MIND YOUR LANGUAGE

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Abstract: This is an extract from a dissertation submitted for the MA in Healthcare Chaplaincy, University of Leeds. The dissertation is a reflection on the current literary interest in spirituality within healthcare. While eager to listen and learn from those several disciplines that contribute to the debate, there is a concern that chaplains do not acquiesce in a 'spurious mutuality'. If chaplains simply accept the current 'post modern vacuousness' about spirituality it could serve to rob the other disciplines of the contribution which chaplaincy is uniquely placed to offer. If our colleagues in healthcare are to reach their desired destination of holistic care, then they deserve the best that chaplaincy can offer in the present debate on Spirituality.

Key Words: Language, listening, neutrality, religious and secular spirituality.

In their common interest in spirituality and their mutual concern for holistic care of patients, chaplains and the other professions will often travel the same road together. They may even agree definitions which allow them to explore together, but it will serve no good purpose to assume that we all mean the same thing when we use the same words. In 'Two Languages One Meaning?' Dr Ross Mitchell (Mitchell 1996) writes about psychiatry and spirituality setting out from opposite ends of the same road as they try to understand the human experience. He writes, "Where psychiatry and spirituality meet in the middle of the journey, they will converse in their own two different languages within which there will be certain words and concepts in common. It is here, in my opinion, that each must examine their vocabulary in the light of the other, if in their conversations together a spurious mutuality, if not frank linguistic confusion, is to be avoided". Mitchell concludes, "Psychiatry and spirituality share much of a common vocabulary, but to avoid creating a new tower of Babel we need to recognise what each of us is saying and not, like Alice, simply say that a word means whatever we choose it to mean".

If the present debate on spirituality is to avoid the "spurious mutuality" and "linguistic confusion" referred to, then the various parties, travelling on the same road but from different directions, need to "examine their vocabulary". The most cursory reading of the contemporary literature on spirituality reveals that most writers (there is a kind of synoptic feel to many of the writings) use a vocabulary very similar to Christianity in particular and religion in general. Words such as 'trust', 'hope', 'transcendence' and the 'giving and receiving of love' are common currency amongst the contemporary writers and of course no-one can object to those who wish to give these words and concepts a contemporary meaning; for the words and concepts are not the possessions of religion but belong to the human experience. However, too little endeavour is made to suffuse these vital concepts with the kind of content which we all require. The post-modern answer to such an accusation is that each in his/her own way should be the interpreter of these concepts. It all sounds so noble, democratic and full of respect for the autonomy of others, but in fact the rhetoric often obscures the reality for too many of our contemporaries who cannot give existential meaning to self-esteem, transcendence and forgiveness. While eager to maintain the immensus of the spiritual, that which is immeasurable and cannot be "contained in the categories of finite thought" John Mcquarrie (Mcquarrie 1972) states "… we do need to clarify our language as much as possible, especially if we have any intention of commending spirituality to those who have become uncertain or even suspicious of it".

The frank assertions from current writers from both religious or non-religious backgrounds, 'spiritual

needs are not religious needs' or, 'we need a broader definition of spiritual needs' ought to forewarn that words we all now have in common may not mean the same thing to the different writers who use them. The way toward the multiplicity of meanings was prepared by the Patients Charter and other documents which linked spiritual and cultural needs together as though they were synonymous. Thus the Northern and Yorkshire's 'framework' (Northern Yorkshire1995) in its Template for Providers lists items as disparate as access to a chapel, confidentiality of patients' records, provision of appropriate dietary requirements, and appropriate accommodation for counselling. Spiritual and psycho-social needs become conflated. In their thought provoking paper, Dudley, Smith and Millison (Dudley, Smith and Millison 1995) have a table entitled, Spiritual topics not requiring a religious response. Topics referred to include Fear of death, Hopelessness, Unresolved grief, Loss of meaning, Why me?, Need for comfort and peace. The authors comment, "It is important to note that some of the topics raised in the spiritual assessment could be interpreted as either spiritual or psychosocial in nature". There are occasions when the subject of spirituality is being discussed but the language used in the discussion results in a subject other than spirituality.

The fact that the language often used by contemporary writers on spirituality has so many similarities to the language of Christianity is due to the fact that, "the health care understanding of spirituality is a secularised version of the Christian understanding of spirituality" Markham in (Cobb and Robshaw 1996). Motivated by a laudable desire to oppose the reductionist tendencies in health care, where patients become bodies which need some work done to them rather than as people who need to be healed, the neo-spiritualists embrace spirituality as a concept which is 'broad' and 'wide' enough to hold their own ideas, and general enough to win the interest of health care staff and improve the service for patients. Hay and Nye (Hay and Nye 1998) write of the manner in which 'religious' has proved to be a troublesome word, whereas spirituality has often been "such a handy portmanteau". They highlight the public perception of the two concepts, "It seems in many people's mind religion is firmly caught up in the cold brutalities of history. Spirituality is almost always seen as much warmer, associated with love, inspiration, wholeness, depth…". Spirituality is identified as the component currently missing from conventional medicine.

In order to address the spiritual deprivation which they detect in health care, the current writers point to the following areas which require consideration. The first and most obvious theme is that of opposing the reductionist view of what it means to be a person and what it means to be healed or made well. The second is that people will find meaning within the values and beliefs they construct for themselves. Most writers refer to a transcendent need within people to reach out to something greater than the self.

There is much within the endeavours of the neo-spiritualists which is commendable and with echoes of what Christianity understands as spirituality: A person is more than body and mind but has a spirit which animates and motivates and inspires. Life is not 'a tale told by an idiot full of sound and fury but signifying nothing' but has a meaning and purpose to it. There is an innate desire to reach out beyond the self to something or someone.

Therefore, within the language, however 'broad', 'wide' and generalised, chaplaincy will be able to walk along the same road as the contemporary writers. To embark on the journey together into the realm of the spiritual is important in order to encourage one another in the mutual insights and visions we share, but chaplains will accord little respect to colleagues from other disciplines and have nothing positive to add to the whole endeavour of spirituality, if they engage in a "spurious mutuality".

The 'broad', 'wide' and generalised language of spirituality presents a very real challenge to chaplaincy but that should not cause chaplaincy, at this stage, to walk along a different road from the contemporary writers.

Colleagues committed to the cause of finding a meaningful spirituality which can enrich health care in general, and meet the needs of patients in particular, deserve the contribution of those who may have a different perspective on the subject. There is a need to hear form the Christian Chaplain, but also from other faith communities for whom some of the present expression of spirituality, "seems strange and often deeply irreligious" (Cobb and Robshaw 1998:74). Markham writes, "In other world faiths, there are alternative accounts of spirituality: in Is-

lam, spirituality involves the extinction of the self" (Extinction in the sense that, just as a baby in the womb has no reality apart from its mother, so the Muslim has no reality apart from that which his life in God gives him). This is a markedly different form of reductionism from that which exercises the health care professionals and a counter argument to those whose spirituality advocates a post-modern navel gazing. For Islam God is the one reality, therefore the Muslim finds his spirituality, not in speculative notions about meaning, not in an absorption with the self, but in losing himself in the reality that is God. His spirituality only becomes a reality when he allows the self to be embraced in the reality of God.

Although Judaism has the same Abrahamic roots as Islam, its conception of spirituality is quite different when it takes the ordinary as the seat of the holy. Jewish spirituality is bound closely to the daily living of the here and now; it is not the dimension confined to the pious few, but the existential reality of all and to be experienced within the mundane. The rituals regarding food, cleanliness, business dealings and how to live in community help Jewish spirituality to find the Holy within the common, everyday experiences of life. Reference has been made to only two of the world religions with which the writer has a modest acquaintance, but there are others with their own insights and emphases on spirituality. Attempts to harmonise the different approaches or create a spiritual form of Esperanto would create even more confusion than the present endeavours to find a secularised Christian understanding of spirituality, but to ignore the insights and experience of centuries of reflection would rob the contemporary debate of much that is cogent and wise.

The contemporary interest in spirituality raises questions which require a considered response from the diverse participants. Should those from a religious background be "suspicious" of contemporary writers who take the once familiar language and broaden it, widen it, and speak in generalised terms about spirituality? Will those who borrow the language of Christian tradition to express their broader ideas of spirituality give more consideration to that tradition in order to deliver some of their ideas from vagueness, and give their language a depth which sometimes eludes them? The answers to these questions will go some way to determine whether we are all, in fact, on the 'same' road! We are, in the sense that within health care we see the need to offer more than the scientific materialism which has influenced our culture. We are, in the sense that we want to offer holistic care to those who require the services for the NHS. We are in the sense that we see spirituality as being of the essence of what it means to be an authentic person. Where we may differ, and differ deeply, is in any attempt to demystify spirituality into a humanistic, individualistic frame of reference.

There is a need for all parties to give existential content to the words and concepts we have in common. The religious writers will acknowledge and learn from the newer sciences of psychology and sociology as, together, we endeavour to understand those for whom we care. Those who take a more humanistic approach to spirituality should acknowledge the writing and lived experienced of spirituality within the various religions.

Don't just write and argue – Listen

David Stoter (Stoter 1994) uses the words of Jean Vanier: 'If you wish to enter the world of those who are broken or closed in on themselves – it is important to learn their language'.

Vital for the integrity of the work of those who care and wish to keep spirituality on the health care agenda, will be the endeavour of listening to the people for whom we say we care! To listen to patients and clients, and attend to the language they use to express their spiritual needs, will help to take the debate forward and out of the realm of semantic speculation and into positive responses to the expressed needs of our contemporaries. To listen will be to learn that their deepest needs are not met by pious platitudes or the ritual of religion; nor will they find satisfaction in endeavours to locate the meeting of spiritual needs wholly within themselves.

In all our deliberation about how best we can meet the spiritual needs of our contemporaries, we had better take time to hear from them about their perception of spiritual needs and how they can be met. Even in post-modern Britain there is a desire within many of our contemporaries to believe that faith, forgiveness, meaning and love have a transcendent reality which they will "not let go". This highlights one of the dilemmas for Chaplaincy in the present debate; for while they may accept the oft repeated,

'spiritual needs are not religious needs' within the current literature, nevertheless, patients with no recorded religious allegiance will often manifest a 'folk faith' or a 'common faith'. The reality for nurses and chaplains is that it is very often in the non-religious encounters with patients that they take the conversation into the realms of what some call the religious. If the current interest in spirituality is to proceed with rigour and integrity, then it will have to reckon with the fact that in many non-religious encounters with patients, it is they who will not allow the substitution of spirituality for God.

The chaplain – Neutral or Neutralised?

When practised wisely in an accepting and sensitive way, chaplaincy can make a distinctive contribution to the spirituality of the individual or the hospital. For, implicit within this conception of chaplaincy is the intention to meet people where they are in their understanding of their needs. Whatever the chaplain's view of the contemporary literature on spirituality, he/she should resist the idea of dividing people into religious sheep and spiritual goats. For the sake of others in health care, different labels are given to religious and spiritual needs within the literature, but that ought not to result in altering the practice of chaplaincy of meeting needs of people in a spirit of acceptance and respect. It is when no labels are put on 'needs' that the 'broad' spiritual encounters with people can become as 'religious' as anything which happens in the hospital chapel. These are the encounters which create the possibility of 'duet' for chaplain and patient:

If the concept of the 'duet' is taken to relate to chaplains and the current writers, who keep informing us that 'spiritual' needs are not synonymous with religious needs, then chaplains will have to write a verse or two to make it clear that chaplains are not synonymous with meeting narrowly conceived religious needs. Chaplains regard it as both a challenge and a privilege to attend to the needs of patients and staff irrespective of the label which others give to those needs.

While it may be possible for creative harmonies to result from chaplain/patient encounters, the 'duet' concept may not always be possible when the chaplain is confronted with certain influences upon health care in general and attitudes to spiritual care in particular. Discordant notes can result when the egalitarianism which pervades much of pastoral care comes alongside the bureaucratic, hierarchical, market driven forces within the NHS. Working within the hospital setting the chaplain may feel that his/her ministry is being effected in an alien, secular environment which results in a tension of loyalties between the two worlds of faith and hospital communities to which he/she belongs. It is within this tension of loyalties that Furniss (Furniss 1995) identifies the possibility of "product differentiation or non-controversy", both of which can make for difficulty in the creation of a 'duet' between the chaplain and other disciplines in the hospital. On the one hand, in the present interest of producing a 'broad' approach to spirituality, the chaplain might choose to make a distinctive contribution (product differentiation) to the debate by sounding the notes of warning or disagreement regarding some elements within the current literature. On the other hand, due to modesty, the survival instinct, the wish not to be seen as different or difficult but as a team-player and not a boat-rocker, he might remain aloof from the debate and silent – "non-controversy". "This survival instinct tells them (chaplains) to look very 'straight' in terms of the dominant medical cognitive world". In the present endeavours to give a 'broad' and 'wide', (in some cases humanistic) definition to spirituality, the chaplain may think he is 'playing it safe' by adopting the role of the neutral, or by retreating into the role of the religious care giver and leaving the spiritual care to those with a psycho-social agenda. Such a non-controversial retreat would be to the detriment of chaplaincy and reveal little respect for those who are trying to ensure a more holistic approach to health care. The irresponsible nature of such a response could result in:

- Role ambiguity in chaplaincy.
- Limiting the work of chaplaincy to meeting the religious needs of a minority of patients.
- Augmenting the religious needs function by accepting administrative duties for the hospital in order to justify ones existence.
- The other disciplines being denied the distinctive contribution they have a right to expect from the chaplain.
- Those who have the responsibility to fulfil the NHS aspirations for spiritual care, seeing that chaplaincy has little to offer, looking to the appointment of non-clergy in a department of spiritual care.

- Other disciplines regarding the chaplain merely as the liturgist (colloquially – the sky pilot) the necessary ecclesiastical appendage.
- The one who has no significant part to play in the debates about the administrative, ethical, and currently spiritual policies and practices of the hospital.

Were neutrality and 'non-controversy' to be the response of chaplaincy to the current health care literature. which makes a sharp distinction between spiritual and religious needs and reduces everything to a search for meaning (Walter: 1997), the debate would be denied the dialectic it both deserves and requires.

It is a concern that runs much deeper than petulant ecclesiastical reaction, or a desire to save the chaplaincy profession by keeping spiritual matters within a religiously protected enclave. Chaplaincy will rightly be impugned from all sides if these are the only reasons which move us to express reservation. Commenting on the loss of "numinous spirituality" and the development of a spirituality without God, Neil Small (Cobb 7 Robshaw 1998) writes "Without that there is a danger that a reliance on the self can fall short of what one needs at the end of life". The reason the present debate on spirituality deserves the contribution of those who value the religious component is in order that we should not "fall short" of what we need to sustain our spirits.

To remain neutral could result in chaplaincy being neutralised and being removed from the health care scene and replaced by well meaning humanists trained in the psychology of finding meaning in the self. That the language of psychology has much to offer in the understanding of the self is not difficult to accept and appreciate, but in addressing the things of the human spirit the languages of faith, the mystery of the numinous, the traditional understanding of transcendence, need to be explored by all who are eager to meet the spiritual needs of our contemporaries. The place for the chaplain in the contemporary search for an appropriate spirituality in health care in the twenty first century is not behind the closed doors of the hospital chapel, but in the risk and exhilarating challenge of the search with others.

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