity is about beliefs and rituals sets up a 'straw man' that Christian faith resists. For example, John Wesley wrote and preached on health matters in the 18th century, providing "an effective blend of social and public health practice with a sense of individual responsibility for oneself and others" (Ott, 1991, p.55). Wesleyan spirituality acknowledges concerns for social, public and individual needs in contrast to the dominant individualism of contemporary definitions of (secular) spirituality.

2. Authentic humanity The contribution of spirituality to 'holistic' health care seems at first a response to the failure of the medical model to cope with particular issues, such as dying, death and grief, and mental illness. Spirituality appears to have been added into

the medical model of health to make the model of health care holistic, but this is not how God's spirit is related to the material world in the Christian tradition. The primary intention of God's incarnation in human flesh was not to make people whole ('restore a missing 'balance') but to restore their authentic humanity for life in the created world (John 1).

3. Experts as gods The absolutist claims about spirituality's universality reflect the same tired agenda of modernity to relegate faith or trust in God from the public world - in this case the field of 'care' - to the inner world of personal preference. Questions about God are removed from the 'expert' worldview of academic researchers into spirituality, and so the wisdom of Christian faith and tradition ('religion') as a competing system of meaning is suppressed (McCutcheon, 2004, pp.171-176).

The expert's knowledge takes centre stage as uncontested, universalised wisdom, and forces God to the margins. Humankind created in God's image is diminished in favour of 'experts' who wish to create the world in their own image (McCutcheon, p.179). The new enthusiasm for 'spirituality' may lead again to the control of a new breed of 'experts' over the needs and the lives of vulnerable people.

4. Denial and distance from pain The increased level of abstraction of the debate about spirituality serves to cover over much of the human pain that prompted the development of a new perspective in the first place, that is the problems of dying, death, bereavement and mental illness. It may even be a place of denial and comfort for academics in a chaotic sector.

The focus on identifying new spiritual needs and the provision of training so that professional carers can recognise these needs may have begun to distance carers from the proximate pain of their clients. This inward turning movement towards the self stands in contrast to the Wesleyan spirituality in health care, for example, where "Wesley's critique of medicine was aimed at issues of justice (overcharging, unethical practices) so that people who were sick and poor couldn't be taken advantage of." (Hughes, 2007, p.8/14)
An adequate Christian theology invites attention

to the points of pain in the lives of both clients and those who care for them, as well as a social response to the structures of injustice that cause suffering and prevent healing.

5. The personal and political While the direction of much of the debate about spirituality shifts economic and political issues of social and environmental justice to the background, a Christian view of salvation "included not only an integrated approach to physical and spiritual health, but also a desire for the well-being of the entire community - particularly the poor and those without access to health care. For example, out of a concern for the high cost of compounded medicines from apothecaries, Wesley set up the first free public dispensary of medicine in London" (Hughes, 2007, p.9/14). Consistent with this, Christian spirituality would recognise the provision of housing for people with mental illness as action that was itself integral to an expression of God's love. The provision of practical, concrete and material support is an aspect of a Christian spirituality that has an eye on the horizons of both the personal and the political.

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The claim that spirituality is a necessary component in holistic care may be better understood as a claim for ground on which some relatively powerless professions are seeking to challenge the power and worldview of the medical care model. The paradox of the claim made for spirituality is that it shares the same secular roots in the culture of modernity as the care system it seeks to transform. Because it is competing for ground in a system of assumed scarce resources, the challenge the advocates of spiritual care seek to mount is likely to become a conflict about how power is exercised and resources are distributed in that system. In this circumstance, the spirituality being advocated is likely to become structured like the thing it opposes, until what was thought to be found will be recognised as the mirror image of what it began by opposing.

For Christians who seek to remain true to their calling, the emergence of the claims for spirituality may invite the discernment as to whether the emergence of the spirituality movement is a sign of God's judgment, but a

judgment not only on the short-comings of the medical care system in its response to mental illness, intellectual disability, and life-threatening illness. More profoundly, perhaps we are seeing God's judgment on the culture of modernity and its flawed and destructive view of the human person and human society. What may be lost is our capacity as a society to see God's presence in the chaos of human suffering, and to trust that God's life-giving power can bring new possibilities for our life together from human suffering. How do we learn to live together trusting in that possibility?

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'Prophet and Loss' launch

The documentary film 'Prophet and loss' will be launched at 6.30 p.m. on Tuesday 22 February at 'The Cube', Australian Centre for Moving Images (ACMI), Federation Square.

The 52 minute documentary about a three-year theatre and film project describes the grief journeys of families bereaved by work-related death. 'Prophet and Loss' focuses on true stories of families bereaved by a work-related death and how such stories were explored through the lens of a theatre production by the same name.

The 'Prophet and Loss' film tells the story of how three families are living with their grief two, four and seven years after the sudden deaths of their loved ones. The film explores the unique work of the Creative Ministries Network and their use of art workshops as a tool in the healing process. The film features emotional interviews with bereaved families in their homes, and bears witness to the despair, anger and hope that these individuals encounter as they walk the grief road.

'Prophet and Loss' explores how the artists involved in the theatrical production were affected by the grief stories and how they incorporated the ancient prophetic text of Isaiah about devastation and renewal into the final work. Accounts of the artistic process are interwoven with footage from the production. There is also reference to the ancient spiritual practice of walking the labyrinth, used as a metaphor in the theatrical production.

The film was directed by Jane Woollard, and filmed by Mike Wilkins.

To RSVP your attendance, please email Marg at admin@cmn.unitingcare.org.au
Admission is free.

Fifth Monday Faithful Conversations

These evenings are an opportunity to share life and faith around themes from the Network's Directions Vision. Each evening is focused on the life experience of participants, and is integrated with reflection on a biblical text. The dates for 5th Mondays in 2011 are:

30 May

Surrender: Through Jesus the Crucified, we seek to walk with people who suffer today, and learn how to be companions in healing, justice and reconciliation from our reflection on this journey.

29 August

Joy and love: Friendship with the risen Christ evokes friendship with those we serve, and delight in the present moment.

31 October

Joy and love: We are grateful for all that life brings to us, finding God in all things and discovering our incorporation into a movement to wholeness.

Share a meal from 6.30 for a conversation beginning at 7.00 p.m. All welcome.