Introduction to Spirituality
by Barbara Leonard, Ph.D. and David Carlson, M.Div.
While theorists and researchers have yet to agree on a single, universally accepted theory or definition of spirituality, few would deny its existence or impact on health and healing.

The goal of this course is to offer an overview of the characteristics of spirituality to those interested in spirituality and to provide an understanding of spirituality and how to incorporate it into health care for those who are health care providers.

• Theories of spirituality, its many definitions, and essential elements will be discussed.

• The stages of spiritual development and the connection between spirituality and healing will also be described.
Upon completing this course, you will be able to do the following:

1. Differentiate between the physical, psychological, and spiritual dimensions.
2. Explain theories of spirituality.
3. Compare the definitions of spirituality.
4. Describe the essential elements of spirituality.
5. List and explain the stages of spiritual development.
6. Describe the two-directional process of spiritual growth.
7. Describe the connection between spirituality and healing.
Characteristics of Spirituality
Introduction

Over the last several decades, the topic of spirituality has come to the forefront of public and professional consciousness. With the dawn of a new century, spirituality has received increased coverage in the media and more discussion in the workplace, in politics, and in education (Messikomer & De Craemer, 2002). Spirituality has also become more apparent in health care, with increasing evidence that spiritual factors are important components of health and well-being (Dossey, 2001). The need for health care providers to effectively address the connection between spirituality and health is becoming widely recognized as more people want spiritual content to their health care.

As the information age gives way to the intuition age and more people become spiritually centered, health care professionals will need to focus less on logical, linear, mechanical thinking, and more on creative, lateral, and emotional thinking (Reynolds, 2001). This shift in focus will require the provision of care to encompass a more holistic perspective— one that attends to all aspects of the mind, body, and spirit. As Burkhardt and Nagai-Jacobson (2002) so aptly write in their book, *Spirituality*, “Spirituality is at the heart of caring for the whole person” (p. 1).

Yet the lack of a clear definition or a concise conceptual framework, coupled with limited opportunities for spiritual training and professional development of health care providers, has resulted in the neglect of this aspect of client care. For health care providers, this course will attempt to help fill that gap. For the non-healthcare student, the course will help provide an understanding of spirituality.

This section will begin with an exploration of the many theories and definitions of spirituality, the stages of spiritual development, and the connection between spirituality and healing.

**Please Note**

No discussion of spirituality would be complete without referring to the concept of a higher power or creator. This being is known throughout the world by many different names, including God, Goddess, higher power, Divine Spirit, Ultimate Being, the Absolute, Lord, inner light, life source, Allah, Tao, Spirit, the way, and universal love. Because it would be too cumbersome to try to include all the different names on every use, we will most often use the term *God* throughout this course. We mean no disrespect to anyone, and sincerely hope none is taken.
The Spiritual Dimension

Spirituality encompasses all aspects of being human and is a means of experiencing life. Spirituality has also been defined as an integral dimension of the health and well-being of every individual (Skokan & Bader, 2000). By caring for clients in a way that acknowledges the mind-body-spirit connection, health care providers acknowledge the whole person (Cobb & Robshaw, 1998; Goddard, 2000).

In the past, spiritual care was synonymous with religious care. Although spirituality may include traditional religious beliefs and practices, spirituality is a much broader concept that also includes nonreligious beliefs and expressions (Thomason & Brody, 1999). Today’s multicultural society, with its many secular and religious beliefs, requires spiritual care that respects the integrity of different faith communities as well as that of individuals outside the faith communities (Cobb & Robshaw, 1998).

J. D. Enblen (1992) examined the literature to determine the differences in definition regarding the concept of spirituality and religion. He found that the following six words appeared most frequently when describing religion: system, beliefs, organized, person, worship, and practices. In descriptions of spirituality, the following nine words appeared most frequently: personal, life, principle, animator, being, God/god, quality, relationship, and transcendent.

In the holistic perspective of health care, the body, spirit, and mind are interconnected and interact in a dynamic way in the “whole person,” making it difficult and artificial to try to separate these three dimensions. However, health care providers find it useful to distinguish between them for purposes of assessment and treatment. One way to differentiate between them is the following (Mansen, 1993; Taylor, 2002):

- **The physical dimension (body)** is world-conscious. It is that aspect of individuals that allows them to taste, feel, see, hear, smell, and be experienced by others.

- **The psychological dimension (mind)** involves self-consciousness and self-identity. It is that aspect of an individual that deals with issues related to human interactions (and associated emotions such as grief, loss, and guilt) on an intimate level.

- **The spiritual dimension (spirit)** is described as a unifying force within individuals, integrating and transcending all other dimensions. This dimension is also described as God-consciousness, or related to a deity or supreme values. It is concerned with the meaning of life, individual perceptions of faith, and an individual’s relationship to the Ultimate Being.
Characteristics of Spirituality

Theories of Spirituality

Spirituality is reflected in everyday life as well as in disciplines ranging from philosophy and popular literature to psychotherapy, health psychology, medicine, nursing, sociology, and science (Chandler, 1999; Hatch, Burg, Naberhaus, & Hellmich, 1998; Mahoney & Graci, 1999; Tuck, Wallace, & Pullen, 2001). While no one has been able to provide a universally accepted definition of spirituality, theorists and researchers agree that it is a multidimensional phenomenon, and descriptions of its characteristics abound in the literature. The theories presented here are a sample of some of the theories in use today. They include concepts from theology, psychology, sociology, medicine, and nursing.

Theories from Theology, Psychology, and Sociology

Theology describes spirituality as one’s belief in God, which is expressed through religious beliefs and practices. In psychology, spirituality is explained as an expression of one’s internal motives and desires, concentrating on the self instead of God. Psychology examines one’s spiritual search for meaning, purpose, and guidance. Sociology examines the concept of spirituality by studying groups of people. According to sociology, people strongly influence other people, who are in turn influenced by the groups in which they live. Sociology describes spirituality as the spiritual practices and rituals of groups of people as well as the social morality within personal relationships (Meraviglia, 1999).

Medical Theories

Until recently, contemporary medicine has historically given little attention to the spiritual dimension, despite its importance in the fundamental goal of healing. However, medicine now focuses increased attention on exploring the relationship between clients’ spiritual needs and more traditional aspects of their medical care. Medical schools have begun offering courses in spirituality, religion, and health, with many schools receiving grants from the National Institute for Healthcare Research to develop curricula in spirituality and medicine (Hiatt, 1986; Koenig, Idler, & Kasl, 1999). Trends that appear to be driving this new interest in spirituality include the many studies that have demonstrated a strong connection between spirituality and improved health, client demand for greater personal attention from their physicians, the growing importance of end-of-life care, and the increasing dissatisfaction among physicians with what they view as an increasingly depersonalized practice (Moran, 1999).
Nursing incorporates all the aforementioned perspectives (theology, psychology, sociology, and medicine) while also examining spirituality quantitatively from other perspectives, including spiritual health, spiritual well-being, spiritual perspective, self-transcendence, faith, quality of life, hope, religiousness, purpose in life, and spiritual coping (Meraviglia, 1999). Traditionally, nursing has always been concerned with the health care of the whole person, including the physical, psychological, social, cultural, environmental, and spiritual dimensions (Bergquist & King, 1994; Martsolf & Mickley, 1998).

Nursing theoretical models in which spirituality is a major concept include Betty Neuman’s Neuman systems model, Margaret Newman’s theory of health, Rosemary Parse’s theory of human becoming, and Jean Watson’s theory of human caring.

- **Betty Neuman’s Neuman systems model** focuses on the wellness of the client in relationship to environmental stressors and reactions to stressors. In her Neuman systems model, the client/client system is described as the central core, surrounded by concentric rings. The central core includes innate energy resources or basic survival factors common to all people, and the rings are the mechanisms that protect the central core. The entire client system contains five variables: physiological, psychological, sociocultural, developmental, and spiritual. To address the wholeness concept of care, practitioners must consider all five variables. Several authors have expanded Neuman’s model to include issues related to spiritual well-being, spiritual needs, spiritual care, and spiritual distress (Fawcett, 2001; Knight, 1990; Martsolf & Mickley, 1998).

- **Margaret Newman’s theory of health** expanded Martha Rogers’ idea of humans as energy fields to humans as unique patterns of consciousness. Newman’s theory defines consciousness as the capacity of the system to interact with the environment, and Newman posited that the process of life involves movement toward higher levels of consciousness. The dimensions of person-environment interaction include exchanging, communicating, relating, valuing, choosing, moving, perceiving, feeling, and knowing. Newman described expanded consciousness as a general spiritual term (Martsolf & Mickley, 1998).
Characteristics of Spirituality

• **Rosemary Parse’s theory of human becoming** was developed to move nursing’s view of the person from the medical model to a human science perspective (Martsolf & Mickley, 1998; Parse, 1992). In their book, *Holistic Nursing*, Dossey, Keegan, and Guzetta (2000) describe Parse’s theory in the following way: “**Person** is a unified, whole being. **Health** is a process of becoming; it is a personal commitment, an unfolding, a process related to lived experiences. **Environment** is the universe. The human-universe is inseparable and evolving together” (p. 179).

• **Jean Watson’s theory of human caring** is based on a spiritual-existential and phenomenological orientation that draws on Eastern philosophies. It focuses on nurse-client interactions and posits that humans are energy fields with patterns of consciousness. This theory acknowledges the spiritual dimension of people. In Watson’s theory, caring is considered the essence of nursing practice and requires the nurse to be personally, morally, and spiritually engaged. The one caring and the one being cared for are considered co-participants in self-healing; they each have the power to heal themselves (Falk-Rafael, 2000; Martsolf & Mickley, 1998; Saewyc, 2000; Watson, 1988).

For theoretical unity to be achieved, there is a need for consistency and universality in both the terminology and language used to describe the spiritual dimension (McSherry & Draper, 1998). The challenge for health care providers and spiritual care providers is to agree on such a universal theory. A universal, inclusive definition of the spiritual dimension that reflects the unique nature of all individuals will provide a basis for research and enable spirituality to be studied more carefully.
Defying development of a standard definition, spirituality remains a highly subjective, personal, and individualistic concept (Coyle, 2002). To many, spirituality represents a necessary essence of life that energizes both thoughts and actions (Taylor, 2002). To others, spirituality is a belief in a power operating in the universe greater than oneself. Still others define it as a sense of interconnectedness with all living creatures, and an awareness of the purpose and meaning of life (Walton, 1999).

Universal Definitions

Although the definitions vary on some points, they seem to agree that all people are spiritual beings. Everyone has a spiritual dimension that motivates, energizes, and influences every aspect of his or her life. Spirituality can be considered a basic human quality that transcends gender, race, color, and national origin. At the same time, spirituality has many intangible aspects and is an intensely personal issue. It means different things to different people, and these differences are often difficult to describe. Many individuals cannot describe “a spiritual experience,” yet they are convinced that they have experienced something spiritual (Taylor, 2002).

The term *spirituality* is derived from the Latin *spiritus*, meaning breath. It is also related to the Greek *pneuma*, or breath, which refers to the vital spirit or soul. According to Dossey et al. (2000), spirituality is the essence of who we are and how we are in the world and, like breathing, is essential to our human existence. M. Miller (1995), in an article titled “Culture, Spirituality, and Women’s Health,” further elaborates, “If one believes that spirituality permeates all human experiences rather than being additional to them, one must accept it as integral to health or a sense of wholeness or well-being” (p. 258).
In *Spiritual Care*, E. J. Taylor (2002) notes that dictionaries define spirituality through a variety of terms, including the following:

- Sacred
- Moral
- Holy or divine
- Of pure essence
- Intellectual and higher endowments of the mind
- Ecclesiastical (relating to religious organizations)
- Incorporeal (without a physical dimension)
- Spirits or supernatural entities
- Highly refined in thought and feeling

A consensus panel of experts at the National Institute of Healthcare Research also attempted to define spirituality. Following an extensive review of research on spirituality and religion, the panel defined spirituality as “the feelings, thoughts, experiences, and behaviors that arise from a search for the sacred” (Boudreaux, O’Hea, & Chasuk, 2002, p.439).
Characteristics of Spirituality

Additional sources provide their own definitions for spirituality:

- Spirituality involves the nonphysical, immaterial aspects of an individual’s being with energies, essences, and the parts of people that will exist after their bodies disintegrate. The whole picture of health involves physical, mental, and spiritual components. Whether or not a person is religious, he or she can lead a spiritual life and explore the influence of spirituality on health (Weil, 1997).

- Spirituality is the animation force, life principle, or essence of being that permeates life and is expressed and experienced in multifaceted connections with the self, others, nature, and God or life force. Shaped by cultural experiences, spirituality is a universal human experience (Miller, 1995).

- Spirituality is rooted in an awareness that is part of the biological makeup of the human species. Spirituality is present in all individuals and it may manifest as inner peace and strength derived from a perceived relationship with a transcendent God or an ultimate reality or whatever an individual values as supreme (Narayanasamy, 1999).
What is Spirituality?

Defining Spirituality in More Depth

When you hear the word spirituality, you probably have a wide range of responses.

Spirituality is one of those words in our language that has a certain dictionary meaning, but also carries with it multiple implications and inferences that convey a personal meaning for each individual.

Like words such as love, fear, greed, and joy -- spirituality evokes so many human connections and experiences that the word quickly becomes associated with metaphors, images, and symbols.

Each individual reacts to these associations based on their particular life experiences and story.

The word spirituality conveys a personal meaning for each individual.
What is Spirituality?

What is your definition of spirituality?

The term 'spirituality' has both personal and public implications and applications. When we are using this term in relationship to healthcare, there are many aspects that can help or hinder both our understanding and practice. In this module, we will assist you in creating your own 'working definition' that can be useful in your particular setting and practice.
What is Spirituality?

Dictionary Definition

The American Heritage dictionary gives this definition: "Spirituality is the state of, quality, manner or fact of being spiritual; having the nature of spirit, not tangible or material."

The word spirituality comes from root-words in Hebrew, Latin, and Greek that all mean wind, breath, or air--that which gives life.

We have common terms that use 'spirit' as a sense of energy, essence, vitality, awareness or consciousness, such as: 'team spirit', 'sing with spirit', 'in high spirits' 'a generous spirit', 'spirit of the law', or 'get in the spirit of it.' At death some people say that the 'spirit' has left the body.
What is Spirituality?

Other Definitions
Looking at a few other definitions may give you some ideas to refine your own definition.

- Murray and Zenter (1989) define spirituality as 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. The spiritual dimension, they suggest, strives to be in harmony with the universe, strives for answers about the infinite, and comes into focus when the person faces emotional stress, physical illness, or death.
- Pulchalski (2000) contends that "Spirituality is that which allows a person to experience transcendent meaning in life...whatever beliefs and values give a person a sense of meaning and purpose in life."
- Plotnikoff (2002) writes that "Spirituality is a journey toward, or experience of, connection with the source of ultimate meaning...with one's self, with others, with nature and with a higher power."
What is Spirituality?

**Working Definition**

As you may recall, the 'working definition' we are using in this educational module is:

*Spirituality is embracing, celebrating, and voicing all the connections with the ultimate/mystery/divine, within me and beyond me, in experiences that give me meaning, purpose, direction, and values for my daily journey. Spirituality exists in our connection to other humans, our environment and the unfolding universe beyond, and the transcendent.*
What is Spirituality?

If you would like, take a moment now to write some words that you associate with spirituality.
Spirituality and Religion
Spirituality and Religion

Since both spirituality and religion are based on human experiences, it is sometimes difficult or confusing to separate them. And spirituality and religion do spring from common roots.

Both seek to fulfill a human desire for meaning and to answer basic human questions, such as who am I?, why do I exist?, what will make my existence worthwhile?

What follows is a simplified discussion to help clarify some distinctions and similarities between religion and spirituality. This is not to be seen as a precise, definitive set of definitions.
**Spirituality and Religion**

**Issues in Defining**

Both religion and spirituality are very complex and paradoxical and concern a relationship with the Transcendent. Thus by definition, they are hard to explain in words.

Attempts to use a rationalistic, logical, or categorical mindset will not illuminate the depths and beauty of what we are seeking to grasp. Defining spirituality and religion presents the same challenge as trying to define other significant, powerful experiences such as love, hate, joy, or sorrow in all their unique experiences and profound variety. To begin to approach an understanding, we need art, poetry, symbol, metaphor, image, music, and wisdom traditions, among other approaches.

That said, we will attempt to make some distinctions here.
### Spirituality and Religion

What music, poetry, or images have an important spiritual meaning for you?

![reflective](image)

Of course this is a personal answer, but some common responses are:

<table>
<thead>
<tr>
<th>Music</th>
<th>Poetry</th>
<th>Images</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pachabel’s Canon</td>
<td>Mary Oliver</td>
<td>Landscapes</td>
</tr>
<tr>
<td>Barber’s Andiago in D</td>
<td>Denise Levertov</td>
<td>Candles</td>
</tr>
<tr>
<td>Beethoven’s Ninth Symphony</td>
<td>Gerald Manley Hopkins</td>
<td>Labyrinths</td>
</tr>
<tr>
<td>Drumming</td>
<td>Robert Bly</td>
<td>Paintings by European masters</td>
</tr>
<tr>
<td>Chanting</td>
<td>Mayou Angelou</td>
<td>Japanese ink drawings</td>
</tr>
<tr>
<td>Rap music</td>
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</tr>
</tbody>
</table>

These and others help raise and answer questions such as "Who am I?" "Where do I belong?" "What is my role?" "What is important to me?"
**Religion**

Religion has a basic function to create and nurture communal as well as individual spiritual life. In fact, the word religion comes from a Latin root-word that means: to tie or hold together, to secure, to bind, or fasten together to create a system of attitudes and beliefs. You can look at this basic function in any world religion and see how the traditions, rites, practices, and institutions exist to accomplish this.

Participation or commitment to a religion may involve adherence to certain beliefs (ideology), religious practices (prayer, sacraments and rituals), religious proscriptions (dietary modifications or avoidance of tobacco, alcohol and drugs), and participation in a religious community.

Religious activities might include reading scriptures or sacred texts, praying, singing hymns, or attending worship services.
Spirituality and Religion

Spirituality

Spirituality is understood to be a broader concept than religion. Murray and Zentner (1989) define spirituality as 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.

The spiritual dimension, they suggest, tries to be in harmony with the universe, strives for answers about the infinite, and comes into focus when a person faces emotional stress, physical illness or death.

In a spiritual practice, a person might take walks in nature, converse about meaning in events, meditate, or read to explore the infinite.

Most people experience some tension between spirituality and religion and might ask questions, such as: Is my own experience a more accurate picture of my "truth" than the religious system or tradition in which I practice? In addition, certain experiences, such as marriage or death, may cause individuals to reevaluate the answers given by their faith traditions.
**Spirituality and Religion**

**Distinctions**

This illustration offers a simplistic, but possibly helpful way, to consider some of the distinctions between spirituality and religion. Note that these attributes are not exclusive to one or the other, but are more a matter of emphasis.

<table>
<thead>
<tr>
<th>Spirituality</th>
<th>Religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Truth</td>
<td>Codified community answers</td>
</tr>
<tr>
<td>Non-institutional</td>
<td>Institutions (buildings and acknowledged leaders)</td>
</tr>
<tr>
<td>Internal accountability</td>
<td>External and internal accountability</td>
</tr>
<tr>
<td>Texts with personal meaning, including sacred</td>
<td>Sacred texts of that faith tradition</td>
</tr>
<tr>
<td>Individual discovers own truth</td>
<td>Individual learns the defined community truth</td>
</tr>
<tr>
<td>Driven by a search for the sacred</td>
<td>A fulfillment of social expectations or needs</td>
</tr>
</tbody>
</table>

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**Relationship Between Religion and Spirituality**

Another way to look at spirituality and religion is to use a series of circle images to illustrate these perspectives. This approach is descriptive, not definitive, and an attempt to view these entities in a larger, interdisciplinary perspective.

This diagram shows the relationship of spirituality and religion for many people in terms of the questions that are asked within each.

- In spirituality, the questions are: where do I find meaning, purpose, direction, and value?
- In religion, the questions are: what is true and right? Where do I belong?

Where the circles overlap is the individual experience.
**Spirituality and Religion**

**One Common View**

The relationship between spirituality and religion is an individual one, and it may change throughout the individual's life span. A common perception of people in our society is that religion and spirituality are basically the same experience and overlap almost completely.

In large part, most people are accustomed to talking about spirituality with the language and terms that they learned from their religious backgrounds. Most religious institutions tend to re-enforce this lack of separation, and thus some loyal, religious people may believe that there is no spirituality beyond their own religion or faith tradition. There are also individuals who are satisfied with the perspective provided by their religion and do not feel a need to look beyond it to examine broader concepts of spirituality.

Here is a metaphor to help illustrate this: if I believe that my mother alone makes the best sugar cookies, and I never try any other sugar cookies, I may live and believe my viewpoint is the "total truth" about cookies. I will not be harmed by my opinion, but I also may miss some other meaningful experiences.
Spirituality and Religion

Rich History of Distinct Spirituality

In the larger history of human experiences, there is a rich and varied history of spirituality that exists outside or alongside of all the organized, traditional religions. Some of this is called folk religion, earth religion, pagan, old wives’ tales, folk medicine, or in the New Testament for Christians, “elemental spirits.”

Much of this has been branded as heresy by some faith traditions. Today, some of this broad variety of human expression is labeled “new age” and is seen as disturbing to some individuals from particular religious traditions.

But, as human history indicates, when established religious systems fail to provide meaningful experiences, vital guidance, or application relevant to current life issues, some people look to other sources for nurture, sustenance, purpose, and meaning. Study any world religion and you will find individuals or groups that split off because the “church” didn’t address their values and needs.
History of Spirituality
History of Spirituality

Recent Change in Worldview

Until very recently, the Western worldview was dominated by a science that believed that reality was basically matter--measurable in time, space, and substance. Any other experience of reality was not 'scientific.' As you can deduce, there was little room in this view for spirituality.

But this has changed in the last 50 years, in part due to quantum physics, which holds that "matter" is actually energy and not a finite substance. All that we think of as matter interacts in myriad ways with everything around it. Thus, when we look at the current fields of science, religion, philosophy, medicine, mathematics, biology, chemistry, or physics, we see each discipline trying to understand both the personal and the universal, the inner and the outer worlds.

Today science, philosophy, and religion are trying to understand the personal and the universal, the inner and the outer worlds.
**History of Spirituality**

**Modern Perspective**

Not everybody acknowledges the importance of the inner and outer worlds yet, and some of our health sciences and theological educational systems are working to align their instruction with this new perspective.

But the artificial barriers between body and spirit that some systems still hold cannot be maintained, due to the increasing evidence that they constantly interact as a unity.

For example, we’ve known for several decades about the increased risk of morbidity and mortality in spouses whose life-partners die in the preceding year (*References*). A severe emotional blow may well have severe physical consequences. In the 1960s, researchers demonstrated a positive correlation between cumulative stressful life events and subsequent physical illness in sailors reporting for sea duty. (*Holmes and Rahe, 1971*).

The relationship between emotional/psychological stress and physical illness is well accepted clinically. Psychoneuroimmunology now provides the scientific bases for what has been observed clinically for more than 60 years.

*The body and spirit consistently interact as one.*
History of Spirituality

History of Spirituality in Western Healthcare

In ancient Greece, the mind, body, and spirit were treated as one, and medicine was holistic and spiritual. The Greek philosophy and understanding of medicine prevailed throughout Europe well into the 15th century.

The ancient Hebrews also had a holistic approach to healing, as did the early Christians who combined both the Hebraic and the Greek approaches.

But, as the Church developed hospitals and provided healing at the end of the middle ages, its resistance to scientific approaches resulted in a split between medicine and the spiritual.
For almost 200 years in Europe and continuing in the early 1700s in Colonial America, witch trials resulted in the elimination of healing and spiritual practices of indigenous women, including midwives. In fact, some estimate that 9 million women were killed during that period. The feminine influence in healing was essentially destroyed—an inestimable loss.

History of Spirituality

History of Spirituality in Western Healthcare

<table>
<thead>
<tr>
<th>Prior to 1400</th>
<th>1400-1600</th>
<th>1600s</th>
<th>1700s-1970s</th>
<th>1950-present</th>
</tr>
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</table>

With the advent of dualism in the 17th century, there came a division of domain, wherein the church took care of the soul and spirit, and medicine took care of the body (and later the mind).

Descartes contributed greatly to the dualistic view that mind and body were distinct. Descartes is credited with having said that “the body does not need a mind to function; the body is a marvelous machine.”

But even Descartes, with his mechanistic view of the body, was committed to keeping the mind open to the ‘yet unknown truth’. Descartes planted a seed that is just now sprouting in noetic science when he said, “I think, therefore I am.” He, perhaps unknowingly, suggested the foundations for the existence of awareness, consciousness, or presence of a factor of reality that science has not explored for more than 300 years.
The tension between religion and science continued from the time of Descartes until well into the late 20th century. For example, early in this period, the church would not permit autopsy, so it had to be done clandestinely.

The 1800s saw the birth of allopathic biomedicine, which followed a mechanistic view of the body. For example, allopathic biomedicine and the pharmaceutical industry put much emphasis on finding a single chemical entity that will target a single receptor site or other part of the biological "machine" and fix the problem, much as a mechanic might use a wrench to fix one’s automobile. In this practice, there was not much room for spirit or soul.

In 1910, the Flexner report led to a series of government "reforms" which forced all medical schools to adopt the allopathic criteria and processes or close.

Since the 1950s, science and healthcare have been greatly affected by transformative insights from Albert Einstein and his followers. The view of the universe has been forever changed by the discoveries of the innate connections/consciousness of all matter and space.

In the last few decades, research has expanded in the disciplines of noetic science: a science of consciousness and the world of inner experiences. This field, as rigorous as materialistic science, explores the inner world of human experience that religion, wisdom traditions, and spirituality have long explored. It explores how our belief systems create and inform our reality.

The human species has come back home to explore a unified perspective. For a comprehensive exploration of the tension and complementary aspects of religion and science, see Ken Wilbur, Marriage of Sense and Soul.

History of Spirituality

Summary

Many of us have been consistently immersed in old science -- the Cartesian concepts that subject and object are totally separate; that pure thought and reason do not include feelings, sensations, or intuition; and that by maintaining impersonal objectivity, we will ultimately know true reality.

Scientists and others are now considering the influence of thoughts, attitudes, and beliefs on the sub-atomic cellular structures of all living things and the interface of the meta-physical universe with what used to be called "matter." They are exploring how to embrace what is called energy, consciousness, or mystery. This clearly has an impact on human healthcare.
What is Spirituality?

Now that you have gotten to this point in our discussion, has your definition of spirituality changed at all from the beginning of the module?

Type your definition in the space provided.
What is Spirituality?

Summary

- Spirituality is one of those words in our language that has a certain dictionary meaning, but also carries with it multiple implications and inferences that convey a personal meaning for each individual.

- The word spirituality comes from root-words in Hebrew, Latin, and Greek that all mean wind, breath, or air--that which gives life.

- The word religion comes from a Latin root-word that means: to tie or hold together, to secure, to bind, or fasten together to create a system of attitudes and beliefs.

- Religion has a basic function to create and nurture communal as well as individual spiritual life.

- The relationship between spirituality and religion is an individual one, and it may change throughout the individual's life span.
Elements of Spirituality
**Spiritual Issues**

In *Core Curriculum for Holistic Nursing*, B. M. Dossey (1997) defines spiritual issues as “core life issues” that cannot be quantified and often have no clear answers. Dossey’s list of spiritual issues includes the following:

- **Mystery**—that which cannot be understood or explained
- **Suffering**—why mind, body, and spiritual pain is present and what it means
- **Forgiveness**—the choice to release one’s self or another from judgment because of a perceived wound
- **Grace**—an understanding of the gifts of life that are often attributed to providence
- **Hope**—that desire accompanied by expectation of fulfillment
- **Love**—an acknowledged mystery that is experienced and expressed in caring acts, both given and received
Health Care Definitions
A person’s spirituality provides insight into the their experience base, provides a context for making health care decisions, and allows health care professionals to help patients in a way that limits suffering. Within the health care profession, the following additional concepts help define spirituality (Burkhardt, 1989; Dyson, Cobb, & Forman, 1997; Taylor, 2002):

- **Inspiriting**—the ever-evolving, interconnected, harmonious “mystery” that arises from an individual’s inner strength. How a person responds to life events determines his or her “spirit titer” and will result in that individual either being uplifted (inspired) or disheartened (dispirited).

- **Spiritual quality of life**—a phrase suggesting that an individual’s spiritual dimension is crucial to a quality life; strong beliefs, hope, religiosity, and inner strength contribute to a meaningful life.

- **Spiritual well-being**—a term often found in nursing literature, spiritual well-being identifies harmonious interconnectedness with a deity, the self, the community, and the environment. It also relates to life-affirming relationships, creative energy, the wholeness of an individual’s spirit and unifying dimension of health, faith in a higher power, enhancement of the individual’s inner resources, and inner strength.

- **Spiritual disequilibrium**—a state of inner chaos that occurs when an individual’s most cherished beliefs are challenged. This frequently occurs during the time when a life-threatening illness is diagnosed.

- **Spiritual need, spiritual problem, spiritual concern**—a factor determined by a specific individual to be necessary to establish or maintain the individual’s relationship with his or her higher power. Spiritual needs have been described as the deepest requirement of the self.

- **Spiritual distress**—a disruption of life principles that pervades every aspect of a person’s being and transcends the biological and psychosocial aspects of that person’s nature.

- **Spiritual pain, spiritual alienation, spiritual anxiety, anger, guilt, loss, and despair**—specific nursing diagnoses that describe an individual who has a pervasive loneliness of spirit, often stemming from an intense feeling of alienation from his or her God or higher power, and manifested by a deep sense of hurt.
To properly identify their clients’ spiritual needs and provide spiritual care, health care providers must understand the elements of spirituality and how they are expressed by different individuals.

A review of the literature explores the meaning of spirituality and reveals that “the self, others, and ‘God’ provide the key elements within a definition of spirituality and that other emerging themes, namely meaning and purpose, hope, relatedness/connectedness, beliefs/belief systems, and expressions of spirituality, can be articulated in the context of those three key elements” (Dyson et al., 1997, p. 1183). The key elements of spirituality are discussed below.

**Self, Others, and God**
The centrality of the relationships between self, others, and a higher power or God is a major focus of spirituality and a prominent emerging theme in the spiritual literature.

- **Self**: The individual’s inner self and inner resources are fundamental in the exploration of spirituality.

- **Others**: The individual’s relationships with others are equally important. The need for affiliation and interdependence has long been recognized as part of the human experience.

- **God**: The concept of God and a person’s relationship with God have traditionally been understood within a religious framework. Today, however, a broader and less restrictive framework is emerging. God is experienced as a unifying force, life principle, or essence of being. The nature of God may take many forms and have different meanings for different individuals. Individuals experience God in many ways, such as in relationships, nature, music, art, and pets. For example, nurturing children or caring for plants and animals can provide a sense of self-satisfaction and joy (Walton, 1999). Effective health care providers and spiritual care providers integrate these expressions of spirituality in their care of clients.

Spiritual relationships with self, others, and a higher power can be a tremendous source of comfort, providing healing energy and strength to an individual. This energy can be reciprocal, insightful, and meaningful for both health care providers and clients (Dyson et al., 1997; Walton, 1996).
Elements of Spirituality

Essential Elements of Spirituality

**Meaning and Purpose**

Another essential element of spirituality is finding meaning and purpose in life (Burkhardt & Nagai-Jacobson, 2002). The quest to find meaning in life emerges as a dominant theme in spirituality, with the relationship to self, others, and God contributing to its discovery (Dyson et al., 1997). In *The Meaning of Everyday Occupation*, B. R. Hasselkus (2002) states “So, where do meanings come from? They are personally and socially derived. For some, meanings in life may be heavily weighted by personal and unique values and histories; for others, meanings may stem largely from the community and culture in which we live. From a life span perspective, the sources of meaning in our lives may be thought of as a continuum or as a developmental trajectory that unfolds throughout life” (p. 3).

M. Burkhardt (1989) describes this search for meaning as an “unfolding mystery.” The need for purpose and meaning in life is a universal trait and may be essential to life itself. If an individual is unable to find meaning and purpose, all aspects of his or her life may be affected and a sense of emptiness and unworthiness can result. Spiritual distress may then be experienced, which can contribute to emotional distress and can ultimately lead to physical problems (Burkhardt & Nagai-Jacobson, 2002).

Spiritual individuals experience more meaning or purpose in life than do their nonspiritual counterparts. Some individuals are able to derive meaning from an adverse experience in such a way that it promotes a sense of well-being or healing (Mahoney & Graci, 1999). Meaning in life is an outcome of spirituality that can be effectively measured and can be found creatively through poetry or painting, adherence to a political ideology, or in relationships with other people (Goldberg, 1998; Meraviglia, 1999).

**Hope**

A spiritual need common to everyone, hope can be described as a sense of energy exchanged between individuals and their environment. It is perceived as emanating from mutual affiliation and concern for others as well as the self, and it encompasses a sense of relatedness to possibilities and powers beyond the self and the present (Hinds, 1988; Owen, 1989).

Spiritual individuals tend to be more hopeful than their nonspiritual peers (Mahoney & Graci, 1999). It is often said that where there is life, there is hope, but Kleindienst (1998) also believes that there is just as much truth to the opposite sentiment: Where there is hope, there is life.
Essential Elements of Spirituality

Relatedness/Connectedness

The term connection implies a joining together of two or more elements, with a relationship formed between them (Goldberg, 1998). Burkhardt (1989) describes this sense of relatedness and connectedness in terms of harmony—harmony with the self and others, and a sense of relatedness to God. Dr. Wayne Dyer (2001), in his book There’s a Spiritual Solution to Every Problem, acknowledges our innate interconnectedness with each other: “At the level of spiritual consciousness we know we are connected to everyone” (p. 14). B. M. Dossey (1997) offers the following examples of this interconnectedness:

• Loving, painful, supportive, and difficult relationships with family, friends, and others
• Caring for others and being cared for by others
• Recognizing relationships as a source of growth and change

Spirituality is intertwined with every aspect of life and provides purpose, meaning, strength, and guidance in shaping the journey of life. As Dyer (2001) writes, “Spirituality is from within, the result of recognition, realization, and reverence” (p. 10). Or, as B. M. Dossey (1997) says, spirituality can be experienced in the mundane as well as in the profound.

Spirituality also involves relationships with someone or something beyond ourselves. That someone or something can sustain and comfort us, guide our decision making, forgive our imperfections, and celebrate our journey through life (Spaniol, 2002). Spirituality is also expressed and experienced through an interconnectedness with nature, the earth, the environment, and the cosmos. All life exists in an interconnected web; what happens to the earth affects everyone, and everyone’s behavior affects the earth. Therefore, it is essential to be aware of and to appreciate the interconnected web of all life. Spirituality contributes to this awareness and appreciation (Dossey, 1997; Spaniol, 2002). L. Spaniol (2002) writes, “Connectedness is what is authentic for us—what is natural and spontaneous. To be connected is to be an integrated, mutual, contributing partner in the world we live in.” The consequences of disconnectedness (from self, others, and a larger meaning or God) can include self-alienation, loneliness, and a lack of meaning or purpose (Bellingham, Cohen, Jones, & Spaniol, 1989).
Beliefs and Belief Systems

Still another essential element of spirituality is the concept of beliefs and belief systems. Dossey et al. (2000) describe beliefs as “a subclass of attitudes. The cognitive factors involved in beliefs have less to do with facts and more with feelings; they represent a personal confidence or faith in the validity of some person, object, or idea” (p. 56).

Faith can be an important part of an individual’s beliefs and decisions in life. Faith may be described as a belief in God, an almighty being, or a higher power that gives meaning and purpose in life. Developing faith is an active and ongoing process and is unique to each individual, embedded with the past, present, and hopes of the future (Carson, 1989).

For some, spiritual beliefs are exclusively related to religion, while for others, they may not be related at all. Widespread evidence shows that the interest in spirituality is not confined to individuals who attend church or who are identified as religious people (Shea, 2000). Dyson et al. (1997) state that if we define God as the construct that represents the principal value in a person’s life and which patterns and shapes the person’s beliefs, values, and choices, then both religious and nonreligious belief systems should be considered in the exploration of spirituality. If the health care profession is to establish a definition and provide a conceptual framework of spirituality that encompasses the needs of all its clients, this narrow and restrictive view of relating the concept to religion must be expanded. Religion is more about systems of practices and beliefs within which social groups engage. This is not to say that religion has no part to play in spirituality for some people. Spirituality is simply a broader concept (Dyson et al., 1997).

The essential elements of spirituality, such as transcendence, meaning and purpose, connectedness, hope, and faith, work to produce health benefits in terms of prevention, recovery from illness, and coping with illness. Health care practitioners who actively explore the content of the belief systems of their clients in a respectful manner can better appreciate the benefits clients might experience from their belief and value systems (Coyle, 2002). Health care providers should also be aware of, and know the importance of, their own belief systems as well as those of others (Dossey et al., 2000).
Expressions of Spirituality

Spirituality can be expressed through rituals such as prayer, meditation, guided imagery, visualization, practicing gratitude, spending time in nature, viewing and engaging in art, and through storytelling. Spirituality can also be expressed through questioning. As C. M. Streeter (1996) writes, “Humans’ most basic spiritual activity is questioning. We question our experience itself; we question our understanding of the experience. We question whether our understanding is correct, and finally, we question what we need to do about what we know to be true” (p. 17).

For health care providers to adequately assess a client’s spirituality and provide appropriate spiritual care, they must be sensitive to the various ways in which spirituality may be expressed and experienced. They must also recognize and properly interpret common manifestations of spirituality. These manifestations are usually most obvious when someone has a spiritual need, including the need to (Goldberg, 1998; Taylor, 2002):

- have meaning and purpose,
- have hope,
- give and receive love,
- express feelings,
- have connections,
- relate to or worship a Supreme Being,
- or forgive or be forgiven.
Spiritual Development
**Spiritual Development**

**Introduction**

According to J. F. Hiatt (1986), spiritual development is individualistic and involves a series of steps or cycles that occur in no particular order or timeframe throughout the life of an individual. Much like physical or psychological development, spiritual development may follow an uneven, stepwise course.

- The first half of life is comprised of ego development.

- In midlife, the individual begins to sense that the ego is superficial and begins to shift his or her identity to the true “self”—the part of the person that is not contingent on specific life history and choices. This self is the psychological representation of spirit, and it is during this period that people are most likely to become consciously spiritual.

  - Awareness of spirituality is often triggered by life experiences, such as having a child, experiencing an illness, facing the prospect of one’s own death or the death of another, or confronting a crisis in a personal relationship.

  - Additional experiences that may contribute to or serve to initiate spiritual awareness can include praying, engaging in physical exercise, listening to music, gazing at art, and being alone (Meraviglia, 1999).

Spiritual development is just as possible as physical, intellectual, emotional, or moral development. After interviewing more than 400 people ranging from 3 to 84 years of age, James Fowler (1987) proposed seven stages of faith development. Fowler’s linear theory of faith development attempts to identify the dynamic process by which human beings find meaning in life and a purpose for their existence. Although it is typically associated with religious faith, Fowler recognized faith as a universal phenomenon.
Fowler’s Stages of Faith Development

The following is a summary of Fowler’s stages of faith development (Carson, 1989; Fowler, 1987; Taylor, 2002).

**Stage 0: Undifferentiated faith** (infancy to 3 years of age)—a period during which infants and toddlers acquire the fundamental qualities of faith, trust, mutuality, and love.

**Stage 1: Intuitive-projective faith** (3 to 7 years of age)—a period during which children are influenced by stories, examples, moods, and actions of visible faith, usually displayed in the home.

**Stage 2: Mythic-literal faith** (usually up to 12 years of age but can extend into adulthood)—a period during which children try to sort out fantasy and fact. They often demand “proof” of reality and interpret stories literally. They begin to realize that they belong to a community beyond the home.

**Stage 3: Synthetic-conventional faith** (usually adolescence but can extend into adulthood)—a period during which the individual reflects on the incongruities of the stories. Individuals conform to the beliefs of those around them because they have not yet learned to view others objectively.

**Stage 4: Individuative-reflective faith** (usually young adults but can extend into later adulthood)—a period during which a self-identity and worldview are differentiated from others’ identities and views. Independent lifestyles, beliefs, and attitudes form during this stage.

**Stage 5: Conjunctive faith** (adults past midlife)—a period in which adults find new appreciation for their past, value their inner voices, and become aware of deep-seated myths and prejudices due to their social background. Individuals who reach this stage do not try to “convert” someone of another faith. Instead, they embrace persons of other faith traditions and try to glean new understandings from them. They are involved in listening to their deeper self instead of praying for specific things or events.

**Stage 6: Universalizing faith** (midlife or beyond)—a stage that is infrequently reached since individuals at this stage are committed visionaries. Examples include Mahatma Gandhi and Mother Teresa. With passion and yet some detachment, individuals who reach this stage continue to spend themselves in love, devoted to overcoming division, oppression, and violence. They become actualizers of the spirit of an inclusive human community.

It must be noted that Fowler’s theory of faith development is grounded in the experience of Western culture, and although the influence of Western culture is widespread, it is not universal. For that reason, Fowler’s stage theory of faith development may not apply to other religious and spiritual worldviews. For example, it cannot explain the spiritual growth of a primitive shaman, an Islamic fundamentalist, or cognitively impaired individuals (because of its dependence on verbal ability). It does not explain the Eastern view of spiritual development in which the integration of mind and body with the universal divine spirit unfolds in a cyclic manner and is achieved through a series of incarnations (Macrae, 2001).
Spiritual Growth

According to V. B. Carson (1989) and McSherry and Draper (1998) spiritual growth involves a two-directional process. The horizontal process increases an individual’s awareness of the transcendent values inherent in all relationships and activities of life. It reflects a person’s beliefs, values, lifestyle, and the human environmental elements and interactions of our existence. The vertical process involves promoting a closer relationship with a higher being as conceived by the individual.

The horizontal process may develop without the vertical process developing. For example, spiritual growth may progress in terms of relationships, art, or music but may never evolve into a relationship with a higher being. Conversely, individuals may develop a relationship with a higher being and may never develop other forms of spiritual expression.
Spirituality and Healing

Healing and spirituality are intimately connected. Grounded in the understanding that spirituality is the essence of who we are as human beings, we believe that healing is essentially a spiritual process that attends to the wholeness of a person. (Burkhardt & Nagai-Jacobson, 2002, p. 25)

A little over a decade ago, hardly any information existed on the relationship between spirituality and health. Now there is a tremendous amount of research on the meaning of spirituality as well as the appropriate methods for assessment and the implications of that assessment on client care (Draper & McSherry, 2002).

Since 1991, the National Institute for Healthcare Research has reviewed studies that examine the influence of spirituality on health (Larson, Swyers, & McCullough, 1998). These studies looked at the effects of spirituality on the likelihood of dying from conditions such as respiratory disease, cancer, and heart disease. Most studies compared individuals who participated in religious activities to those who did not, and the studies found that religious or spiritual people live longer. This effect was seen in both men and women from different age groups, religions, ethnic groups, and countries. Many individuals believe their spirituality helps promote healing, especially in cases where medications and other treatments cannot provide a cure for their conditions.

The success of 12-step programs such as Alcoholics Anonymous also provides direct evidence of the potential power of spirituality on medical conditions. Indeed, hospice programs and Alcoholics Anonymous are some of the strongest supporters of providing clients with spiritual care (Hatch et al., 1998). With mounting evidence of the link between spirituality and healing, this is an area that needs and deserves closer examination.
What Is Healing?

Spirituality and healing are intimately connected. Healing is a spiritual process that attends to the wholeness of an individual. It occurs over time, continuing through the individual’s life journey and becoming a way of living that flows from, reflects, and nourishes his or her spirit (Burkhardt & Nagai-Jacobson, 2002).

It is important to understand the difference between “healing” and “curing.” Curing is physical, alleviating the signs and symptoms of disease at the anatomical level. Healing, in contrast, is spiritual, intangible, and experiential, involving an integration of body, mind, and spirit. Curing is concerned with wholeness of body, while healing is concerned with wholeness of being (Skokan & Bader, 2000). Healing and curing can occur together or separately. An individual can be healed without being cured or cured without being healed.

Cultures from around the world offer various models for understanding the relationship between spirituality, healing, and illness. For more than 100,000 years and still today in many cultures, the knowledge of healing has been held by shamans or medicine people who attend to the well-being of their communities. Long before Western science-based practices existed, cultural healers helped people. Today, about 70–90% of the people worldwide turn to practitioners of non-allopathic traditions of practice. These healers blend the functions of healing with spiritual leadership (Miller, 1999). For example, the Navajos believe the natural state of all things in creation, including the human person, is one of harmony. Having a disease or an illness indicates disharmony, and Navajo healing rituals focus on restoring harmony within the person and between the person, the spirit world, the community, and the environment. A Navajo healing ceremony includes the family and community, and its goal is to restore a sense of connectedness within the person’s life, relationships, and environment (Burkhardt & Nagai-Jacobson, 2002).

The complex connections between religious and spiritual beliefs and practices and an individual’s physical and psychological health are only just beginning to be explored. Researchers have discovered a positive relationship between religion and physical and mental health, and they have demonstrated that spiritual beliefs and practices are beneficial to health and can help reduce the risk of developing a number of serious illnesses (Ebersole & Hess, 1997; Larson et al., 1998).

As a result of these discoveries, health care professionals are beginning to examine their own spirituality as well as that of their clients, learn about the world’s major religious teachings, learn how to take a spiritual history, and better communicate with clients about their spiritual concerns.
Spiritual Well-Being

Spiritual well-being is the ability to find meaning, value, and purpose in life and thus to feel content, fulfilled, and happy (Burkhardt & Nagai-Jacobson, 2002). It also relates to life-affirming relationships, creative energy, the wholeness of an individual’s spirit and unifying dimension of health, faith in a higher power, enhancement of the individual’s inner resources, and inner strength.

Spiritual well-being is a “present state of peace and harmony . . . linked to past experiences and future hopes and goals” (Hungelmann, Kenkel-Rossi, Klassen, & Stollenwerk, 1985, p. 151). According to Pilch (1988), wellness involves holistic spirituality. An individual can be near death or be mentally or physically disabled and still possess a “wellness spirituality.” Spiritual wellness is a way of life that views life and living as purposeful and pleasurable. It has roots in spiritual values and/or specific religious beliefs and it involves life-sustaining and life-enriching options that are selected freely at every opportunity.

Humanistic psychologist Abraham Maslow is well known for developing his hierarchy of needs. He theorized that people progress from basic needs (such as safety, food, and shelter) to the higher needs of social interaction and self-worth. Spiritual well-being parallels Maslow’s highest stage, self-actualization, in which the individual possess the ability to “extend the self beyond boundaries of the immediate context and achieve new perspectives and experiences” (Leetun, 1996, p. 60).

Spiritual well-being has also been associated with satisfaction with life; productivity; happiness; an increased energy level; and physical, emotional, and mental well-being (Isaia, Parker, & Murrow, 1999). High-level wellness results from an integration of the mind, body, and spirit in conjunction with maximum functioning within an existing environment (Leetun, 1996).
Spiritual Development

Spiritual well-being is an indication of an individual’s quality of life in the spiritual dimension. According to Fehring, Miller, and Shaw (1997), spiritual well-being has two components: a vertical dimension that involves a relationship with a higher being or God, and a horizontal dimension that involves a sense of purpose and meaning in life. Spiritual well-being is not synonymous with belief or practice in the particular aspects of a religion. Instead, it is an affirmation of life in a relationship with God, self, community, and environment. It nurtures wholeness (Blazer, 1991).

In Aging Well, D. Blazer (1991) defined six dimensions of spiritual well-being:

1. **Self-determined wisdom**—a knowledge of the larger system in which one lives and the ability to understand and accept the limits of that environment so the balance of the system is maintained
2. **Self-transcendence**—the ability to cross the boundary beyond the self
3. **Meaning**—the ability to evaluate the meaning of one’s life in light of the losses and the totality of one’s life experiences
4. **Accepting the totality of life**—an understanding that there is no changing of one’s life course in retrospect and that there is only one life to live
5. **Revival of spirituality**—a resurgence of the spirituality that may have been abandoned during the younger years
6. **Exit and existence**—the understanding that death and dying are inevitable; the shift to a positive outlook on aging (rather than a negative one)
Spiritual Health

Spiritual well-being not only indicates an individual’s quality of life in the spiritual dimension, but it is also an indication of spiritual health. According to L. S. Chapman (1987), spiritual health “may be considered as the ability to develop our spiritual nature to its fullest potential. This would include our ability to discover and articulate our own basic purpose in life, learn how to experience love, joy, peace and fulfillment and how to help ourselves and others achieve their full potential” (p. 32).

Being spiritually healthy means being connected to a spouse, partner, family, friends, and community. It means having the ability to live in the wholeness of life (Bellingham et al., 1989). Spiritual health leads to a heightened awareness of the Divine Spirit referred to by all religions. It isn’t important whether the being is called God, Allah, Buddha, Spirit, Higher Power, or any other name; what matters is the awareness of the role the Divine Spirit plays in the individual’s life (Reynolds, 2001).

Self-care approaches that include prayer, meditation, gratitude, spending time in nature, rest and leisure, and art can deepen one’s spiritual awareness and enhance one’s spiritual health (Reynolds, 2001). Observing spiritual and religious traditions by working with spiritual counselors and support groups are also methods of enhancing spiritual health.
Healing and Spiritual Presence

Spiritual health is often overlooked in the process of healing, but one of the most important ways to integrate spiritual care into health care is simply by being present with the client. According to Burkhardt and Nagai-Jacobson (2002), “Spiritual care begins with presence” (p. 86). They add, “When we encounter another at the level of spirit, we open to the sacredness of the present moment” (p. 87). Presence can be named loving presence, therapeutic presence, caring presence, transpersonal presence, transcendent presence, and intentional presence. It can include listening, feeling close, sensing, speaking, sitting with, touching, empathy, support, attending, and attentively giving physical care (Burkhardt & Nagai-Jacobson, 2002; Zerwekh, 1997).

Burkhardt and Nagai-Jacobson (2002) continue, “Because the essential nature of these various understandings of presence flows from our spiritual core, we consider the essence of healing presence to be spiritual presence” (p.86). Resulting in personal and professional growth of both the health care provider and the client, being present requires deliberate focused attention, receptivity of the individual, and awareness of a shared humanity (Zerwekh, 1997).
Introduction to Spirituality
Course Summary
Summary

While theorists and researchers have yet to agree on a single, universally accepted theory or definition of spirituality, few would deny its existence or impact on health and healing. Recent research strongly points to the mind-body-spirit connection and to the essential relationship between the self, others, and a higher power or God. By caring for clients in a way that acknowledges this mind-body-spirit connection, and by being present with their clients, health care providers acknowledge the whole person. By becoming familiar with the characteristics and essential elements of spirituality, and utilizing this knowledge in caring for clients, health care providers become more than technicians—they move toward the role of healer.
Key Concepts

1. Spirituality is a multidimensional phenomenon that transcends gender, race, color, and national origin.
2. The centrality of the relationships between self, others, and God is one of the main focuses of spirituality and a prominent emerging theme in the literature.
3. A basic element of spirituality is meaning and purpose in life.
4. Spiritual development is individualistic and involves a series of steps or cycles that occur in no particular order or timeframe throughout the life of an individual.
5. The spiritual process of healing attends to the wholeness of an individual; occurs over time; is ongoing through one’s life journey; and is a way of living that flows from, reflects, and nourishes one’s spirit.
Questions for Reflection

1. How do you define spirituality and what does spirituality mean to you?

2. In what ways do you think spirituality affects health and healing?

Do you believe in a mind-body-spirit connection? If not, what are some of the ways in which you can support clients who do?