

Chapter 5

The human spirit and spirituality

(DRAFT – still a work in progress) Please note that at the moment (April 2008) this pdf file is not the same as the web page.

We now need to examine further the human spirit and how it functions and so fulfils the role of being spiritual. Much has been written about spirituality and there are many definitions and uses of the term. We need to examine how we are to use the word in health care and ask ourselves four important questions –

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- 1 What are the functions of the human spirit which can be called spirituality
 - 2 Do any of these functions play any part in the process of becoming ill
 - 3 Do any of these functions help in gaining and keeping good health
 - 4 Is this a part of medical practice, or like sewers and clean water, part of life which properly belongs elsewhere in society, that is - does it fit within the new whole person medical model
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What is the spirit?

Distinguish between the human spirit and spirits in general. Brief discussion of the fact that most societies and religions recognise that there are elements in the world which we cannot see but which impact upon us. We call this world the spiritual world and most societies have peopled this world with many independent spirits (in pantheism) or with one spirit (God) with lesser spirits to do his (or her) work. We recognise this spirit world because we too have spirits. The main definition of the human spirit will be that it is able to recognise other spirits and spiritual beings.

Picture of living in a two dimensional world when any activity in the third dimension impinging on our flat world would appear miraculous and definitely outside the “real” world as we would experience it. The same arguments could apply to a fifth or other dimensions which are outside our ability to experience with our usual senses.

If this was the original definition of the human spirit – that part of mankind which recognises and interacts with the spiritual world – then over time the definition has changed and expanded.

Most religions see that the human spirit plays a role in the maturing process of the person, and therefore has an inward effect as well as an outward aspect. This understanding has also been picked up more recently by the New Age practices where the spirit has been seen as the part of the person which has the highest functions – lifting man above the animals. If you have no beliefs in God or spiritual forces then this can be seen as the highest point in mankind’s evolution as we seek to develop beyond the animal world which has made us and so “reach for the stars”

Whatever your belief system there are three very important points to remember –

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- The majority of our patients have a belief system which in some way involves a spiritual world, and for some patients this is a major influence in their lives.

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- When the patient has a spiritual world view this may affect their health status, and whether we like it or not, plays a part in the overcoming of illness and disability
 - These highest human functions – which we can call spirit – are involved as an integral part of the process of becoming ill and in re-gaining and maintaining health
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Taking a wide variety of understandings about the spirit, we have developed a seven stage model of human spirituality with which to define and understand what we may call the spiritual aspects of the human being. These seven stages begin with how we relate to ourselves, then turn to how we relate both to others and to the physical world we find ourselves in, finally ending with how we relate to the spiritual world.

7 stage model of the human spirit

1. Self-image
2. Relationships with others
3. Relating to the world
4. Morals and ethical practice
5. Purpose and meaning in life
6. Belief and faith
7. Religious experience and practice

1 Self Image (relating to oneself)

- Each person is a unique individual. The combination of genetic makeup, familial inheritance and personal response to life events means that no-one else in the world will be exactly the same as ourselves.
- Each personality has strengths and weaknesses which can affect how we mature and grow. As we grow and mature so our given personality is developed by what we choose to call our character, which measures how we have responded to the challenges and events of our lives.
- View of ourselves – what image do we have about ourselves
- What self-understanding do we have, can we see our weaknesses and strengths, do we understand how they got there and how best we can live with them?
- Do they “love” themselves

a) Each person is a unique individual creation – thus the **Personality** is explored in three ways –

Weaknesses reveal the state we have arrived at at this time

- Failures
- Bondages and recurrent problems
- Weakness of the will

Strengths

- Look at personality (say with StrategA system)
 - Or use MMM and other tools we have experimented with
- Potential* to develop

b) The person's view and understanding of their individual *Self* is important.

- What is their self-understanding and self-awareness, how willing to explore?
- What is their self-acceptance, too critical, not critical enough?

Put locus of control in here? – how much influence and control we have over our own lives.

a) Explore the locus of control in their lives

- How much control do they have over their lives, and how much do others have
- How do they respond to the authority of others?
- How do they take authority themselves?

c) How *mature* is the person, how do they learn from life's experiences.

- What is their view of wisdom
- How good are they at learning from experience
- How have they grown through suffering?
- How open are they to criticism

2 Relationships with others

- Family
- Friends
- Strangers

Sense of belonging – issue of Personhood through relationship – work of McFadyen etc.

Notes on McFadyen who is a theologian and previous health care worker.

The understanding of man as a relational being is one of the main themes of the work of Alistair McFadyen and is developed in his book *The call to personhood*.¹ McFadyen argues that each person can only be understood in social terms, thus “we become the people we are through our relationships with others”.² He stresses that this model does not just encompass inter-personal relationships but also includes social, cultural, historical, political and moral relationships.

McFadyen's basic concept of a person is both dialogical (formed through social interaction, through address and response), and dialectical (never coming to rest in a final unity, if only because one is never removed from relationship).³ He discusses the theological concept that humans are made in the image of God. This *imago Dei* can be understood in two dimensions, the vertical dimension where human beings are constituted through their relation to God, and the horizontal dimension where human relations produce an understanding of the person “in social categories in which relations between the sexes are of primary importance”. Importantly he defines relationship – “A

personal relationship is essentially an encounter between two or more partners who are different, who have some independence and autonomy in the relation and who may therefore engage with each other on the basis of freedom rather than coercion.”⁴ Personal relations are therefore characterised by call and response, the gift and return of dialogue

In addition to the vertical dimension of the image of God, McFadyen argues that there is also a horizontal dimension. Our response to God involves a social element as we relate between persons. This is not however an optional extra, but an essential part of this image “Dialogue is a bipolar process involving both distance (individual discreteness from the relation) and relation. Distinct identity is impossible except through relation, and relation only possible through the distance which separates the partners”

McFadyen argues that “the essence of dialogue is that it is an encounter based on the independence, freedom, and uniqueness of the partners. Because they are different, they cannot be adequately understood by the other unless they actively participate in the relation as an ‘I’ as well as a ‘Thou’”.⁵ He goes on to say that “their relation is a continuing relation process in which their identities are formed together as distinct though related”.

Thus he concludes that persons are what they are for others or, rather, the way in which they are for others. The human being is essentially a relational structure (the ontological aspect), and we are defined by the form our relationships, and therefore our individualities take⁶

McFadyen says – “persons have to be understood in social terms – if only because they are somehow the product of their relations”.⁷ Thus there is a real connection between the quality of our relationships and our personhood.

Thirdly, whilst recognising the place of institutional and societal relationships, he maintains that – “large-scale (institutional) relations cannot become a substitute for personal interactions ... and it is from interpersonal relations ... that we draw our understanding of ourselves as persons”.⁸ I would maintain that a significant amount of our development as persons is also drawn from our cultural and societal surroundings, and our relations within the institutions in which we find ourselves has a large bearing on our development. True this is the situation in our present world, but our calling as individuals may well be argued to involve relations within institutions as well as personal relationships.

- Quality of ability to relate, to give and receive love, to mend broken relationships and relate appropriately in different situations

To quote the Mental Health Foundation “Friendship as a form of spiritual connection is of basic importance to the lives of people with mental health problems.”

The second part of God's image is relationship. We are made to relate and the quality and usefulness of our relationships is a spirit led activity. We relate with God (dealt with later) and with other people who include friends, family, neighbours and strangers.

- a) **Friends** are a sign of the person's ability to relate with like minded people
 - How many friends, work or leisure pursuits?
 - Depth of support from them, how deeply can they share?
 - Understanding and practice of honour, loyalty, respect
- b) **Family** relationships are an example of relating to people we have to live closely with
 - Ability to give and receive love
 - Ability to confront and deal with conflicts
 - Ability to recognise own weaknesses and say "sorry"
- c) **Strangers** relationships include neighbours and enemies.
 - How much empathy and compassion do they have
 - Are they able to show mercy to those in need
 - Is there bitterness and un-forgiveness in their heart
- d) The spirit enables us to be **peacemakers** in conflicts
 - What is their ability to bring harmony and peace to situations?

3 Relating to the world

- Locus of control – themselves or others?
 - Attitudes to work
 - Social responsibilities
 - Cultural influences
 - Creativity – art, painting
- Ability to appreciate beauty, both in people and in the world.

Creative muses, inspiration

How does the person relate to the world around them? How do we exercise authority and control within the world. Today the issue is global warming, a few years ago it centred on the extinction of some animal and plant species, prior to that it was whether we would destroy everything with a nuclear bomb.

- b) How do they view the world of animals?
 - Too sentimental or too harsh?

- c) What is their view about the world's resources and our responsibilities
 - How do they structure their lives?
 - What is their attitude to wealth?
 - Is there dissonance between their views and their actions?

- d) What is their work ethic
 - Does work cause stress?
 - Are they in the correct job?
 - Do they know their personal strengths and weaknesses?
 - Are work relationships supportive?
 - Are they balanced between work, personal life, relationships and ministry?

- e) Society and cultures
 - How have they been influenced by their own culture?
 - How has their education affected their beliefs?
 - Are they engaged with their culture?
 - Are there cultural and religious tensions in their family and friends?
 - Are their leisure activities appropriate?

- f) How comfortable with science and how it relates to them as individuals
 - Are there clashes between their beliefs and scientific theory?
 - Especially in the area of health care

- d) An essential part of the human spirit is to be *Creative*.
 - What creativity do they use on a regular basis?
 - What frustrated creative instincts are there?
 - Is the person able to use their imagination creatively?

4 Morality and ethical practice

- Basis of their personal ethics
 - Are they based on external standards
 - Attitude to religious standards of morality
 - How aware are they of their conscience?
 - Attempts to act morally and consequences
- Issue of doing good and not harm to others

Our conscience enables us to have a personal morality and a set of ethics to guide our actions and behaviour.

- a) The conscience
 - Do they set too high standards for themselves?
 - Is the conscience weak?
 - Any problems?

- b) Basis of personal ethics
 - What is their world view?
 - What is their ethical stance on common issues?
- c) Nature of moral decisions taken
 - How do they put their ethics into practice

5 Purpose and meaning

- What hope do they have for the future?
- Priorities in life
- What fulfilments and disappointments have there been?
- What are the desires of their heart?
- What do they see as the purpose of life?

We need a sense of purpose for our lives, and the will-power to see us through the difficulties and challenges.

- a) Hope for the future
 - What plans do they have for the future?
 - Do they have hope?
 - Have there been shattered hopes in the past?
- b) Desires of the heart
 - What are the desires of their heart?
 - Dreams and aspirations
 - What plans to bring them to pass
- c) Priorities in life
 - How do they place personal needs, family, work and ministry
 - Is God a part of their decision making process?
 - Do they involve relevant others in decision making?
- d) Fulfilments
 - What successes have there been in their lives?
 - Have they turned failures into successes
 - Do they have bitterness towards others
 - How do they view themselves – as a failure or a success
 - What areas of their lives have been successful?
- e) Understanding of the purpose of life – their personal theology

6 Belief and Faith

- What do they put their faith in (faith is belief in action)
- Concentrate of health and healing rather than everything in life
- Beliefs which were handed down to them
- Beliefs which they actually believe in
- Cultural or religious influences

We all have a well developed set of beliefs – many derived subconsciously from our upbringing and culture. Faith is belief in action – we all have to have faith.

- a) What are their beliefs about God
 - Which religion has influenced them most?
 - Have they developed their own beliefs
 - How influential has the family been
- b) What are their beliefs about the purpose of their own life
- c) Do they believe in the spirit world
 - What is their view of the occult and satan?
 - Have they experienced demonic activity?
- d) Do they believe that God can communicate with them?
 - Do they pray
 - What results have they seen
- e) What do they put their faith in?

What do I put my trust in?

7 Religious experience

- Describe their personal religious journey
- Childhood experiences
- Knowledge of religions
- Painful religious experiences
- Helpful religious experiences
- Relationship with God?
- Attitude to prayer

Finally we come to their personal understanding of the Divine and their relationship with God.

- a) Describe the religious pilgrimage they have made
 - Did they have good experiences as a child?
 - Which religion did they grow up in?

- What battles and struggles with belief did they experience as they were growing up?
 - b) What have been the painful and harmful elements
 - c) What have been the positive and helpful elements
 - d) Do they have a personal relationship with God?
 - e) Do they have a false understanding about God
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So what is spirituality?

In the Shorter Oxford English Dictionary there are three different aspects to the definition of the human spirit and spirituality.⁹ Each of these may be stressed by different groups according to their own beliefs, however all three definitions have meaning and can be incorporated into an understanding of how to define, examine and interact with the spiritual aspects of people and thus help us in our discussion about the place of spirituality in health care.

Spirit and spirituality is –

- 1 That which is connected with religion and religious practice.
- 2 That which is connected to the non-physical (or meta-physical) world of spirits.
- 3 That which is connected to the highest and finest moral qualities of the human being.

So how can we expand these dictionary definitions into something which will assist us in caring for people's health. We can first look at some of the expanded definitions produced by other groups such as the Church of England, The National Institute for Mental Health, the Royal College of Psychiatrists, and the British Humanist Society.

The definition from "Promoting mental health: a resource for spiritual and pastoral care" prepared by the Church of England, the National Institute for Mental Health in England and "Mentality":-

"Spirituality is a quality that goes beyond religious affiliation, that strives for inspiration, reverence, awe, meaning and purpose, even in those who do not believe in God".¹⁰

The definition by the Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists:-

"In healthcare, spirituality is identified with experiencing a deep-seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration and wholeness ... Spirituality, described as linking the deeply personal with the universal, is inclusive and unifying. It naturally leads to the recognition that to harm another is to harm oneself, and equally that helping others is to help oneself. It applies to everyone, including

those who do not believe in God of a “higher being”. The universality of spirituality extends across creed and culture; at the same time spirituality is felt as unique to each and every person.”¹¹

Finally some definitions by humanist thinkers such as Professor Maslow and Marilyn Mason of the British Humanist Society.

Maslow has said –

“The spiritual life is part of our biological life. It is the highest part of it, but yet part of it. The spiritual life is part of the human essence. It is a defining characteristic of human nature, without which human nature is not full human nature. It is part of the real self, of one’s identity, of one’s inner core, or one’s specieshood, of full humanness.”¹²

Marilyn Mason has said –

“Even if scientists and philosophers do come at last to the conclusion that human beings are simply a mass of chemicals, purely physical, our minds and our better feelings would still be something pretty marvellous, worth celebrating and cultivating... I enjoy the arts, nature, friendship and love, and I have enough purposes and principles in my life to keep me going. Many of those who, like me, share and value deeply the experiences sometimes labelled “spiritual” would classify them differently, and more clearly and precisely”¹³

Plante and Sherman¹⁴ point out that spirituality and religiousness are complex, multi-dimensional constructs and are almost impossible to define to anyone’s satisfaction except the authors of the definition. Like love, most of us know it when we see it, but putting this into definitions is cumbersome and elusive. However we do need to have a rough map of the terrain and an understanding of its boundaries and major landmarks, even if each personal journey through this landscape is unique.

Putting all of the above discussion together we would like repeat our seven stage definition of **spirituality** so that it involves and includes –

1. A personal view and understanding of **our own image**
2. A means of **relating to others**
3. A means of **making sense of the world** we live in and the ability to interact effectively with it.
4. A set of **moral principles** which determine our ethical values and actions
5. A **sense of purpose** in life and hope for the future
6. A **personal belief system** which determines what we put our faith and trust in.
7. A set of experiences of our **involvement with God**, the Divine, or spiritual forces outside ourselves

We need to conclude this chapter by asking three important questions –

- 1 Does the human spirit play any part in producing illness and disease?

- 2 Does the human spirit play any part in a person re-gaining and keeping good health?
- 3 Does spirituality therefore form a valid part of a health care model?

Does the human spirit play a part in becoming ill?

This question and the next really go together, because only if the spirit plays a part in becoming unhealthy can we say that treating the spiritual issues will affect the general health of the person.

Many studies have concerned the issues of religious faith and health, and these are well summarised in the book edited by Plante and Sherman.¹⁵ They believe that there has been a shift in perceptions of the inter-relatedness of personal faith and health. In the distant past religion and healing were closely inter-twined. The earliest medical licenses were given out by the Church and these licences were forfeited in the event of ex-communication. These links were largely eroded as medicine became increasingly grounded in the Enlightenment rationalist sensibilities and Cartesian philosophy of science, which viewed mind (soul or spirit) as fundamentally separate from body. The physical body and corporeal world were seen as appropriate for sciences, and the mind or soul was the appropriate focus for the Church. In the more recent past this dualistic, biomedical model has been increasingly challenged by a broader, bio-psycho-social paradigm.¹⁶ One of the earliest thinkers in this area was Engel who viewed health and illness as a reflection of reciprocal interactions between biological, psychological and social influences.¹⁷

What do we know about the connections between spirituality, faith and health? Researchers have concentrated on 3 main areas of study –

- 4 Health beliefs and behaviours which are known to influence morbidity and mortality. These would include diet, smoking, alcohol consumption, sexual behaviour and contraceptive use etc. Most behaviours would have a positive influence on health, but others may have a negative influence.
- 5 Coping strategies when illness occurs. The social support networks of religious or spiritual communities will be important in helping people to overcome challenges and make adjustments. Good relationships help a person to adapt
- 6 Physiological functioning and how factors such as neuroendocrine activity, immune function and disease progression are altered by personal faith and beliefs.

Does the human spirit play a part in re-gaining and maintaining health?

This is mainly argued by David Chaput and is elaborated in chapter xx

Is spirituality a part of a medical model?

Finally we need to address the question of the relevance of all this emphasis on the spirit of mankind. Does it play any part in a medical model?

In looking at this question there are three main responses :-

The first response – which has been the accepted norm up to now – is that spirituality **plays no part** at all in a health care model. It may well have an important part to play in the health of some patients, but then so do clean water and efficient sewers. Providing fulfilment and love in a person's life is important but it does not come into a medical model. Other professionals have the skill and permission to explore these areas for a person's good, and in so doing they may be seen to complement the work of health care professionals, but do not in themselves intrude into a medical model. The main reason for this is that these beliefs are so personal that it would be difficult for any professional to satisfy the patient's beliefs and needs unless the health care worker also shares those same values and beliefs. So it is best to keep them quite separate and allow the patient to choose how to get these needs met for themselves.

If you believe that this first response is correct, then whilst acknowledging that in many people the spiritual aspects of their health may be important, it can play no part in a health care system in the type of secular, multi-cultural society that we live in. The wise practitioner would be able to refer on, in a general sense, to others who would be willing and able to help the patient.

The second response would be that spirituality is **an important part** of the delivery of an effective model of health care. The professional needs to exhibit acceptance, friendship, caring, support and encouragement so that the patient can utilise their spiritual resources to play a part in their recovery. A caring and compassionate doctor or health care professional acts as a healer and so assists a patient's recovery to health.

If you make this second response then you will develop good communication skills and practice being able to question, converse with, and help patients with the spiritual dimension of their lives. A compassionate, caring and understanding attitude, again combined with the skills and abilities to refer patients to more specialised resources would form the backbone of your consulting strategy.

The third response is the acknowledgment of the part the human spirit, both in becoming ill and also in regaining health, so forming **an essential component** of the health care model. The health care worker can only be maximally effective when integrated into a whole person model of health which explores and seeks to understand how the different parts of the person have contributed to the health problem. The power of both the mind and the spirit then need to be mobilised in order to assist the healing of the body, the mind and the spirit.

It is only if you consider this third response that a new approach, involving a whole-person model of health, becomes necessary, because the spiritual dimensions will be part of the

causative factors producing illness, and so need to be taken into account when making a diagnosis and thus deciding on suitable treatment. This approach will be tackled in the ensuing chapters.

Up to recent times the first response was widely accepted as the correct one for health care professionals. There is now an increasing acceptance of the second response and much of this is taught in good medical practice. We recognise that the third response largely takes us into the area of the unknown. There is little research and much conflicting anecdotal evidence of the place of spirituality in health care. This book is an attempt to explore the implications of this approach and to explore practical issues raised.

END NOTES

¹ McFadyen, A.I. *The call to personhood* 1990 put full reference here

² McFadyen, A.I. *The call to personhood* p xi

³ McFadyen, A.I. *The call to personhood* p 9

⁴ McFadyen, A.I. *The call to personhood* p 18

⁵ McFadyen, A.I. *The call to personhood* p 32

⁶ McFadyen, A.I. *The call to personhood* p 40

⁷ McFadyen, A.I. *The call to personhood* p 18

⁸ McFadyen, A.I. *The call to personhood* p 256-7

⁹ Shorter Oxford English Dictionary. Ed Onions, C.T. 1973, Clarendon Press, Oxford. ISBN 0 19 861126 9, Vol 2 pp 2078-9

¹⁰ "Promoting Mental Health: a resource for spiritual and pastoral care" FIND FULL REFERENCE

¹¹ Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists FIND FULL REFERENCE

¹² Maslow FIND FULL REFERENCE

¹³ Mason, M. FIND FULL REFERENCE

¹⁴ Plante and Sherman p 5

¹⁵ Plante, TG and Sherman, AC (eds) *Faith and Health: Psychological perspectives*, 2001 New York, The Guilford Press. ISBN 1-57230-682-3

¹⁶ Plante, TG and Sherman, AC *ibid* p 2

¹⁷ Engel, G.L. (1977) *The need for a new medical model: A challenge for biomedicine*. Science, 196, 129-136