

# REFLECTIONS ON SPIRITUALITY AND HEALTH

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**STEPHEN G. WRIGHT** FRCN MBE

ST MARTIN'S COLLEGE, CARLISLE  
SACRED SPACE FOUNDATION

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WHURR PUBLISHERS  
LONDON AND PHILADELPHIA



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SPIRITUALITY AND HEALTH

For Izzy, Zack and Martha

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# CONTENTS

Foreword <i>David Reilly</i>	IX
Preface	XIII
Introduction <i>Jean Gray</i>	XVIII
Acknowledgements	XX

CHAPTER 1	1
-----------	---

---

In the spirit of good health

CHAPTER 2	16
-----------	----

---

Soul works – the relevance of spirituality to a healthy workplace

CHAPTER 3	25
-----------	----

---

Faith and the donkey stone – the death of credibility

CHAPTER 4	36
-----------	----

---

Thank God for burnout

CHAPTER 5	45
-----------	----

---

On empty tigers and a roaring sea – intention, prayer and getting out of the way

CHAPTER 6	56
-----------	----

---

Deep listening – getting out of the way even more

CHAPTER 7	62
<hr/>	
If God is all – does that include measles? Reflections on dualism and oneness	
CHAPTER 8	70
<hr/>	
Socks, silence and stillness – reflections on the sanctuary of meditation	
CHAPTER 9	83
<hr/>	
Peeping through the crack in the doors of perception – reflections on the perils and pitfalls of the quick ways to God	
CHAPTER 10	90
<hr/>	
Of gods and gurus – fear and loathing in the spiritual quest	
CHAPTER 11	98
<hr/>	
Pouring oil on the fire of the soul	
CHAPTER 12	107
<hr/>	
Give me Darth Vader any day – the blessing of ego work	
CHAPTER 13	117
<hr/>	
The cinema of the soul – projections of shadow and light	
CHAPTER 14	129
<hr/>	
On the existential edge – when things fall apart	
CHAPTER 15	135
<hr/>	
Reclaiming the crone	



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CHAPTER 16	141
<hr/>	
Do winter buffalo dream of summer meadows?	
CHAPTER 17	148
<hr/>	
Making a spectacle of a miracle	
CHAPTER 18	156
<hr/>	
Beyond 'being with'?	
CHAPTER 19	166
<hr/>	
Power, professions and practice – mutuality and grace in healing work	
CHAPTER 20	171
<hr/>	
In a ballroom mirror – reflections on sacred space	
CHAPTER 21	179
<hr/>	
The gift of the dead	
CHAPTER 22	187
<hr/>	
Getting out when it gets too much – the journey is the goal	
CHAPTER 23	196
<hr/>	
Exploring the landscape of the soul	
CHAPTER 24	203
<hr/>	
Practice makes perfect	
End piece	214
References	217
Index	227



# FOREWORD

## ON THE SURFACE

On the surface, it might seem odd that Steve Wright asked me to write the foreword for this book on *Reflections on Spirituality and Health*. He knows that I have avoided the use of the word 'spiritual' whenever I can in my work, since I am concerned it is a button-pressing word like 'God' or 'love', which can bar our communication – at least in a medical context. In the past I have argued with him that I would rather speak of the impact on our health of human caring, kindness, and connection – the everyday and universally recognised expressions of our communal search for meaning and wholeness, and our desire to care for others and make a difference in their lives. So why did I agree? Because the only thing that differs in our search is our vocabulary. Also, our dialogue and this book mirror the many dialogues in our culture that are striving to bridge the gaps we have created – of the technical from the human, of our science from our art, of our medicine from our world of inner meaning, of our own hearts from our heads, our emotions from our thoughts . . . I have to admit that if any word is to be asked to gather in its arms a number of the threads of that enquiry, thus building a bridge across these gaps, then the word 'spirituality' is a powerful contender, standing in partnership with words like healing, caring and holism. Perhaps you can think of better ones? This book will stimulate your thinking around this, it may press your buttons (a good thing if experienced mindfully), and it may open your eyes a little more; it may even express what you have always known in your work and life: the value of life and of caring enough to care. People count, you count and the human factor can even outweigh the technical in producing change in health care. Yet our humanity is getting harder to find in the algorithms of treatments and the protocols of procedures. In this book you will find reflections, research and review that will enrich your own enquiry.

The other reason I said yes is because of Steve Wright's personal integrity. Spirituality in today's world can become a business, a vehicle for control and delusion. I am, as you can sense, cautious around this (but not around helping people rediscover a spirited life). I have watched Professor Wright's work and know of the honesty that characterizes him, and his pioneering work in medicine and nursing. So when he has shown the courage to expand his enquiry and care beyond the narrow confines of these worlds, I, for one, am happy to

listen carefully to what he has to say and teach. This has taken me into a friendship with him, and through this book you in turn may come to sense something of the remarkable individual behind it.

Finally, he has even succeeded in getting me to express some of my own thoughts in the language of spirituality – wonders will never cease. It was William James who said, in *The Varieties of Religious Experience*, that we are all separated on the surface but connected in the deep. Perhaps spirituality ‘in the deep of us’ is our common ground. One aspect of our connection, our common ground, is our desire to be released from suffering and to help others to be so released.

Professor Wright explores health, wholeness, hale, healing, holism, holy – words that are connected in the deep, in the common root of the Germanic word ‘hælan’ – and these things perhaps draw water from the same well, as do creative change and spiritual transformation. It is a well largely untapped in the recent history of orthodox medicine. For five decades metaphors of war and the emphasis on disease not health, have dominated health care, with its ‘medical model’ of ‘anti’ drugs and external blocking interventions, leading to unsustainable increase in costs. This era was not predicated on self-responsibility or care or nurturing of life, but on the power of the treatment and intervention . . . the hope was that the latter made the former redundant. Human factors have become undervalued in a technical age, and in turn so have people and emotional and spiritual welfare.

Now it’s changing. The ‘anti’ is being balanced by the ‘pro’ and issues of life’s innate capacity – driven from one end by the popular movement searching for complementary and alternative medicine and wellness enhancement; but paradoxically from the other by remarkable new research showing that the inner life of people is a major factor in their illness and health – with loneliness, despair, and anguish driving disease and mortality (the main risk factor for heart disease are not just factors like cholesterol or blood pressure, but hopelessness). Community, meaning, peace of mind, true happiness are being shown to nurture health. This sewing of the head back on the body, in turn is reconnecting what many would call the spirit – and new sciences like psychoneuroimmunology and affective neuroscience chart the oneness of life and people.

This emerging realization of the central importance of inner life on health, a holistic medical view resisting fragmenting of the inner life from health, in turn is resulting in a better ear for people’s cry for peace of mind and heart and wholeness. This leads people to common ground shared by the many spiritual and healing practices – and as it leads the individuals involved, so too their cultures.

Central to this is respect for life – much illness stems from its lack, and an awakening of respect and compassion for self and others will aid health and

encourage a reconnection to caring and constructive values, and so action. Research is showing that the innate healing systems (formerly dismissed when it turned up in response to a placebo) are powerfully impacted towards being made whole by human caring, hope, faith, and meaning – our faith can make us whole. (A recent study showed that during brain scanning, patients with Parkinson’s disease who were injected with a drug to release dopamine often released the chemical in their brain when injected with a placebo). These healing systems are affected by inner peace (with its impact on physiology – e.g. see *www.heartmath.com*) and by relationship and our impact on one another – it has been claimed, for example, that the heart tracing (ECG) of one person can be read in the brain wave (EEG) of another when touching or very close.

Traditional spiritual practices such as the developments of empathy and compassion are being shown to be vital active ingredients, even prerequisites, in effective health care – in the carer and the cared for they build wellness and happiness. Effective and efficient health care must now (re)take into account these core values, and these are widely discussed in this book.

Involvement in religion is known to be good for health, bringing increased life expectancy of up to 15 years, and reduced disease (unless it creates guilt, punishment or abandonment feelings). Prayer brings positive physiological as well as spiritual change, compassion wakens up the same (left pre-frontal cortex) centre in the brain as antidepressants, placebo, happiness and spontaneous or faith-based healing. Brain scans of Buddhist monks have shown exceptional levels of activation of this area of the brain – challenging the Western model of happiness being a fixed ‘trait’, and suggesting it may be a trainable skill – perhaps there could be a better way than antidepressants for some of the four million people in Britain taking these drugs. Forgiveness comes arguably more readily to churchgoers, second only to love in the values of most religions – and this is the stuff of health – there is growing convergence and synergy between health care and spirituality, and this book bears witness to that. The world needs as many pathways to this wisdom as possible... and a restoring of the ancient link between health care and spiritual values, a core aspect of this book, is one contribution. Christ’s work and miracles embraced the sick, as did so many other great spiritual teachers, and for many people, health care is a vocation.

The reluctance to see spiritual care as part of health care is changing. Reluctance to see health care as part of spirituality is also changing. Health care can be predicated on the life-respecting and enhancing values that nurture spiritual awareness. Nurturing staff’s welfare, as Professor Wright explores, is needed however.

All this converges at the moment of the medical meeting. It can be brutal or mechanical, or, it can become a therapeutic encounter that creates human

contact as a vehicle for powerful transformative creative change. Health care workers share in people's lives at times of 'sacred losses' (as the Rev Bob Devenny calls them), and then afterwards, when spirit and heart are broken along with body – and into these spaces can flow the presence of loving kindness, communion and the living expression of healing – which can rekindle a spirited life.

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# PREFACE

This book explores the connection between spirituality and health. I have been writing on, researching and exploring this theme now for almost twenty years. During this time I began to question a lot of assumptions in my life, found myself plunged into mystical experiences and sought ways to ground all this in my ordinary life. Much of this experience has been published in my various writings, not least my regular column in *Nursing Standard*. It has generated some interesting correspondence, both supportive and hostile, some of which I have drawn on for this book. To some extent, those who have written of their rock-solid views about God impress me. Part of me is somewhat awed by a capacity to live in such absolute certainty, not just of the existence of God, but of His (sic) precise nature. To some, this fixed being is loving and kind, to others an ever-present figure of fear and judgement.

Personally, I've never been able to subscribe to the latter view. The notion of the angry, elderly, bearded, punishing (usually male) deity who zaps you because you had sex with the wrong person, has always seemed more like a projection from that fearful part of our own egos than a universal divinity. God is very real to me, and while my experience is personal and immanent, it is also transcendent and beyond words. I have long since learned never to try and pin this stuff down in absolutes, for to do so loses the magnificence of its boundless possibility. Yet the Big Guy that many people seem to be so sure and afraid of pops up in religions right across the world; but considering the multiplicity of faiths, He is very much a minority sport – most people it seems don't have much time for Him.

I have had letters damning me because I refuse to accept a purely Christian (whatever that is, bearing in mind that there are over 3000 sects, at least, across the world who call themselves Christian) perspective in my writings. Others from a more atheistic persuasion have offered condemnation for raising a theocentric spirituality at all. Throughout this text, I have sought to draw upon perspectives from different faiths and none, and I am informed by my training at the Interfaith Seminary that there are many ways, but one truth. Thus, whenever I have used the word 'God' in the text, I have tended to qualify it in ways that I hope readers from different perspectives will find accessible. Thus 'God', 'Goddess', 'the Absolute', 'Source of All', 'Ultimate Reality', 'Universal Consciousness', 'Highest Self', and so on are terms I have tended to use interchangeably. There is a wide continuum of views, from those whose Source is strictly God-centred to those for whom there is only this human reality and

nothing else; from those who experience, know or believe in something ineffable, numinous and 'supernatural' to those who find consideration of anything other than the rational, biopsychosocial experience abhorrent or irrelevant. In later chapters I have addressed some of these perspectives, for what is natural or supernatural, rational or irrational, shifts according to the viewpoint we take.

For some people, spirituality is nothing to do with healthcare staff; for others, including myself, it is central. The chapters in this book explore some of these controversies, not only through the acknowledgement of research and other scholarly and objective sources, but also through much personal anecdote from my own story. In this I have sought to weave together the scholarly and authoritative with the real-life experience of spirituality. There is much to theorise about spirituality, and I have attended many conferences and read many papers where the intellectual debates were fascinating and fun. But in the end spirituality is about practice, the way we live our lives rooted in what has heart and meaning for us. So, much of this book is rooted in my own life and what has heart and meaning for me. I hope that in sharing it you will find inspiration, challenge, comfort, answers, questions, practical advice, serious wisdom and joyful irreverence. One of the things I have noticed about spiritual practice is that it can get very serious. Lightness and humour have their place too. The most holy people I know also have a cracking sense of humour.

Some of my best friends are atheists, and one recently commented, 'But does it have to be God?' Well, no it doesn't actually. There is no doubt that to huge numbers of people, an interventionist, omnipotent being is a hugely significant part of their lives to the very end. A growing body of research, which I will explore, suggests that people who have a spiritual practice and set of beliefs to live by, which might be called religiosity, tend to be healthier and happier than those who do not. But, as I will explore, there is little evidence that the atheist is any worse off in this respect than the theist. What seems to matter is that we live our lives believing in *something*. I sat with someone who was dying recently and she smiled pretty much all the way through it, being absolutely sure that she was 'going home to God'. In comparison, another woman I was nursing was in terror of her impending end because of some past grave sin for which she felt she was going to have to account. Likewise, I have perfectly happy and healthy atheist friends who are content with the view that 'this is all there is' and feel they need nothing more. Indeed some suggest that having a belief in god/s can be seen as almost pathological, as I will explore – an aberration of the mind brought about by distorted views of the real human condition or feelings of low self-esteem or some other ego problem. Conversely, the religious have argued that those who are agnostic or atheist are avoiding the difficult challenge of exploring and relating to the possibility of something, God, an absolute that is beyond the personal, the ordinarily human.



A psychiatrist I met recently clung vehemently to the pathology point of view. He made me laugh (which annoyed him intensely!) for it seemed to me he had merely replaced one set of gods with another – in rejecting a divinity he worshipped his own certainty. In the core of all religions and belief systems is a mystical tradition that unites them all – from the Buddha to the Tao, from the Sufis to the Desert Fathers, from Jung to Eliot. At the core lies a recognition that any name for that which is ultimately nameless is but a reduction of the ineffable something (no-thing!). There is a running thread in all these of some sort of universal consciousness, an ultimate reality, a loving is-ness that binds all into one that has many names and is also nameless.

The problem with the mystic approach is that when we try to ground it, make it solid, provide a structure, code the beliefs and so on we run the risk of using the safe container not as a womb to birth the spirit, but as an instrument of social control. For many people, anything religious or mystical is simply not true. For them, this is ‘all there is’. Human beings end at their skin and there is no reality but this one. That is not my experience, and I trust my experience, for I would never be content with faith. I am not interested in belief. What counts to me is knowing, and a knowing that comes from tried and tested experience through my spiritual practice. However, I respect the contrary views of the atheist and have no desire to convince people otherwise, so I hope this text will be accessible to all people of spirit – those looking to continue deepening their quest for understanding of what it’s all about. The atheist or theist carer is equally spiritual. They just believe and express those beliefs differently. The same goes for patients, so all of us in health care have to be able to respond with spiritual support across the vast spectrum of human spirituality without judgementalism or proselytising. And that can be tough sometimes, especially when we encounter the darker evidence of fundamentalism and control, or our own deeply held beliefs are challenged by the patient’s needs. However, through our capacity to embrace the continuum of spirituality, those of us who work in healthcare can offer a better service to those in need. Whatever way we view spirituality (and, as I shall argue, everybody is spiritual), whether theistically or atheistically, spirituality has moved human consciousness and health since we first etched those earliest cave paintings, since the first maternal and paternal instincts arose, or since the shaman’s first journey into the spirit world in search of healing.

In the run-up to the 2003 Iraq war the Prime Minister addressed the nation. He left out the phrase ‘God bless you’ (unlike the US President) at the end, on the advice of his officials. Publicly suggesting a belief in a deity is still dodgy territory for our politicians. Keeping politics secular has been a tough battle, not least in remembrance of the religiously initiated strife of the past, whether wars or oppressions of other faiths.

Health care is just the same, even though many of the founders and pioneers of modern health care were often deeply religious people, such as Florence Nightingale. Fears of prejudice and bigotry creeping in have long held back the exploration of religion and spirituality in our health systems. This is accentuated by the dominance of the humanistic and rationalist paradigm in modern health care – everything must be approached objectively and scientifically. Fine when it comes to safe drugs – if I pop an artery today I'd like to think the nurses and doctors at the Cumberland Infirmary are clued up about the substances it's safe to pump into my body with knowledge based on sound research. But the illness experience is not resolved solely through science; much of being human is essentially unscientific, deeply personal and very subjective. This is the nature of what has meaning and purpose for us in our lives – the very essence of spirituality.

My friend (let's just call him Mac, not his real name) has a long and turbulent history of violence, prison, drug abuse and addiction of all sorts. He's had 15 years being 'clean'. In a recent meeting with the various members of his therapy team, they expressed astonishment that he has held it together so well and without a single relapse. And there had been many tough moments down the years when the bottle or the pills would have been a blessed, if temporary, release. Of his resilience, they asked, 'What do you put it down to?' His reply was simple and direct: 'A higher power. God, if you must.' Mac has had many conversations with God down the years and I have been honoured sometimes to be witness to them. The professional therapy team treated his response with varying degrees of embarrassment, condescension and in one case even a touch of hostility.

Mac was rather pleased with himself, acknowledging the courage it had taken to speak his truth for the first time even though he suspected, and was proved right, that what he had to say was simply 'off the map' as far as the team were concerned. So where are these research-based professionals who seem to be turning a blind eye to the evidence that stares right at them? An enormous volume of research now points to the significance of spirituality and religion to our health and wellbeing, as we shall explore. Mac has found in his God (which, or rather who, he has not been able to fit in any particular religion) a deeply personal relationship. It is the very basis of his being. It has allowed him to let go of all his addictions and come into a place that he calls being 'at home' in himself, a place of deep knowing of God through personal experience.

All kinds of things can go on in us when patients start owning up to God – many don't, simply because they fear the kind of response that Mac got. Our prejudices, fears, old wounds around religion, our inclination towards humanistic/scientific health care or whatever – these and factors like them serve to block out a whole dimension of the patients' and our own experience. Professionals such as nurses and doctors often lay claim to being holistic carers. How can this be so when we pull back from something that is of profound

significance to huge numbers of patients? When we have nothing, if anything, to offer when patients encounter spiritual crises, except to hand them over to the nearest chaplain?

It is difficult territory, fraught with pitfalls. But tell me which bit of health care has *not* been, as we have pushed back the frontiers since its birth? Spirituality and religion matter and directly affect health – they are therefore worthy topics of study and practice for carers of all sorts. There is wariness of spirituality and acceptance of science in mainstream health care, but science and spirit do not have to be mutually exclusive, as I hope to demonstrate. And there has to be more to spiritual care than checking the religion and telling the chaplain.

Linda Thomas and Jean Gray at *Nursing Standard* had the initial idea to have a regular column on spirituality and health matters in the journal. For five years now my contributions to *Nursing Standard* have generated interest and controversy on a theme that is still full of much uncertainty for many nurses and other healthcare practitioners. These writings form the backbone of the material in this book, together with extracts from the editorials in the journal that I edit (formerly called *Sacred Space*, now *Spirituality and Health International*). With some recent updating, re-structuring and merging of related themes, it was clear, as Jean suggested, that this could all be worked into a series of chapters on themes where many practitioners have so many questions. I hope what follows answers some of those questions and, perhaps more importantly, contributes to the spiritual awareness that each of us requires if we are to provide spiritual support to those in need. For those of us involved in health care, I suspect our capacity to meet the need for spiritual support in times of suffering is directly proportional to the degree to which we have awakened and come to rest in our own spirituality.

There is more, far more, that professional carers can contribute here, not least because an exploration of spirituality would seem to be of direct benefit to ourselves as well as those we seek to serve.

Some have commented that all this talk about spirituality is just so much fluff, irrelevant to the hard-pressed world of modern health care. Immersed in the day-to-day pressures of caring, more staff, rather than more spirit, would seem a fair comment. With noses to the wheel and elbows to the grindstone, this is indeed a difficult position from which to look up and see how things might be.

Oscar Wilde wrote that ‘We are all of us in the gutter, but some of us are looking at the stars’. I can’t help feeling that patients might just get a better deal if a few more of us were stargazers.

REV. PROFESSOR STEPHEN G. WRIGHT FRCN MBE

Cumbria

September 2004

# INTRODUCTION

Nurses will be familiar with Stephen Wright's work on spirituality through his regular column in *Nursing Standard*. Based on his own experiences as a nurse, counsellor and inter-faith minister, Stephen's articles provide information, support and challenge to all those health professionals who want to explore the spiritual dimension of their work.

There was a time when it would have been considered 'off-the-wall' to tackle these issues in a mainstream professional journal, but changing times coupled with Stephen Wright's unique style have produced a much valued source of knowledge and encouragement for staff and students working under pressure, but who are nonetheless keen to come to terms with their own and their clients' spiritual needs. It is groundbreaking work that goes way beyond the usual boundaries, written with freshness of ideas and style, and often a topical relevance. This is difficult territory, but Stephen Wright negotiates his way with a light steer, recognising the potential for humour amid the fear and trepidation.

Given the high level of thinking that goes into every article, and yet the accessibility of the writing, these pieces were crying out to be brought together in one volume. Each can be enjoyed as simply a good read or, equally, will be useful to those researching academic assignments in the area of spirituality and health. Some of the work has appeared in *Nursing Standard* over the past five years, but there is also new and expanded material, grouped together around major themes: the links between good physical health and the health of the spirit in a scientifically-dominated culture; the importance of attending to our spiritual needs in the workplace; burnout among healthcare workers; faith, belief and disbelief; the relationship between the 'carer' and the 'cared for'; and the spiritual journey. In pursuing these themes the author discusses topics as varied as death, sexuality, the role of TV soap operas in our lives; religion; fundamentalism, silence, power, love, meditation and much more.

Many healthcare workers enjoy an intimate and privileged relationship with other human beings; they are there at the crucial moments - from birth to death and everything else in between. Not surprisingly, there is a need for material that acknowledges the deep feelings and emotions that are at play in

this relationship, for the space in which to explore both negative and positive thoughts and ideas. Without such acknowledgement and support, too many staff suffer burnout and leave behind a job they have loved. This volume offers staff and their managers a chance to open up some of these areas for genuine discussion.

JEAN GRAY  
Editor  
*Nursing Standard*

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# CHAPTER I

## IN THE SPIRIT OF GOOD HEALTH

*Is that all there is  
Is that all there is  
If that's all there is, my friends,  
then let's keep dancing  
let's break out the booze  
and have a ball  
if that's all there is.*

Peggy Lee, 1969

### **'IT'S NOTHING TO DO WITH US'**

Getting fitted out with my uniform on the first day in nursing school (many more moons ago than I care to think about) was a rite of passage, an initiation into a new role, a new world of thinking, doing and being that was to be spread before me in the following three years of training. I guess that dates me – we called it training then, not education. And like most healthcare workers of my generation, the emphasis of learning was very much on practical skills and body physiology, with a hint here and there of psychology or sociology as a nod to 'total patient care'.

Somewhere along the line we got into a discussion about religion and the role of the carer. It came up, I think, for pretty much the one and only time for any depth of discussion as we got to the subject of 'last offices' – what you do with the body when somebody dies. Among the instructions to get the false teeth in right (indeed, to make sure they were the right false teeth and not somebody else's!), mark the name on the body in the correct places and make sure various tubes and orifices were properly sealed, was a consideration of the patient's faith. I say 'consideration', when really there was a list of instructions about the various taboos of the most common religions, and that was about it.

The patient was to leave my care with about as much attention to their religion as they came into it. Textbooks for our course were equally limited – a bit of advice at best around the do's and don'ts of different belief systems and that was about it.

And we got to know the patient's religion by asking them on admission. There was a little place reserved in the top right-hand corner of the notes where 'Jewish' or 'Muslim' or 'R/C' or 'C of E' could be written. Those who couldn't decide on their religion or did not have one somehow did not fit the rules, so they usually got labelled 'C of E' just to make things tidy! And thus the record was complete, but largely ignored by all except the chaplains of various denominations who would visit to check which patients were 'theirs', or there would be a flurry of attention to it by everyone if death were looming. And that was about it. Spiritual care (or rather religious care, we didn't use the word 'spiritual') made easy.

As a pushy student I asked a tutor once, 'Is that it? Supposing the patient is worried about dying? Supposing they ask for a prayer or something? Supposing they want to know why all this sickness is happening?' My tutor looked at me with the look you might give the sole of your shoe when you stepped in something unpleasant on the pavement. 'That's religion, Nurse Wright, just pass the matter on to the chaplain. It's nothing to do with us.'

Learning about religion and spirituality in this way was the common experience of nurses and other healthcare workers of my generation. Times have changed. Spirituality has come out of the closet of ignorance. Now debates, conferences and publications on the issue are commonplace. The shelves of book shops groan under the weight of New Age and not so New Age texts giving advice on spiritual matters – everything from how to get your home more spiritual with Feng Shui to transforming your life through 'past life' exploration.

There is growing evidence that a major cultural shift towards matters spiritual is taking place, in Western cultures at least (Ray, 1996; Thomas, 1999). This means that increasingly patients place different demands and expectations of spiritual care in the hands of their professional carers. It also means that we are part of it too, for the doctor, nurse and therapist of whatever label is likely to be just as much part of this cultural shift as anybody else. So, like it or not, we are going to have to pay a little more attention to spirituality than hitherto, because it directly impacts upon healthcare theory and practice.

## **RELIGION AND SPIRITUALITY . . . IS THERE A DIFFERENCE?**

Everybody seeks meaning, purpose, direction and connection in life. We all, at some point, ask questions on what it's all about, seeking answers to all those great existential questions like 'Who am I?', 'Why am I here?', 'Where am I



going?’ and ‘How do I get there?’ We all pursue relationships, work and activities that nurture and feel ‘right’ to us. For some people this pursuit is essentially god- or goddess-centred, embracing a belief in some divine being(s). For others, it is essentially atheistic or at least agnostic, as in humanism or Buddhism. Our spirituality is therefore the very roots of our being – who we think we are, why we are here and what we should do with our lives. Religion can be seen as the ritual, liturgy, dogma and the various practices that we collectively bring to our spiritual life to codify and unify it with others. Indeed some, if not most, religions provide ready-made answers to those questions we ask about the nature of our being and purpose. Religion provides a channel for the expression of our spirituality. Spirituality is the solid centre in our lives that enables us to express ourselves in the world and to cope with all the complexities and conflicts of being alive. Without it we can feel cast adrift, rootless, despairing and aimless, as Peggy Lee sang. Thus, everybody is spiritual, but not everybody is religious. We all seek meaning, purpose, relationship and connectedness in life, but not everybody chooses to channel that quest through the more formal structure and belief system of a religion.

Spirituality is about ‘tuning the spirit within us to its source’ (Kelting, 1995), about expressing our desire to be attuned as we ‘hunger for a sense of purpose, destiny and value, grounded not only in ourselves, but in the wider nature of things. We also seek comfort and love, not just for and from one another, but for and from the greater realm of being.’ Religion concerns ‘rules and regulations, systems and hierarchies, the order of succession and the perpetuation of the religious institution. Ultimately it is about power’, while spirituality is about ‘personal, individual, intense, and often secret experiences of the presence of G-d’ (Hartmann, 1997). Spirituality can be seen as that ‘which inspires in one the desire to transcend the realm of the material’ (O’Brien, 1982). Dr Lauren Artress, canon of Grace Cathedral in San Francisco, who has done much to restore the use of labyrinths as a spiritual tool, sees spirituality as the ‘inward activity of growth and maturation that happens in each of us’. Religion on the other hand is ‘the outward form, the “container”, specifically the liturgy and all the acts of worship that teach, praise, and give thanks to God.’ (Artress, 1995). It is interesting to note this concept of the ‘container’. Religion is empty without the spiritual content.

Religion and spirituality are thus intertwined and for many the difference is meaningless, religion having provided a focus for spiritual expression and created the context for spirituality to emerge. However, the union is not always a happy one. Most religions have, historically, sought at some point to suppress any individual expression of spirituality, which challenges accepted dogma. In addition, others approaching from a humanistic perspective (e.g. Storr, 1996) have dismissed the religious and spiritual pursuit as a psychiatric phenomenon, a search for security and a father or authority figure in a difficult world. Meanwhile Nietzsche (1974; translated by Kaufmann), having