

PART TWO

A WORKING KNOWLEDGE OF THE SPIRITUAL



What Will Happen to the Six Spiritual Interests?

What will happen to the six spiritual interests that are emerging within health care? Will they be developed, or will they atrophy? Are they indications of future directions or, as the wag says, the “flavor of the month?”

Some think the continuation and flourishing of spiritual interests within health care depends on two factors. The first concerns the results of medical and organizational research. As medical research methods become more sophisticated, will the data continue to highlight the positive role of spirituality/religiousness in the prevention, and cure of, and coping

with sickness?¹ As organizations evaluate their efforts to bring spirit into the workplace, will spirit be seen as a critical contributor to overall well-being and effectiveness? The second factor concerns the policies and programs that will implement the spiritual interest. Can spirituality be integrated into patient care in a way that is comfortable for the caregivers and not offensive to the patients? Can interfaith proselytizing, bickering, and rivalry be avoided? Can the cost of attending to patient and employee spirituality be controlled? The future of spiritual interests is closely tied to both factors—increased support from research and increased effectiveness of implementation.

Furthermore, the reality of resistance has to be considered. Although there are spiritual interests within health care, they are by no means universally welcomed. Frontline people may see the value of spirituality in their work with patients, but upper management may balk at the new organizational arrangements it would entail. Or the reverse, upper management may be eager to integrate spirituality into patient treatment for a variety of reasons, but frontline people see only more work and work for which they are not specifically trained. Integrating spirituality can be seen as an imposition, one more task in an already overworked world. By its nature, spiritual assessment and spiritual care demands time, and time is a scarce commodity in the delivery of health care. It also entails more referrals, more paperwork, more e-mails, more phone calls, and, inevitably, more failures of communications. Responding to spiritual interests may be a good

1. See the John L. Fetzer Institute Publication, "Multidimensional Measurement of Religiousness/Spirituality for Use in Health Research."

thing, so the argument goes, but it is one more thing. And one more thing is not needed. This is resistance that arises from the practicalities of delivering health care.

There is also theoretical resistance, and it comes from both the right and the left. Some strong faith positions see this emphasis on the spiritual as weak and watered-down. The language is vague and “vanilla.” It does not reflect the richness of inherited religious language. Key ideas of religions, such as commitment, community, and tradition are not prominent. At the other end of the spectrum, humanistic perspectives do not endorse these interests. Spiritual interests are the latest examples of not respecting boundaries, of drawing outside the lines. Religion and spirituality are private matters. They belong to the intimacies of the human heart, and there are chaplains and congregations to attend to them. Why try to mainline in the medical world what is taken care of in the religious world? This is moving away from the proper calling of medicine, distracting from the real work of health care. The future of spiritual interests in health care will depend on how these practical and theoretical resistances are respected and managed.

A Working Knowledge of the Spiritual

There is still another factor influencing the future of spiritual interests in health care. It goes beyond research, implementation, and resistance, and yet, in many situations, it is not pursued. It is the great “unsaid.” It concerns the fundamental vision of the spiritual, the way it is emerging, how it is being positioned in the medical and organizational landscape, and what status it is being accorded. In other words, how do we understand the spiritual that underlies the six

interests and is the provisional basis for welcoming and developing spiritualities? What is needed is a working knowledge of the spiritual, a knowledge that gives us some of the key features of the reality we are talking about. A working knowledge is more than a commonly agreed upon definition, but it does not strive for complete comprehension or consider its subject in the abstract. Rather, it entails a familiarity with the subject in the specific context in which it is being considered. When people within health care are interested in the spiritual, what might the spiritual in which they are interested look like?

Although the spiritual has never been absent from health care, it is now being envisioned and included in a different way. The recognition of the spiritual as an essential dimension of the human is the foundation of this new way. The spiritual is "there," a given of human existence and a "player" in all experiences of health and sickness. The only options are to include it or ignore it. But whether it is included or ignored, it is still "there." And, as H.L. Mencken once said about the essential mysteriousness of life, no matter how much it is ignored, it sits there "calmly licking its chops."²

This "givenness" of the spiritual means that it includes, but goes beyond, organized religion. Taking it into account is more than a religious preference or even a religious obligation. It is a fundamental human responsibility. That understanding is reflected in the instructions of the Joint Commission on Accreditation of Health Care Organizations.

The purpose of a spiritual assessment is to evaluate such factors as the client's relationship with humanity and with God or a higher power. It might include the client's philosophical orientation toward the purpose and meaning of life. It is not intended to be confined solely to identifying the client's religion. Says Hansen, "Knowing an individual's spiritual, cultural, and social value system is the key ingredient to understanding the individual's perception of treatment outcome and continued stability."³

The spiritual is a dimension that has to be taken into account if health care is to treat individuals in their concrete particularities.

If this new positioning and status of the spiritual is fully understood and accepted, it legitimates the pursuit and development of spiritual interests. Research will continue to uncover new connections and nuance and interrelate the data, implementation will remain a challenge and progress in its usual trial-and-error fashion, resistance and compliance will always be a matter of shifting percentages. However, none of these changing conditions will invalidate the inclusion of the spiritual.

Therefore, it is important to grasp this new status and positioning of the spiritual. Of course, to people on the spirituality side of the conversation this sounds strange. The spiritual is not a new situation but a primordial condition. It is not only essential to the human, it is the ultimate core of the human. The most profound truth about humanity is its combination of relatedness and estrangement from the Divine

3. Joint Commission Perspectives (July/August 1999): 15.

Spirit. However, it is not the spiritual “per se” that is under consideration. It is how the spiritual is appreciated, how it is acknowledged, how it is included. Spiritual sensitivity is an always present companion of the human, but it is being introduced in a new way. It is this reintroduction that grounds, legitimates, and shapes the emerging spiritual interests. In short, what is needed is a working knowledge of the spiritual.

The New Kid on the Medical Block

In *Kitchen Table Wisdom*, Rachel Remen recounts her teenage experience as a volunteer in a nursing home for the aged.⁴ She was given the task of trying to engage a ninety-six-year-old woman in conversation. The woman had been diagnosed as having senile dementia and had not talked to anyone in more than a year. The nursing staff did not think the woman would talk to Rachel, so they gave her a basket of glass beads. The plan was that she and the woman would string beads together.

When Rachel arrived at the room, the woman was sitting in a chair facing a window. The morning light was pouring in. There was another chair facing the window. Rachel sat down. She tried to think of some way to engage the woman, but nothing seemed like it would work. Finally, she just gave up and sat for the full hour with the basket of glass beads on her lap.

When she was leaving, curiosity overcame her. She asked the woman what she was looking at. “Slowly she turned to-

4. Rachel Naomi Remen, M.D., *Kitchen Table Wisdom* (New York: Riverhead Books, 1994) pp. 23–25.

ward me and I could see her face for the first time. It was radiant. In a voice filled with joy she said, "Why, child, I am looking at the Light."

Remen reflects: "A ninety-six-year-old woman may stop speaking because arteriosclerosis has damaged her brain, or she has become psychotic and she is no longer able to speak. But she may also have withdrawn into a space between the worlds, to contemplate what is next, to spread her sails and patiently wait to catch the light."

This progression of possible explanations for the woman not talking reflects the contemporary way the spiritual is approached. First, the physical influence on her condition is acknowledged (arteriosclerosis); then the psychological is entertained (psychotic); finally, the spiritual is brought forward (a space between worlds). The spiritual is considered as one more "take" on the situation. The spiritual perspective is not necessarily in competition with the physical and the psychological observations. They can all reflect a piece of the actual situation. However, the spiritual is brought in last, as a suggestive and complementary "maybe."

This "newness" of the spiritual is reflected in another physician's firsthand account. Dr. Arthur Kornhaber was researching the relationship between grandparents and grandchildren when he noticed "things taking place that could not be adequately explained by psychological theory."⁵ For example, one day he brought some elementary schoolchildren into a nursing home. One girl, Annie, who was around seven years old, spotted an old woman alone by herself. She was

5. Arthur Kornhaber, M.D., *Spirit: Mind, Body, and the Will to Existence* (New York: St. Martin's Press, 1988) p. 12.

sitting in a wheelchair, a belt tied around her waist keeping her upright. Her clothes were disheveled. Overall, she was lifeless. Annie approached her and told her she liked her dress. Kornhaber wandered away to check on the other children. When he returned, Annie and the old woman could not be found. The nurse told him Annie had wheeled Mrs. Boyce back to her room. "It's room 112."

When Dr. Kornhaber entered the room, he couldn't believe his eyes. Mrs. Boyce was transformed. She was sitting up straight, her eyes were bright and there was life in her movements. She was combing Annie's hair, and the two of them were chatting away. Annie turned to Kornhaber and said excitedly, "She knew my grandpa!"

The medical researcher in Kornhaber immediately goes to work.

What I now call my half-mind went to work on it. Reflex medical, psychological thoughts raced through my brain, frantically trying to give "reason" to this occurrence. Did Annie remind Mrs. Boyce of someone or something in her past that activated her memory? Was it just that Annie's presence simply engaged Mrs. Boyce's interest because usually she had no such stimulation? And then did these phenomena cause her body to react by pumping adrenaline into her bloodstream, which would explain her "activation"?

Although these explanations were plausible, they didn't "feel" right, they were not sufficient, in my view, to explain the extent of Mrs. Boyce's sudden and unexplained vitality. So it came to mind that perhaps Mrs. Boyce wasn't revitalized because her thyroid or adrenal glands pumped hormones into her bloodstream, but that the opposite was true: Her

glands were pumping because she was vitalized—spirited—by some close interaction with the little girl. At this point I stopped myself short. “Wait a minute,” I said to myself. “This idea is off the wall.”

Once again the spiritual comes in last, and it is considered in its interactions with the more established knowledge of the physical and social-psychological dimensions.

A third example of “bringing in” the spiritual is Harold Koenig’s description of a more complete approach to health and aging. He notes that physical, psychological, and social perspectives are not enough to account for what is happening.

“The biopsychosocial model, which operates on a systems approach, seeks to integrate all aspects of the human being and his or her world: the biological, psychological, and interpersonal. Because of the overriding importance of religion in the lives of so many older Americans and the needs that it fulfills, the biopsychosocial model cannot exclude the spiritual and still be called complete; thus, the need arises for a biopsychosocial-spiritual model of health and aging.”⁶

This text clearly states the company into which the spiritual is invited. The spiritual is introduced as a complementary dimension to approaches that are already well-established in the field of health care. The biological, psychological, and interpersonal (social) have previously covered the territory.

6. Harold G. Koenig, “Religion and Health in Later Life,” in *Aging, Spirituality, and Religion: A Handbook*. (Minneapolis: Fortress, 1995).

There is a vast amount of research and theory about how these dimensions work and how they influence one another. Now, in the name of completeness, the spiritual needs to be added. The spiritual enters the line-up as one more perspective to take into account. Koenig suggests it is added more by popular demand than scientific necessity. It is what the aging people themselves consider important.

A fourth example of the inclusion of the spiritual can be seen in a 1997 report the Institute for the Future presented to The Robert Wood Johnson Foundation. It is a preliminary forecast entitled "Piecing Together the Puzzle: The Future of Health and Health Care in America." The report includes a section on an expanded perspective on health and disease. It envisions going beyond a narrowly conceived biomedical model of health and disease to consider four contributors and determinants of health—physical, mental, social, and spiritual. However, in response to a section entitled "What's New," the report states, "Dependence on a biomedical model to define disease and health has been rendered insufficient by a growing body of evidence that health involves much more than freedom from active disease or illness, and that upstream environmental and psychosocial determinants of disease deserve parity with conventional biological theories." Although the spiritual is included as part of the new situation of health care earlier in the report, in this section it is not explicitly mentioned. I suspect the reason for its omission is that it is the latest member of the team. It is acknowledged, but, at the present time, not deeply understood or integrated with other approaches. The spiritual is the "new kid on the block." It is being invited into a medial and organizational

world strongly defined by physical, psychological, and social networks.

A Dimensional Model of Health Care

These four aspects of the human—physical, psychological, social, and spiritual—can be considered as interlocking dimensions. Each has its own distinctiveness and yet each is capable of influencing the others. Together they form a dimensional model that is increasingly used in health care settings. Models are maps to the territory, not the territory itself. They are used to the extent they make the terrain visible, especially terrain that formerly had gone unnoticed. They are discarded when more adequate maps are drawn. This dimensional model has considerable mapping ability. It focuses on the four dimensions as always present, as mutually influential, and as distinctive in their own right.⁷

First, the four dimensions are present in every experience. Although in health care, the physical and psychological dimensions are usually prominent, the social and spiritual dimensions are also present. This firsthand account of an office visit shows how all the dimensions are present and embedded in one another.

I sat in the specialist's office. He came in with a large white envelope that I knew carried films of my back and head. He

7. For an appreciation of a dimensional approach from a theological perspective, see Paul Tillich, *Systematic Theology*, vol. III (Chicago: University of Chicago Press, 1963); Jerry Gill, *On Knowing God* (Philadelphia: Westminster Press, 1981); John Cobb, *Theology and Pastoral Care* (Minneapolis: Fortress, 1977).

sat down and without any emotion he simply said, "You have MS."

I had expected it. My family doctor had given me the same diagnosis. But I had insisted on seeing a specialist. All my friends urged me on.

"Are you sure?" I asked. I guess I was in denial.

"I would bet my practice on it," he said.

I was on the seventeenth floor of a plush office building on Michigan Ave. This man was not a reckless gambler with his practice. I guess I had ms.

I looked over at my husband who was sitting next to me. He was crying. For the first time I realized this was not my disease alone. My husband and family were in it with me. Everyone was affected.

"God help us," I said inside myself where no one could hear it.

Her physical situation (multiple sclerosis) initiates the whole process. She guesses she is in denial (psychological), notices and realizes her husband's involvement (social), and spontaneously and interiorly reaches for divine help (spiritual). Although any given experience may be initiated in one dimension, it always includes the total person, touching, sooner or later, on every dimension.⁸

The presence of every dimension in every experience is the grounding for some crucial distinctions in health care. Dis-

8. "Restoration of the patient's health requires elimination of the disease if that is possible, but in addition it requires that attention be directed to the patient's mental, social and spiritual well-being in keeping with an expanded view of health." "Piecing Together the Puzzle: The Future of Health and Health Care in America," The Institute for the Future.

ease is often distinguished from illness. Disease is the physiological process, and illness is the social experience of that process.⁹ Curing and healing are also distinguished. Curing focuses on the cessation of the physical disease or impairment. Healing focuses on the psychological wholeness, social reconciliation, or spiritual communion that has occurred during the course of the disease. Healing and curing can coexist, but healing can happen when there is no cure. Finally, pain and suffering are distinguished. Once again, pain points to the physiological trauma that is occurring, and suffering looks to the total human response to that trauma. Psychological, social, and spiritual factors can exasperate the pain and heighten the total suffering or be supportive in such a way that the total suffering is reduced. These distinctions show that the same experience can be looked at from physical, psychological, social, and spiritual points of view. The result is diverse appreciations of what is possible in the experience of sickness.

When these dimensions are not taken into account in health care settings, there is a danger of reducing a person to their physical status. In Margaret Edson's Pulitzer prize-winning play, *Wit*, Vivian Bearing, the main character, reflects that her doctors will probably write an article about her.

But I flatter myself. The article will not be about *me*, it will be about my ovaries. It will be about my peritoneal cavity,

9. For the danger of turning this distinction into a separation, see Arthur W. Frank, *The Wounded Storyteller* (Chicago: The University of Chicago Press, 1995).

which, despite their best intentions, is now crawling with cancer.

What we have come to think of as me is, in fact, just the specimen jar, the dust jacket, just the white piece of paper that bears the little black marks.¹⁰

When a dimensional understanding of the human person does not direct our health care efforts, we become whatever is happening to our bodies. This reduction is the chronic temptation of the biomedical approach.

Second, these dimensions are mutually influential. Of course, the predominant medical interest is how the psychological, social, and spiritual dimensions influence the physical. Since medicine is primarily interested in physical well-being, it interrogates the other dimensions from that point of view. However, influences run in all directions. Disturbances in the physical dimension have precipitated spiritual evaluation and change.¹¹ Spiritual experience has been the driving force behind social change.¹² Psychological counseling has been a path to both physical relief and social reconciliation. The dimensions interact in diverse and often baffling ways.

10. Margaret Edson, *Wit* (Winchester, Mass.: Faber and Faber, 1999), p. 53.

11. See Mary Farrell Bednarowski, "Theological Creativity: Personalizing Religious Traditions Can Help The Healing Process," *The Park Ridge Center Bulletin* (January-February 1999).

12. The Biblical traditions, in particular the prophetic strand, have held together the spiritual and the social. A correct relationship to the Divine Source has always included a realignment of social structures. The Ten Commandments embody this connection. The first tablet constructs the relationship to God; the second tablet spells out the implications for the relationship to neighbor. Neither tablet stands alone; each needs the other.

The fact that the dimensions influence one another is commonly accepted. But the degree to which they can influence one another, the exact way the influence occurs, and whether or not the influence can be predicted is highly debated. Therefore, what needs to be explored are the paths and connections between the dimensions. For example, in Buddhist teaching, insight into the spiritual truth of impermanence unfolds into the social virtue of compassion. But what are the steps, the interior logic, the sequence of perceptions, and stirrings of will that move impermanence into compassion? Another example concerns the research on meditation. Meditation quiets the mind and, in turn, has the effect of lowering blood pressure. But how exactly does this happen, and what happens when meditation is over? Is consciousness the pathway between the mental and physical dimensions? One benefit of the dimensional model is it allows us both to see influences and encourages us to explore the path of influence.¹³

Third, each dimension has its distinctive laws and operations, and so no dimension can substitute for another. The dimensions are mutually influential, but they are not reducible to each other. The laws and operations of physical reality are not the same as the laws and operations of spiritual reality, and how the psyche works is not the same as how

13. "That spiritual factors promote good health; aid in the recovery from illness, and contribute to the state of well-being that characterizes health has growing support. The questions are how and why? The mental, social and spiritual components of health may have distinctive but similar salutary effect mediated through psychoneuroendocrine pathways." "Piecing Together the Puzzle: The Future of Health and Health Care in America," The Institute for the Future.

society works. Each dimension has its own integrity and should be respected on its own terms. This is often difficult to do, and there has been a long history of one dimension infringing on another and one dimension being reduced to another.¹⁴

At one point in human awareness, the events of each dimension—the physical, the psychological, the social, and the spiritual—were interpreted from a spiritual perspective. The response to infertility was prayer, the response to mental illness was exorcism, defeat in battle could be traced to the sinfulness of people. The spiritual dimension was monolithic, exercising control in every other dimension. On the surface, it may have appeared that the dimensions were unified within the embrace of the supreme dimension, the spiritual. But on closer inspection and from the vantage point of hindsight, what was present was an undifferentiated mass. The spiritual was infringing on all the other dimensions.

This situation changed dramatically. People began to see that the physical, psychological, and social dimensions had an integrity of their own. The events of these dimensions could be interpreted on their own terms. Infertility could be worked with physiologically, mental illness could be negotiated with drugs and counseling, the immediate causes of war were economic and political. The spiritual was, sometimes quietly but most of the time vociferously, pushed out. It now had little or no interpretive power in the other dimensions.

14. For an insightful and extensive unfolding of this history, see Ken Wilber, *Eye to Eye: The Quest for a New Paradigm* (Boston: Shambhala, 1990). Also, Langdon Gilkey, *Religion in a Scientific Future* (New York: Harper & Row, 1979); and Langdon Gilkey, "The New Watershed in Theology," *Soundings* (Summer, 1981).

The dethroning of the spiritual did not stop there, however. The exponents of the physical, psychological, and social dimensions trained their "way of doing things" on specifically spiritual experience. In their estimation, they could account for the religious data in a more persuasive way than religion and spirituality could. Theologians quickly labeled this effort reductionism¹⁵: the spiritual dimension of life was reduced to the physical, psychological, or social. This intrusion into the spiritual domain could be looked at as the other dimensions returning the favor. The spiritual had interpreted their proper domain. Now they were interpreting the proper domain of the spiritual. The result of this development—the exclusion of the spiritual from the physical, psychological, and social and the consequent interpretation of the spiritual by the physical, psychological, and social—was secularism. Secular consciousness simply excluded the spiritual from its way of perceiving reality.

The advent of secular consciousness momentarily took the spiritual out of contention. Although this truncated the fullness of the human condition, it gave the physical, psychological, and social dimensions time and energy to explore their specific domains. The result was that they established themselves firmly in human awareness. There may be many theo-

15. Theologians gave it a name, but the novelist John Updike caught the feeling. One of his characters rambles: "Whenever theology touches science it get burned. In the sixteenth century astronomy, in the seventeenth micro-biology, in the eighteenth geology and paleontology, in the nineteenth Darwin's biology, all grotesquely extended the world-frame and sent churchmen scurrying for cover in ever smaller shadowy nooks, little gloomy ambiguous caves in the psyche where even now neurology is cruelly harrying them, gouging them out from the multifolded brain like wood lice from under the lumber pile." *Roger's Version* (New York: Knopf, 1986).

ries and practices associated with the physical dimension of existence, but the physical itself is a field of inquiry with appropriate boundaries and procedures. The same is true of the other two dimensions. The psychological and social are approached in a multitude of ways, but in themselves they are established fields of inquiry, essential aspects of the human. Once this line-up was established and confident, it invited the spiritual back in. But the rules of the game had changed.

As a result, the spiritual is not being introduced in either of its past roles. It is not portrayed as the dominant player that controls the other dimensions or as a mere epiphenomenon, reducible to physical, psychological, or social dynamics. The excesses that made the spiritual everything or nothing are avoided. It is now seen as a complementary dimension with its own laws, operations, and modes of knowing. It is an acknowledged component of a new model of differentiated unity, a model that maps human experience as dimensional and the dimensions as both interactive and distinctive.

Implications for Religious Traditions

When the spiritual is viewed as a dimension of human experience interacting with other dimensions yet having its own distinctiveness, there are a number of implications for religious traditions.

First, the spiritual is not exclusively identified with organized religious traditions.¹⁶ People become aware of the spiri-

16. For a strong case that religion is only one path among many to the spiritual, see David N. Elkins, *Beyond Religion* (Wheaton, IL: Theosophical Publishing House, 1998). For a sharp distinction between spirituality and religion, a distinction to the point of separation, see Beatrice Bruteau, "Cre-

tual in a variety of settings—a mother nursing a baby, two friends conversing, a man gazing at the night stars, a woman wholeheartedly serving another person, a child playing in the grass. The spiritual is an always present dimension of life, and so it can break into consciousness at any time. In a recent study, physicians asked about their spirituality recounted experiences they had with patients, times when there was a spiritual quality about the interaction. They did not volunteer moments of prayer or religious ritual. Their natural inclination was to search the world of their everyday experience. It seems many people become conscious of the spiritual in nonreligious settings and so are capable of saying, “I’m

ative Spirituality: Knowing By Being.” *The Quest* (Summer, 1998) p. 17. She writes, “Spirituality is always outside the churches—or temples or mosques. Spirituality is something different from religion. Spirituality transcends creeds, cults and codes of behavior. Religion concerns itself with giving meaning to life for a community of believers; it is, to a great extent, stylized and shared in common. It has boundaries set by sacred scriptures, traditions, holy places and people, authoritative institutions. You can define the rules for belonging to a given religion, and that religion in turn will help to define you. You can say that you are a Presbyterian or a Vaishnavite or a Theravadin or a Shite or a Hasid, and console yourself that you know a little better who you are and where you fit into the world and even into the Reality beyond the world.

Spirituality isn’t like that. It doesn’t offer any preformed set of answers to chosen questions, or an obligatory way of life, or a community in which to share such beliefs and behaviors and thus feel at home, confident that you are right. Spirituality means a quest, a personal quest for reality and truth—whatever they turn out to be. There isn’t any revealed spirituality or any heretical spirituality; no inerrant or infallible or guaranteed spirituality. Spirituality isn’t a comfort, it’s a risk. It has no given style, you have to create it as you go along. It has no boundaries, but continues to be open, unfinished. You can’t define it, and it can’t define you. On the contrary, to be on a spiritual quest means that you question and may forsake all your familiar definitions.”

probably not very religious, but I consider myself a deeply spiritual person."¹⁷

This emphasis on the universal presence of the spiritual lights up the contemporary landscape in a complex way. Some people can be spiritual without belonging to an organized religious tradition. Some people who belong to an organized religious tradition may not participate in that tradition in a spiritual way, and so they can be religious without being spiritual. For other people, their membership and participation in an organized religious tradition is a genuine spiritual path, and so they are both religious and spiritual.¹⁸ Also, people can be encouraged to bring spirit into work settings, a spirit that is seen as stimulating excellence and cooperation. In the same breath, however, faith and religion are discouraged.¹⁹ They may be seen as both irrelevant and contributing to disagreements and tensions. Furthermore, patients may report that a hospital with no religious affiliation is a spiritually vibrant facility while a religiously sponsored hospital is a cold and unwelcoming place. Once the spiritual is conceived as a dimension of the human and, therefore, capable of "bubbling up" anywhere, different ways of looking at and evaluating religion and the spiritual come into being.

17. See Meredith B. McGuire, "Mapping Contemporary American Spirituality: A Sociological Perspective," *Christian Spirituality Bulletin* (Spring, 1997) pp. 1-8.

18. For a nuanced way of understanding the co-occurrence of religion and spirituality, see David B. Larson, James P. Sawyers, and Michael E. McCullough, *Scientific Research on Spirituality and Health: A Consensus Report* (National Institute for Health Care Research, 1998).

19. See Ian I. Mitroff and Elizabeth A. Denton, *A Spiritual Audit of Corporate America: A Hard Look at Spirituality, Religion and Values in the Workplace* (San Francisco: Jossey-Bass Publishers, 1999).

Second, this distinction between the spiritual and religious traditions pressures religions to reclaim their spiritual identity. Religious traditions are the primary home of the spiritual. They are founded on revelations of the spiritual and carry the majority of the spiritual wisdom of the human race. Even when people wake up to the spiritual through experiences that are not facilitated by the beliefs and rituals of a religious tradition, they usually search out the significance of those experiences by consulting some representatives of religious traditions. Also, intensive and prolonged training in the spiritual life is carried on within religious traditions and communities. Thus, religious traditions are the context of and provide support for individual spiritual seeking. In the best scenario, personal spiritual experience and religious traditions are partners in the spiritual development of people.

This partnership encourages religious traditions to retrieve and bring forward their treasures. It is not enough just to cite past teachings and pioneering people who embodied a spiritually passionate life in the religious and social swirl of their times. Any historical appreciation has to be joined to the distinctive contemporary struggles of spiritual living. There must be an imaginative “bringing forward,” a connecting of past spiritual wisdom and contemporary situations. For example, if features of the Christian spiritual tradition of *ars moriendi* (the art of dying) are to be brought forward, they must relate to the medical and social realities of dying in today’s society. If spiritual exercises that encourage “contemplation in action” are offered, it must be remembered that they are offered to people in the heat and hurry of urban life. This is a challenging time for religious traditions. They are being called upon to remember the deepest truth about them-

selves—their spiritual identity—and to present that truth as a gift to seeking people.

Third, the emphasis on the spiritual as a universal dimension provides a way to appreciate the ecumenical (the varying denominations within Christianity) and interfaith environment of contemporary health care. American culture is increasingly an ecumenical and interfaith reality, and health care reflects this pluralism in both its employees and its patients. How will this religiously plural situation be understood and played out? A first level advocates mere tolerance. Pluralism is the situation, and it is here to stay. Even if you do not like it, you have to learn to live with it. A second level distinguishes faith motivation and grounding from practical, concrete issues. It suggests bracketing the faith material and cooperating as much as possible in practical matters. No matter what the faith backdrop, everyone can work for excellence in medical treatment and greater patient satisfaction. Once the spiritual is recognized as an essential element, however, there is a call to go beyond tolerance and practicality.

The next step is respect and dialogue. The many faith traditions are respected because they are expressions of the spiritual possibilities of the human. They witness to how this important level of life is symbolized and courted by people seeking the fullness of human development. A part of this respect is that the people or organizations of one faith tradition (e.g., Christian) encourage the people or organizations of another faith tradition (e.g., Jewish) to reach into their own tradition for the spiritual resources that are available.²⁰

20. Advocate Health Care has formulated a statement about the interfaith nature of health care—*Advocate as Faith-Based: A Renewed Focus*.

This depth of respect leads to dialogue in which people begin to understand the heart of their own faith and how it can be complemented and resourced by the heart of another faith. All dialogue is a wager, and interfaith dialogue is often a difficult conversation. But it is a conversation made necessary by a socially plural world and the recognition of the spiritual as essential to human well-being.

Attending to the Spiritual

Herbert Benson has characterized health care as a three-legged stool—pharmaceuticals, surgery, and self-care.²¹ The emphasis on self-care is a recent addition, and it fits in well with the overall cultural value on leading an intentional life.²² People are encouraged to become responsible for their health by engaging in activities that will promote it and avoiding

“Advocate respects and encourages the specific faiths of all peoples, both patients and associates.

In interviews with Advocate leadership, it was consistently stressed that the faith-based nature of Advocate must strive to be inclusive. In the past, stressing a specific religious faith often led, on the one hand, to proselytizing and, on the other hand, to acrimony and division. The solution seemed to be to avoid the question of faith. This screened out an important aspect of people’s commitment and motivation, even though, on the surface, it seemed to promote harmony. If you wanted to live side by side in a pluralistic society, the path of advancement seemed to be to become “faith-blind.” Faith was an individual choice and a private matter.

Advocate seeks a different way. It acknowledges, respects, and encourages the diverse faiths of individuals in our pluralistic society. This respect is engendered by Advocate’s Christian heritage. As a Christian faith-based organization, it recognizes faith as a universal human reality and welcomes people of all faiths along the path of health and healing. This is a journey together that will take place step by step. Whatever arises—whether differences or convergences—will be met in a spirit of respect and openness.”

21. Herbert Benson, “The Faith-Factor: An Interview with Herbert Benson,” *Common Boundary* (July/August 1997).

22. See Paul N. Duckro, “An Intentional Life,” *Church* (Spring 1994) pp. 14–17.

activities that will endanger it. The overly optimistic admonition is, "Take care of yourself now, so others do not have to take of you later." This stress on self-care does not mean no one else is involved, but it does single out the individual as a proactive pursuer of health and the ultimate bearer of responsibility. This is a far cry from being the passive patient whose sole role in the pursuit of health was compliance with the doctor's orders. Rather, people are encouraged to lead an intentional life, aware of the complexities involved in maintaining health and attentive to their overall well-being.

If we understand ourselves according to the dimensional model, the agenda of self-care unfolds logically. We attend to the health of our body, paying attention to diet and exercise. In order to do this, we may consult a dietitian, read books on healthy and unhealthy foods, learn stretching and strengthening exercises from a physical therapist, and so forth. We also will go to doctors for check-ups and undergo procedures to determine whether there are any hidden causes of disease. In other words, we attend to the health of our bodies by connecting with key other people and becoming consumers of knowledges and services that will help us.

We also attend to the health of our psyche. Often this entails a wide variety of activities. It may include intellectual and artistic stimulation—learning new things, attending classes, keeping abreast of change. We may discover that darker regions of the psyche need to be explored, and so we see a counselor or therapist to become more aware of what drives us. We also are careful not to overtax ourselves with too many people or too much work. In the process of attending to our psychological health, we come to a realistic personal assessment of our limits and our reach.

We also attend to our social health in its many aspects. We look for meaningful work in a humane environment with the best compensation we can find. We change employers until we come to the best situation. We nurture our relationships with family and friends. We try to give priority to our personal lives and not take whatever love is in our lives for granted. In order to do this, we probably have to make continual adjustments, especially with regard to how we use our time. Time is the opportunity to love. We fear we will squander it on less important things. This social aspect of ourselves is essentially interpersonal, and so the responsibility for cultivating relationships is communally shared by family, friends, coworkers, neighbors, and even fellow citizens.

The logical next step would be to develop at length ways in which we care for ourselves spiritually. Although this language of "caring for the spiritual" or "caring for the soul" is both rooted in certain religious traditions and currently popular, it may be misleading. It might obscure the distinctiveness of the spiritual. Although the spiritual influences the physical, psychological, and social, its laws and operations are decidedly different. It is peculiar and its ways are often advertised as unconventional, and strange.²³ In the Hebrew scriptures, this difference is placed in the mouth of God. "For my thoughts are not your thoughts, nor are your ways my ways, says the Lord. For as the heavens are higher than the earth, so are my ways higher than your ways, my thoughts higher than your thoughts" (Isaiah 55:8-9). Flannery O'Connor was fond of saying about spiritual truth, "You will

23. See John Shea, *Starlight* (New York: Crossroad, 1992), pp. 47-74.

know the truth and the truth will make you odd.”²⁴ Theologian David Tracy uses the phrase “uncanny” to emphasize the advent of spiritual reality.²⁵ We need to explore the peculiarity, oddness, and uncanniness of the spiritual and its ways before we develop advice on how to attend to it. However, since our task is to sketch a working knowledge of the spiritual, we will focus on only a few of its salient features. In particular, we will explore how the awareness of the spiritual is an inner path that opens the two eyes of the soul and receives Spirit as a resource for the struggles of living.

An Inner Path

Although the spiritual dimension is always present, people are not aware of it. If we think of this in terms of images, we can say we have a vintage wine cellar, and we rarely drink from it. We have an interior castle, and we seldom visit it. There is a treasure buried in our field, and we do not know how to unearth it. The first line of Denise Levertov’s poem “Flickering Mind” expresses this as “Lord, not you / it is I who am absent.”²⁶ Thomas Merton said, “We are living in a world that is absolutely transparent and God is shining through it all the time. . . . The only thing is we don’t see it.”²⁷ Therefore, the distinction between the presence of the spiritual and the awareness of the spiritual is foundational in spiritual teach-

24. Quoted in Harry Moody, *The Five Stages of the Soul* (New York: Doubleday, 1997).

25. David Tracy, *The Analogical Imagination* (New York: Crossroad, 1981).

26. Denise Levertov, *The Stream and the Sapphire* (New York: New Dimensions Books, 1997), p. 15.

27. Quoted in Marcus J. Borg, *The God We Never Knew* (San Francisco: HarperSanFrancisco, 1997).

ing and sets in motion the spiritual project. We are asleep, and we need to awake; we are blind, and we need to see; we are deaf, and we need to hear; we are lost, and we need to be found; we are dead, and we need to come back to life. All these images point to the spiritual venture of becoming aware of what is there.²⁸

Often we are not aware of the spiritual because we are looking in the wrong direction. Our consciousness is always outside ourselves. The five senses pull awareness into the outer world, a world of enticements that is constantly soliciting our attention. Spiritual teaching, on the other hand, suggests we reverse the process and pull consciousness inside. It follows the insight of Augustine, "I was outside. You were within." In Hindu literature this interior move is called "the turtle pulls in its feet." That is what it feels like, a movement toward inner exploration. However, it is important to note that the spiritual is not inside as opposed to outside. Rather "going inside" is how we become aware of the spiritual that is both within and without. In order to discern the spiritual dimension of everything, we first have to know it as the ground of our own being.²⁹

28. For approaches to the spiritual that emphasize consciousness, see, among others, Willis W. Harmon and Christian De Quincy, *The Scientific Exploration of Consciousness: Toward an Adequate Epistemology* (Institute of Noetic Sciences, 1994); Ramakrishna Puligandla, *An Encounter with Awareness* (Wheaton, IL: Theosophical Publishing House, 1981); Beatrice Bruteau, *The Psychic Grid: How We Create the World We Know* (Wheaton, IL: The Theosophical Publishing House, 1979); Stanislav Grof, ed., *Human Survival and Consciousness Evolution*, (Albany: State University of New York Press, 1988).

29. "God cannot be found or grasped in the external world, but only in the inner world. If we seek him outside, we shall find him nowhere; if we seek him within, we shall find him everywhere. This is not to say that only the

This inner path is essential to attending to the spiritual. The Jesus of the Gospel of Thomas goes beyond the Jesus of the Gospel of Luke who merely says, "The Kingdom is within you."

If those who lead you say to you,
'See, the kingdom is in the sky'
then the birds of the sky will precede you.

If they say to you,
'It is in the sea,'
then the fish of the sea will precede you.

If you will know yourselves,
then you will be known and you will know
that you are sons and daughters of the Living One.

But if you do not know yourselves,
then you are in poverty and you are poverty. (Gospel of Thomas, 3)

This text connects the Kingdom within with knowing yourself. "Know thyself" is a foundational maxim of the spiritual life. Plotinus elaborated on this directive writing, "we must close our eyes and invoke a new manner of seeing, a wake-

inner world is real. Both are real; both have their own measure of importance. But it is the inner world which has the priority and the greater importance. . . . Having discovered God within, we can discover him without; but never the other way round." Cyprian Smith, *The Way of Paradox* (New York: Paulist Press, 1987), p. 51.

fulness that is the birthright of us all, though few put it to use." The closed eyes take us away from the outer world into an inner landscape we see in a new way, where a sighting of the spiritual dimension is possible.

Once consciousness is pulled out of the social swirl, it goes within and encounters the body and mind. In other words, it attends to the physical and mental dimensions of the human person.³⁰ However, this is only the beginning of the inner journey. There comes a moment when we realize we are always more than what we are seeing. This is the discovery of what theology calls the transcendent self. It is not a datum of consciousness so much as it is coinciding with consciousness itself.³¹ Ken Wilber elaborates on this realization:

You needn't try to see your transcendent self, which is not possible anyway. Can your eye see itself? You need only begin by persistently dropping your false identifications with your memories, mind, body, emotions, and thoughts. And this dropping entails nothing by way of super-human effort or theoretical comprehension. All that is required, primarily, is but one understanding: whatever you can see cannot be the Seer. Everything you know about yourself is precisely not your Self, the Knower, the inner I-ness that can neither be perceived, defined, or made an object of any sort. Bondage is nothing but the mis-identification of the Seer with all these

30. For a developed account of this interior process, see John Shea, *Gospel Light: Jesus Stories for Spiritual Consciousness* (New York: Crossroad, 1998), chap. 1: "The Way of Spiritual Consciousness."

31. For the importance of this distinction, see Gerald May, *Simply Sane* (New York: Crossroad, 1993), p. 80.

things which can be seen. And liberation begins with the simple reversal of this mistake.³²

This realization of consciousness goes by many names. Besides the transcendent self, it is called the deep self, the real self, the ultimate self, essence, and the true self. These names signify how valuable it is to discover this treasure, this forgotten pearl.³³

The Two Eyes of the Soul

In traditional religious imagery, this inner space of awareness is also called the soul. Following the Arab philosopher Avicenna, many Western spiritual teachers imagined the soul as having two eyes.³⁴ One eye peered into the eternal, and one eye peered into the temporal.³⁵ This made the spiritual identity of the human person a boundary reality, joining spirit and flesh, heaven and earth, the eternal and the temporal. In ancient categories, humans are neither angels (pure spirits) nor animals (pure matter). They are the intermingling and flow of spirit and matter.

Therefore, on the one hand, the soul is the primordial

32. Ken Wilber, *No Boundary* (Boston: Shambhala Press, 1979), p. 137.

33. See the Gnostic story, "The Hymn of the Pearl." It is recalled and interpreted in Harry Moody, *The Five Stages of the Soul* (New York: Doubleday, 1997).

34. See *The Theological Germanica of Martin Luther*, trans. Bengt Hoffman (New York: Paulist Press, 1980), p. 64. "The created soul of man has two eyes. One (the right) represents the power to peer into the eternal. The other (the left) gazes into time and the created world."

35. For an interesting assessment tool that holds together "both eyes," that relates people's relationship to God with their psychological sense of well-being, see Jared Kass, "Tapping Into Something Greater Than Ourselves," *Spirituality and Health* (Fall 1996).

connectedness of the human person with the Sacred, or Spirit, or God (or with whatever other words denote Ultimate Reality). On the other hand, soul points to the connection of the human person with the mind-body organism and through that organism with the entire world. Soul is both the "organ of communion" with God and the form that energizes and is present in every aspect of the mind-body.³⁶ To emphasize this inclusive and connective power, Georges Poulet stresses that the soul should be considered a center: "It is a center, not only, as the mystics believe, because God has in it His chosen abode, but because this place of divine dwelling is also the convergence of all cosmic phenomena."³⁷ It is this inclusiveness and centrality of soul that encourages people when they are in soul consciousness to say simply, "I am." They sense they are defined by a communion with existence itself and with all that participates in existence. This is who they are.³⁸

Understanding the two eyes of the soul is important for discussions about spirituality in health care. Many characterize spirituality as supplying a transcendent perspective or giving meaning and purpose to the events of life and to life in general. In other words, they are focusing on the eye of

36. "The essence of the soul . . . and that which constitutes its worth, is its being the organ of communion with God." Remi Brague, "The Soul of Salvation," *Communio* (Fall 1987) p: 226.

37. Quoted in Thomas Keating, M. Basil Pennington, and Thomas E. Clarke, *Finding Grace at the Center* (Still River, Mass.: St. Bede Publications, 1978).

38. Cf. this first hand account from David Brandon "Nowness in the Helping Relationship," in *Awakening The Heart* ed. by John Weldwood (New Science Library, 1985). "Outside the wintry afternoon gave way to darkness and a biting wind. I walked up and down in a very large, high-ceilinged stable. My stride quickened and I kicked out pieces of stick and stones. The ques-

the soul that peers into the temporal. They are concerned with spirituality as a source of illumination and strength, how soul informs the mind and the will and encourages the social processes of reconciliation and community. This is an important emphasis because this is how soul becomes visible. In itself, soul is the invisible center of the person. It manifests

tion came over and over again like a pendulum 'What am I? What am I?' The words became a shout and then a whole scream of anger from a tense face and mouth. 'What am I? I am a bloody idiot who does not know what he is. Who cannot answer a simple question.' My cries got louder and louder. Rain and wind carried them back to me. This shuffling, shouting, scruffy figure in the stable punched at the air. Every muscle was tight. I was going to burst. . . . At the very moment of bursting frustration; at the very height of all the wind, rain, and fury, I was aware, quite softly, that I was actually keeping the answer at bay. Like an old and discreet friend, he had been patiently waiting to come in all this time. He came in and my whole body relaxed and jumped, felt good and warm. NOW I was now—the answer was NOW. I am/was/shall be everything which unfolds and moves, thinks, questions, and talks at that moment in time. It was far more than a purely intellectual realization—it bathed me with my goodness, everyone's goodness. Goodness happening now. I shouted happily, 'Now, now, now.' I and the question had become friends."

The following is spiritual reflection, a more intellectual expression, of the same dawning insight that soul is the essence of the human person. "Am I now able to answer the question which I was asking at the beginning of my inquiry? Can I say who am I? Nothing could be less sure. I have learned to recognize in the personality more or less profound levels. I have taken back properties to their own principles. But levels cover a center, and properties have an owner. I have pushed as far as possible my investigation without ever being able to get at something more than my belonging. To recognize them as mine, means to differentiate myself from them. I certainly am not either this body through which sensations come, and which I use for action, nor those tendencies, good or bad ones, that manifest through it. I can even see in the light of experience that I cannot be a body or an aggregate of bodies or a characteristic derived from some particular form of bodies. Those hypotheses which I am refusing were not false propositions, but meaningless affirmations. However, even if I cannot in any way get hold of myself, I nevertheless know that I am, and that I cannot doubt to be . . . If I wanted to speak more rigorously, I should than say I am I, expressing in this unusual way the fact that the I is always the subject. If I prefer to use a term which belongs both to common use and to the philosopher's language, I will not say, as is sometimes done, that I have a soul (which, to be precise, is contradictory, but that I am a soul." Gaston Berger, quoted in Roberto Assagioli, *The Act of Will* (New York: Penguin Books.)

itself by its effects in the more accessible dimensions of life, by its contributions to physical, mental, and social life. Since the presenting interests of health care in spirituality concern how the spiritual contributes to health, overall well-being, organizational excellence, and ethical living, this eye of the soul is of major concern.

In particular, this eye of the soul provides ultimate meaning and perspective. It is a big picture appraisal, seeing what is happening in its most comprehensive context. Alfred North Whitehead described entertaining ultimate perspectives as an airplane ride. You go high into the sky and see the land you just left from a heightened perspective. Then you return to the land with the benefit of the airplane view. Just what this benefit is, however, is often difficult to articulate. In Kenneth Pargament's study of religion and coping, he called this the transition from heaven to earth and suggested that coping is one way people could move from the "generalities of their faith" to the "dust of their trials."³⁹ Myles N. Sheehan, in reviewing a book on a Christian approach to ethics and medicine, pursues the same connection: "Likewise he (the author) left me, as a practitioner, continually wanting to know more about how Christian faith and the experience of the body (a theological, ultimate perspective) concretely express themselves in medical care and ethical concerns."⁴⁰ Once this eye of the soul is open, we see the world from a spiritual perspective. But this spiritual perspective is an ultimate point of view,

39. Kenneth I. Pargament, *The Psychology of Religion and Coping: Theory, Research, Practice* (New York: Guilford Press, 1997), pp. 163-66.

40. Myles N. Sheehan, "Who Decides?" *America* (October 2, 1999): 37-39.

and we must seek out the ways it influences our proximate dealings.

Others within health care stress the centrality of the Sacred or Spirit or God in any understanding of spirituality.⁴¹ For them, talk of transcendence and meaning without an explicit awareness of the ground of transcendence and meaning reduces spirituality to immanent mental processes. In other words, they are focusing on the eye of the soul that peers into the eternal. They are concerned with our awareness of our communion with Ultimate Reality.

What is important is that you become aware of something. Awareness is what we are after here. This awareness may have come suddenly and overwhelmingly, but it may also have come ever so gradually. My favorite image for this is the coming of spring. Sometimes spring comes suddenly, with a big bang. Yesterday it was still winter, but today spring is in the air. Spring came overnight. In other years, it comes so gradually that you can not even say when it came. A long drawn-out battle was going back and forth. But eventually it is spring. You do not know how it came, but all that matters is that spring is here. And so all that matters is that you eventually become aware deep within you of ultimate communion.⁴²

41. See David B. Larson, James P. Sawyers, and Michael E. McCullough, *Scientific Research on Spirituality and Health and Pargament, Psychology of Religion and Coping*.

42. David Steindl-Rast, "Thoughts on Mysticism as Frontier of Consciousness Evolution" in *Human Survival and Consciousness Evolution*, ed. Stanislav Grof (Albany, New York: State University of New York Press, 1988), p. 97.

This emphasis is important. Whether a person becomes suddenly aware or gradually aware, the goal is to become aware. Inherited belief in God is meant to lead to an awareness of the relationship to God. This is the grounding for the spiritual life.

If the first eye of the soul provides an ultimate perspective on what is happening, this eye of the soul provides an ultimate identity. Spiritual teaching stresses that we have identities in all the dimensions, and at any given moment, there is a tendency to cling to one or the other. If we have a full head of hair, we tend to confer on it a "This is me" quality and designate ourselves as "He of the radiant locks." Or if we manage an "A" in economics, we quickly collapse ourselves into this academic glory and become "She of the great intellect." Or if we work as a chief operating officer in a marketing firm, one day we may find our attachment to this position so complete that we say to ourselves and others, as if nothing more could be said, "I am a COO." Or if we have had a powerful experience of being abandoned by someone we love, we may so internalize that single, transitory experience that we think of ourselves as "the rejected one." Or if we are successful at ingratiating ourselves with other people, we may come to know ourselves as "the charmer." At any given moment our identity slides, and we equate ourselves with a physical quality, a mental attribute, a social role, a significant experience, or a personality trait.

However, when we are aware of our communion with God, we have an ultimate identity. This identity relativizes the other identities and provides a place to stand, a place from which to act. Yet an ultimate identity raises the same questions as an ultimate perspective. How does this identity af-

fect our other more proximate identities, identities rooted in personality, body, role, and behavior? How is the ultimate truth of who we are integrated into the proximate truths of who we are?

When people note this gap between the ultimate identity and perspective of the soul and the concrete dealings of life, they often do so to discredit soul consciousness. The criticism is predictable. Soul consciousness is otherworldly, not connected to body, mind, and society. It has no relevancy for people dedicated to the affairs and turmoils of the earth. Yet the gap between soul consciousness and the everyday living of health care operations is not a reason to dismiss spiritual considerations. Rather, it names the spiritual project. The spiritual project is to close the gap, to bring the spiritual into mind, body, and society. The spiritual does not seek to escape the world. It seeks to penetrate all aspects of the world.

In Christian faith, the Johannine Christ who is conscious he comes from God and is going to God and who knows that the Father (God as Love) has given all things into his hands washes the feet of his disciples. His consciousness of the spiritual brings him into the world of feet. In other words, in the language of theology the transcendent spiritual seeks to be immanent. Although our soul consciousness gives us an ultimate identity and perspective, it does not take us further away from the concrete world. It drives us toward it. When the two eyes of the soul are open, we are most committed and most creatively engaged in the things of earth.⁴³ In this sense,

43. See John Shea, "Challenges and Competencies: the Theological and Spiritual Aspects of Catholic Health Care Leadership," *Health Progress* (January-February, 2000).

the spiritual can be called a resource in the multiple struggles that surround the enterprises of human health and sickness. Of course, to understand this resource the nature of the spiritual must be explored.

Spirit as Resource

Lao Tzu, an ancient Chinese spiritual teacher, characterized Spirit in a series of provocative images.

The Spirit of the Fountain dies not.

It is called the Mysterious Feminine.

The Doorway of the Mysterious Feminine is called the Root of Heaven-and-Earth.

Lingering like gossamer, it has only a hint of existence.

And yet when you draw upon it, it is inexhaustible.⁴⁴

This imaginative and evocative spiritual text first explores the spiritual as an undying fountain, water that eternally springs up so human thirst can be slaked. The Johannine Jesus employs the same image. "The water I will give them will become a fountain of water within them, welling up into eternal life" (Jn. 4:14). Isaac of Nineveh develops the same image. "There is a love like a small lamp, which goes out when the oil is consumed; or like a stream, which dries up when it doesn't rain. But there is a love that is like a mighty spring gushing up out of the earth; it keeps flowing forever, and is inexhaustible."⁴⁵ Spirit is focused on human refreshment. This is not

44. Lao Tzu, *Tao Te Ching*. Book 1, VI.

45. Quoted in *The Enlightened Mind*, ed. Stephen Mitchell (New York: HarperCollins Publishers, 1991).

a fickle commitment or an intermittent desire. It is undying, an everlasting expression of the nature of the spiritual.

The text from Lao Tzu also images the spiritual as the mysterious feminine that gives life to all there is. The Book of Wisdom also uses the image of the feminine and characterizes her powers in a similar way: "Although she is but one, she can do all things, and while remaining in herself, she renews all things" (Wis. 7:27). The spiritual is its own reality ("remaining in herself"), yet it can go out to renew all things. The Book of Wisdom continues, "She passes into holy souls making them friends of God and prophets" (Wis. 7: 27). An essential characteristic of the spiritual is its ability to pass into "things" without displacing anything of that into which it has passed. Spirit can be completely present in nonspiritual realities without disturbing the integrity of those realities. Therefore, the spiritual not only gives life, it holds the spiritual and material worlds together. It is the root of heaven and earth, a connective reality, coupling what could easily be disjointed. In this sense, the spiritual is the ultimate flowing grace that creates the personal unity of the four dimensions. It weaves the physical, psychological, and social into one and grounds it in the transcendent source of all existence.

Therefore, the desire of Spirit is to be in a life-giving relationship with all things. Its nature is to give itself for the benefit of others. Paradoxically, according to the laws of the spiritual, this does not mean Spirit is diminished. It does not lose itself. Rather it grows in the act of self-giving. This is the strange, odd, uncanny way of the Spirit. It may be so unassuming that it only hints at existence, "yet when we draw on it, it is inexhaustible." This must be correctly understood. It is not that Spirit is an infinite reserve so no matter how much

we take there is still something left. Rather it is in the very act of drawing on Spirit that it become inexhaustible. Its nature is to grow not only by giving but by being received by those to whom it gives itself. When we are receiving the flow of Spirit that is being given, there is an endlessness to it, an endlessness activated by our act of drawing.

Since Spirit desires to pass into us for our well-being, talking about it as a "resource" is appropriate. However, there is also a danger in this language. "Resource" can connote something at our disposal to be used as we wish. Humans have a reputation for being disrespectful toward resources, using them recklessly and in ways they were not intended. People have tried this with the spiritual. They have demanded Spirit heal a body or instantaneously change a social condition. They have tried to yoke the power of the spiritual to their egotistic ambitions and their most violent fantasies. Spirit does not allow itself to be used in these ways. It moves on, as the following story points out.

The water of life, wishing to make itself known on the face of the earth, bubbled up in an artesian well and flowed without effort or limit. People came to drink of the magic water and were nourished by it, since it was so clean and pure and invigorating. But humankind was not content to leave things in this Edenic state. Gradually, they began to fence the well, charge admission, claim ownership of the property around it, make elaborate laws as to who could come to the well, put locks on the gates. Soon the well was the property of the powerful and the elite. The water was angry and offended; it stopped flowing and began to bubble up in another place. The people who owned the property around the first well were so

engrossed in their power systems and ownership that they did not notice that the water had vanished. They continued selling the nonexistent water; and few people noticed that the true power was gone. But some dissatisfied people searched with great courage and found the new artesian well. Soon that well was under the control of the property owners, and the same fate overtook it. The spring took itself to yet another place—and this has been going on throughout history.⁴⁶

Spirit cannot be seized, possessed, or incorporated into the profit schemes of benighted people. It is always a resource on its own terms. The human spiritual project is to learn how to freely receive this resource and to freely give it.

The Caring Spiritual

Therefore, in the unfolding agenda of self-care, it is appropriate to think and plan about how to care for our bodies, minds, and intimate and social relationships. However, when it comes to the spiritual dimension, a different approach is needed. The spiritual is the deepest center of the person. It is the place from which we care; it is not an “object” we care for. We are essentially soul, the ability to receive Spirit and communicate it into all we are and all the world is. Therefore, it is more appropriate to say that the spiritual cares for us than to say we care for the spiritual.

Let me begin by saying that I think there is a big difference between “nourishing your soul” and “being nourished by your soul.” We don’t nourish our soul. Our soul nourishes us. We

46. Quoted in Elkins, 23.

don't do something to our soul so much as have our soul do something to us. Our challenge as human beings is to open ourselves to receive this nourishment—to rekindle our connection with our spirit, the spirit that is always there waiting to nurture, heal, and direct our lives.⁴⁷

In distinguishing between the locus and goal of spiritual disciplines, Philip Novak makes the same observation.

And when speaking of “spiritual disciplines” it is helpful to remember that the word “spiritual” points to the goal of the work and not to its actual locus. For it is not the spirit that needs discipline. “Spirit” or its equivalent in other traditions points to the unconditioned dimension of ourselves which dwells in a timeless union with the Real and which is to be discovered or uncovered by means of the disciplines.

The true locus of the spiritual, or as I prefer to call it, contemplative discipline, is the psyche, that interdependent network of conditioned structures which forms and informs our very states of consciousness, our identities and our varying notions of what counts as valuable and real. And contemplatives universally presuppose that the psyche is malleable. Consciousness and the structures which determine it thus comprise the pivot point between whomever we think we are and ultimate reality. Contemplative discipline aims at nothing less than the transformation of the undergirding structures of our consciousness so that their new formation allows

47. Jack Canfield, “Rekindling the Fires of Your Soul,” in *Handbook For The Soul*, ed. Richard Carlso and Benjamin Shield, (Boston: Little Brown & Co., 1995) p. 87.

us to awaken from the sleep of bondage and to stay awake—both for our own welfare and for that of the human community.⁴⁸

Stephen Levine, in his work with spiritual healing, reinforces the remarks of Canfield and Novak:

I do not feel comfortable with the term spiritual healing because it leads one to believe that the spirit can be injured. Which it cannot. It is the uninjured, the uninjurable, the boundarilessness of being, the deathless. So what is offered here is not a spiritual healing, but a healing into spirit.⁴⁹

Once this “unconditioned dimension of ourselves which dwells in a timeless union with the Real” is uncovered, its care floods our being.

Therefore, traditional “care of the soul” involves working with the mind and the structures of consciousness in order to open into soul and Spirit. Once this happens, a reverse flow occurs. Spirit gives itself into the soul, mind, body, and world. When religious traditions talk of the grace or the loving kindness or the mercy of God, they are exploring this self-giving quality of Spirit. And when they talk of the human disposition of surrender or dependence or humility, they are exploring the human capacity to open and receive from the

48. Philip Novak, “The Dynamic of Attention in Discipline,” in *Ultimate Reality and Spiritual Discipline*, ed. James Duerlinger (New York: Paragon House Publishers, 1984) pp. 83–84.

49. Stephen Levine, *Healing Into Life and Death* (New York: Doubleday, 1987), p. 6.

Reality whose nature it is to give. This is the distinctiveness of the spiritual, and it has to be taken into account as we explore how it interacts with the physical, psychological, and social dimensions.

Conclusion

The spiritual interests emerging within health care will be pursued in terms of further and more sophisticated medical and organizational research, creative efforts at implementation, and sensitive managing of practical and theoretical resistance. As important as these factors are, they are not enough. There is also a need for a working knowledge of the spiritual that legitimates the spiritual interests and provides a direction for development. This working knowledge begins with an enhanced understanding of health care as attending to physical, psychological, social, and spiritual dimensions of the person who is living on a continuum of health and sickness. These dimensions are always present, interacting with one another and yet having their own distinctiveness. Intentional health care means we attend to all these dimensions of ourselves and others. However, because of the distinctiveness of the spiritual, we have to attend to it in a particular way. Attending to the spiritual entails going within to the soul space, opening both the eye that looks into Spirit and the eye that looks into the world, and learning how to receive and give Spirit. Spirit is a resource that grounds, guides, and transforms human projects. When patients, families, friends, medical caregivers, chaplains, leaders, employees, and ethical reflectors are interested in the spiritual, at a minimum they are interested in being aware and staying aware of this reality. How can we be in touch with this reality so we can

let it do what is its nature to do—give Spirit to each fragile and vulnerable human person? Spiritualities are how we stay in touch, how we open to what is there.