

Spirituality, Transcendence and Pastoral Care

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In November of 1996 I was asked by the medical director of the local hospice to speak to a conference of medical professionals working in the area of palliative care. The topic given to me was "Communicating on the Spiritual Level," and I prefaced my remarks by saying that I was speaking as a Christian minister and from the perspective of pastoral ministry. Even though I am now teaching in a theological college, I still view things from this perspective. I recognise that the perspective of pastoral ministry is not the same as that of chaplaincy, but there are significant overlaps and areas of interface. The questions with which we must wrestle may have different implications, but the substance of them is the same. The text of that paper was published subsequently in the *Journal of Health Care Chaplaincy* in May of 1997.

More recently the editor of this journal asked me to consider publishing the substance of that article again, expanding some of the comments implicit within it, as a stimulus to discussion. While I have incorporated some sections of that article in this one, the current article has developed in a slightly different direction. I offer it (with all its inadequacies) in the hope that it generates some interest in examining the roots of the concept of spirituality and the ways in which we minister in this area.

Spirituality without transcendence?

It is self evident that the term "spirituality" has come into increasing prominence in the health care professions over the last decade or more. This has been matched by an increasing emphasis on spirituality in the arena of pastoral theology, and also an increase in interest in spiritual things in secular society itself (e.g. in the rise of the New Age movement). What is clear in all of this development is that there is no agreed definition of spirituality or agreed approach to spiritual care.

More recently, however, the concept of transcendence has become increasingly important for analysing and defining spirituality. This is so both within the realm of health care and that of pastoral theology.

In a recent article (Walter 1997), Tony Walter (Lecturer in Sociology, Dept. of Sociology, University of Reading) has helpfully categorised the development of the three main definitions of the terms "spiritual" and "spiritual care."

The first defines spiritual care from within the framework of a particular religious community. Here he points to the example of hospices set up

by distinctly Christian founders, whose care giving has included prayer, mediation, conversation and worship. The focus is very much on preparation for the passing from this life to the next, with medicinal and clinical care aimed at keeping the patient as comfortable as possible. As these institutions grow and extra professional appointments are made he suggests that tension frequently emerges between those who wish to keep the institution true to the principle of the founders and those who want to promote more divergence in care giving models.

The second approach, perhaps typified in the secular hospice or hospital, defines spiritual care as the chaplain's role. It operates on the assumptions that "spiritual" is the same as "religious," that only some people are religious (and therefore concerned about spiritual things), and that non-religious staff are not competent to deal with spiritual needs. Its motto is "call the chaplain." In some ways this model is easy to operate. Many patients have this sort of expectation, roles are clearly demarcated and it fits in with the "religion is a private matter" philosophy of many in the UK.

The third approach, which he argues is the most prevalent in the current climate, is that which equates "spirituality" with "the search for meaning." Here there is no simple identification between "religious" and "spiritual." This approach suggests that all people are spiritual, but not all express that spirituality in terms of religion. Spirituality has to do with ultimate questions, with the meaning of personhood, with the search for identity and personal integrity amidst suffering and death. Indeed it is this very approach which is implicit in the National Association of Health Authorities and Trusts (*nahat*) publication *Spiritual Care in the NHS: A guide for purchasers and providers* (NAHAT 1996), and which may have important policy implications for the establishment of expanded "spiritual, cultural and religious care departments" in the NHS.

While the last of these three definitions may well represent the current trend, it is still subject to a variety of difficulties. Walter suggests that

the problem with this dogmatic non-argument is that any philosopher of religion could drive a coach and horses through it... it is hard to see how it differs from certain kinds of psychological care or from a humanist approach." (Walters 1997 p 26)

However, he goes on to point out that "from talking with hospice and hospital chaplains who operate the 'search for meaning' approach, it seems that what moves their care beyond psychotherapy or attentive listening is the language of forgiveness, love and hope-words not often found in therapy sessions of texts on psychological counselling." (Walters 1997)

This is an important point. However we may wish to describe spirituality in non-religious terms, it does touch on and deal with matters which have had a long history, expressed culturally and personally in relationship to transcendence and questions of eternal meaning. In a 1991 article Brigid Clark comments, "Experience of working with people facing a terminal illness in the hospice setting suggests that the majority of patients define their spirituality as their relationship with God." (Clark 1991) Even in the nahat document mentioned above there is an inevitable linking of spiritual care with matters of religious rituals, dietary requirements, worship, prayer, holy books and sacraments. In other words, spirituality has to do with a person's relationship to the transcendent realm, not just with their relationships in this realm. What differentiates spiritual care from simply psycho-social care is the knowledge (or feeling, intuition) that we live with others but under Another.

More recently Gayle Newshan (1998) has pointed to a number of definitions of spirituality which emphasise the transcendent dimension of life. From a completely different background, Emanuel Lartey (1997) identifies transcendence as one of the essential features of pastoral care, evident across cultures and manifest in many different ways. Evelyn Laburn has devised a helpful table as part of her argument for spiritual care to become part of the nursing care plan of any patient. (Laburn 1988) It is interesting to note the "Godward" direction of spiritual concerns she highlights. Elsewhere in the article she draws attention to mystical experiences and other events which reinforce the point that we deal with men and women who carry a "God awareness." J. A. Baker comments,

As anyone who has done much pastoral or counselling work will know, the belief (or perhaps it would often better be described as a feeling or intuition) that our visible, physical life is not the whole of our personal history is exceptionally tenacious. (Baker 1981 p 68)

What emerges from the above paragraphs is that the concept of spirituality cannot be disentangled from its theistic origins, nor can spiritual needs be addressed most fully without reference to a "verti-

cal" dimension. But if this is the case, how do we understand our role? And what is the place of the traditional Christian understanding of transcendence and human spirituality?

Transcendence and the Christian Tradition

From within the framework of traditional Christian theology human beings cannot be understood as objects or beings in themselves, but only in relation to God. From the creation accounts onwards, the entire biblical picture is that of humanity vis a vis God. The most fundamental assertion that the Bible makes about men and women is that they are made "in the image of God." In relation to this disclosure David Turner says,

It would be difficult to overstate the centrality of the image of God as a crucial theme in biblical theology. From the beginning of the end in Genesis (protology) to the end of the beginning in Revelation (eschatology), the image of God is crucial for understanding the flow of redemptive history. God creates humans in his image, justly punishes them for rebellion, yet graciously provides redemption from that rebellion, and then finally consummates redemptive history by transforming the whole creation into new heavens and a new earth. (Turner 1996)

This statement represents the parameters in which our traditional Christian theological anthropology is constructed. Theologically, the imago *Dei* has been variously understood and is still the subject of much inquiry. It is my conviction that this concept (and the broad sweep of its significance for biblical theology) is the key for developing all aspects of our pastoral care. Unfortunately the theological reflection at this level has not often been incorporated into pastoral theology, especially in the realm of pastoral counselling. (Lynch 1996) But if we receive the Scriptural testimony that men and women live *coram Deo* (who according to the Scriptures is the only truly transcendent One) what does this mean for our pastoral care? How might the elements of this framework be understood in relation to the concept of "spiritual pain," for example? And how do those of us who are committed to a biblical framework for understanding human beings incorporate that framework into the models of pastoral care we adopt?

What are some of the elements of spiritual pain?

In order to answer some of these questions I want to consider the implications of this framework for the matter of spiritual distress or pain. In the 1997 article I said that the concept of "total pain" has within it the notion of "spiritual pain." It recog-

nises that spirituality "is an integral part of life and must be acknowledged if we are to give optimum care." (Clark 1990) Spiritual pain must be addressed not simply because it has an effect on the physical aspects of suffering, but also because of our commitment to the care of the whole person. This arises "out of our mandate to do more than simply treat the disease; this is to adopt instead a broader perspective: the alleviation of suffering." (Mount 1993)

Spiritual pain may be evidenced in a variety of ways. Many patients "need help to face feelings of *guilt* and *worthlessness* that can truly be described as spiritual pain, sometimes amounting to deep *anguish*." (Saunders 1989) It is often expressed as a feeling of *meaninglessness*, "that neither oneself nor the universe itself has *permanence* or *purpose*" (Saunders 1989) "*Guilt* and *anger* are common elements of spiritual distress, plus the feeling of *control being taken* by others" (Falconer and Maguire 1994) Romana Clark draws attention to that particular form of spiritual pain associated with *unforgiveness* when she says,

Few terminal care workers have not witnessed the prolonged death of someone with a *troubled soul*. Heavy, *unresolved personal guilt* or *deep bitterness* towards another seems to trap them in their own agony, unable to 'let go' into death. (Clark 1990)

Even when these issues are not immediately apparent we should not assume that spiritual pain is entirely absent. The *fear of death*-a reality long recognised in Christian theology which teaches us that its cause is rooted in the *fear of judgement*-is universally present. E. Becker's Pulitzer prize winning book, *The Denial of Death*, "documents strong evidence for the thesis that death is a primary motivating force underlying all human action." (Mount 1993) Mount (and Tournier 1972) points to the research of Becker, Yalom, and Greenberg *et al.* as supporting several important theses:

- Death anxiety is omnipresent in the unconscious as an intrinsic component of the human condition.
- The absence of evident death anxiety at a conscious level does not mean that the individual is without death anxiety
- Death anxiety is easily aroused.

Questions about the process of death often lead to thoughts about what, if anything, lies beyond it. *Unresolved questions* about the nature of life beyond physical existence are also a cause of spiritual pain.

The italicised words in the preceding paragraphs highlight the fact that spiritual pain is not simply a "surface issue," but one which plumbs the depths of human living, relationships and conscience. But these words also reinforce another biblical conviction: that death is more than an event. It is not simply an occurrence that ends life, but a state in which men and women may exist. To be burdened by fear, tormented in conscience, terrified of judgement, bearing the guilt of moral and personal failure, carrying shame, regret and remorse, and to be enslaved to self-serving on every level is biblically speaking to be "dead." Conversely to be free of the fear of judgement, to be free therefore of the fear of death, to have one's failure dealt with through forgiveness, and to be released through the Spirit of God into a life of love and self-giving, is "life."

The means of this shift from death to life is where much of the weight of Christian theology lies. The assertion of all branches of the Church throughout history has been the Jesus Christ is the one who is Lord of life and death. He is not just a "good teacher" or a "moral exemplar," but God's appointed mediator of salvation. Jesus clearly revealed that this (earthly) life is not all there is, and he has come to destroy the fear of death, which binds human minds, spirits and emotions. He could not do so, however, without destroying the basis of the fear of death, i.e. fear of judgement. This means he had to deal with the matter of human sin and guilt. His resurrection is the proof of his victory over death, and the vindication of his sacrificial death on the cross, which was the means of that victory. His resurrection is the way through death into life. He is the strong and eternal witness that God is "for us" not "against us." In Jesus we see the face of the Father revealed. Faith apprehends this to be true, settling the conscience and removing the fear of judgement. This, in brief compass, is what the Christian doctrine of salvation is about. It does not exclude other elements (e.g. political or social concern for liberation and healing), but it does include at least the elements mentioned above. And this framework has a direct bearing on the elements of spiritual pain italicised above.

Where to now?

Emmanuel Lartey (1997 p 13) has helpfully suggested that we should ask three questions in the context of our pastoral care: First, What is the universal experience of humanity to be found here? Second, What is culturally determined about this way of thinking, feeling or behaving? And third, What in this experience can be said to be uniquely attributable to this particular individual? These are all important questions to aid us in the tasks of empathy and interpathy (A term he has

borrowed from David Augsburger "to reflect what happens when empathy crosses cultural boundaries") (Lartey 1997p. 65), both vital to sensitive pastoral care in any culture. But are these the only questions we need? If, as Lartey has suggested, a recognition of transcendence is an essential part of pastoral care (1997 p 5) could we not also ask what is this person's experience of, or beliefs about, the transcendent realm and how do these effect what she is experiencing?

This last question may then lead to others, such as: in what ways may we aid this person to come to a knowledge of forgiveness? In what ways may we be able to assist this person to face the fear of death or the uncertainty of what lies beyond death? What can we do to help this person find answers to questions about their view of God? How can we help the person who believes that her suffering is punishment from God? Or that his disease is a judgement? At this point our pastoral care moves beyond the psycho-social simply, to engage with the question of transcendence which underlies the biblical concept of spirituality.

I would like to suggest that we may be able to use two concepts suggested by Charles Gerkin in his *Introduction to Pastoral Care*, viz. those of interpretive guide and prophet. The latter is only in a minor key in this book, but has been taken up elsewhere in Gerkin's work. (Gerkin 1991)

The first concept "relates to facilitating the dialogical process between life stories and the Christian story." (p 114) Gerkin suggests that in a world in which many folk have no coherent metanarrative by which to interpret their own stories, we have a key role in helping them interpret their life story in the light of the biblical narrative. He sees this process as becoming increasingly important as the effects of post modernity bring into our orbit more and more folk whose lives are fragmented at a basic level of meaning. It is Gerkin's conviction that "although the psychotherapeutic model has many strengths that need to be preserved, it is inadequate to meet the needs and address the issues that confront pastoral care practice today." (p 98) Today he sees the distress that infects Western cultures as "a loss or fragmentation of a consensual structure of meaning and values that can give order and purpose to people's lives" (p 101) and for this reason sees he the role of interpretative guidance as essential. Here our theology forms the grammar of our pastoral care.

The second model, that of the prophet, may be misunderstood. Often we have seen the prophet as the angry young man, confronting society boldly, and exposing its failures publicly along the way. I believe, however, that the biblical role of prophet is much more closely related to that of interpretative guidance mentioned above. In the history of

God's people the prophets' essential task was to interpret the events of history in the light of the revelation of God.

For us the full and final revelation of God is Jesus Christ. Our task then must be to bring the revelation of God which he conveys into contact with the fragmented stories of the lives we meet day by day. How do we do this? In the same way he has done it in history: in deed and in Word. He is Immanuel, the God with us who not only acts to reveal his Father, but also speaks to interpret his actions. As the great Prophet, he speaks to the world through the action of his cross, and through the words of his teaching.

It seems to me that this is the real challenge of pastoral care today. Not only to act in the way of the cross, but to speak words which explain it, so that the transcendent reality of God may be brought near to the hearts of those amongst whom we serve.

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