

# Psychospiritual care: a paradigm (shift) of care for the spirit in a non-religious context

**Revd Dr Steve Nolan** is Chaplain, The Princess Alice Hospice, Esher, Surrey.

## ***Abstract***

A pressing question for many chaplains concerns the meaning of spiritual care in a non-religious context. From different perspectives, Pattison and Walter both question the distinctive contribution of chaplains offering a generic approach to spiritual care. I suggest that using a humanistic-phenomenological definition of spirituality as ‘a way of being’ allows chaplains to understand the care they offer in terms of ‘psychospiritual’ care, that is a care offered on the shared terrain of spirituality and consciousness of being. I note that chaplains’ distinctive contribution comes from the fact that we are familiar with this terrain, and I consider three aspects of psychospiritual care: mapping and marking, personal work and ‘hearing confession’.

## ***Key words***

Generic spiritual care, Psychospiritual, *Dasein*, Humanistic-Phenomenological, Myth, Postmodern, Ritual, Confession.

## ***Main Article***

### **Introduction**

Writing about spiritual welfare within palliative care, Marie Curie Chaplain, David Mitchell asserts: ‘In the healthcare setting, spiritual care suffers a basic misunderstanding between the terms “spiritual” and “religious”. Many healthcare professionals who say “spiritual” are actually thinking “religious” (1999:16). Intuitively, his anecdotal observation would seem to be correct. But in my experience it is too limited; it could in fact be extended beyond

'healthcare professionals' in general to include many of those whom we might think know better. I suggest that, when it comes to understanding and using the terms 'spiritual' and 'religious', even healthcare chaplains suffer the same basic misunderstanding as many of our multi-professional colleagues.

One observation immediately suggests itself to account for this misunderstanding. Chaplains are formed within the faith framework of our religious tradition where (at least among Christians) the terms spirituality and religion are often uncritically conflated, with the effect that spirituality becomes collapsed into religion. In short, within a framework of religious faith, talk about spirituality/religion comes to equal talk about religion/spirituality.

The challenge posed by this uncritical conflation was brought home to me early in my new career as a hospice chaplain. Attending a seminar on spirituality for interested healthcare professionals, I was asked with others to discuss the question: What do we mean by "spirituality"? Almost without thinking, and apparently without irony, a fellow participant turned to me and said, 'We should be asking you guys [the chaplains in the group]; you're the ones who know the answer to this one!'

I realised then that as a minister in a local Baptist church I *had* known the answer – at least I had assumed some kind of working understanding about spirituality, which I took to be about a person's relationship with God and which involved reading scripture, praying, worship, etc. But, equally, I realised that as a chaplain I was now finding this word relocated from its familiar religious context and out into a secular forum.

As long as I understood spiritual care to be something offered within the frame of a religious discourse, equating religion and spirituality posed me little difficulty. However, in the secular healthcare environment, where talk about the spiritual needs of those without religious faith amounts to more than talk about pastoral care, and where healthcare professionals (including chaplains) are under an imperative to attend to those needs, how should I, and others, understand spirituality and spiritual care? What might talk of 'spirituality' mean

in a non-religious context? Is there, indeed, a non-religious (generic?) spirituality, available both to those shaped within a religious tradition and to those with no religious convictions?

### **The problem stated**

Pattison is among those opposed to any attempt to root spiritual care within a 'generic spirituality' (2001:39). Cautioning against divorcing spirituality from those historic communities of religious practice and discourse in which it developed, Pattison sees a 'generic, religiously neutral spiritual care' reducing chaplains to 'generic facilitators or brokers of spirituality in all its manifestations from Wicca to Buddhism' (2001:34, 35). Pattison counsels against the 'temptation to try to develop a lowest common denominator ... language that all participants can "speak" and agree upon – a kind of moral Esperanto' (2001:40). Instead, he argues 'that chaplains who come from a distinctive and valuable religious tradition should think more carefully about what it is that they can bring into the fragmented world of generic spirituality' (2001:44). For Pattison, religious traditions provide 'lived performances of spirituality' (2001:44) bringing real wisdom and integrity of character to situations of life and death. 'If', he questions, 'chaplains and other religious representative persons abandon the value of their own religious traditions, what do they really have to offer those who are spiritually needy and lost?' (2001:40).

Walter (1997) poses a similar question. Observing models of spiritual care in the context of the hospice movement, Walter notes the increasing tendency to regard everyone as having a spiritual dimension (understood in terms of a search for meaning). For Walter, this is the most practicable of the three approaches he discusses, insofar as it means 'spiritual care can be provided regardless of the staff member's own faith or lack of it. It can be provided by anyone, for anyone' (1997:25). But Walter notes a significant difficulty with this approach in that 'it is hard ... to see how [this model] differs from certain kinds of psychological care or from a humanist approach.'

(1997:26). Like Pattison, Walter questions the distinctive contribution of chaplains offering a generic approach to spiritual care.

### **Religion and spirituality in postmodernity**

There is no doubt that much contemporary spirituality has become detached from religion. A number of factors contribute to this detachment, but among the most significant is the profound shift in the prevailing discourse. Hay & Hunt (2000) discuss the dramatic changes in the way British people report religious or spiritual experience. Covering a period that has seen regular Church attendance fall by more than 20% to a point where now less than 8% attend church on an average Sunday, their research suggests that about 76% of the British population are prepared to admit to some kind of religious or spiritual experience – a 60% increase since 1987 (2000:12). From this Hay & Hunt postulate that, while in reality there has been little change in the frequency with which people encounter the spiritual dimension of their lives:

What is probably changing is people's sense of the degree of social permission for such experience. Somehow or other (perhaps through the influence of postmodernism) there is a growing feeling that it is acceptable to admit to such awareness, though it is still something most people feel quite deeply embarrassed about (2000:14).

Research presented to the Society for the Scientific Study of Religion in 1995, suggests the cause of this acceptability is the emergence of a new common discourse. According to Bibby (1995), just over half of the adult Canadians who acknowledged that they had 'spiritual needs' used conventional religious language. These respondents spoke of belief in God or Jesus, praying and going to church, etc. to explain what they meant by 'spirituality'. However, the rest 'associated the word [spirituality] with the human spirit or soul, with such practices as meditation or reflection, with a sense of wholeness or oneness, and with inner or outer awareness'.

For Walter, the emerging discourse of spirituality has arisen in the English-speaking world and is a discourse shared 'by those contemporary Britons and Americans who are moving away from or beyond institutional Christianity, but who still have some sense of the numinous' (2002:135). In other words, it is a peculiarly contemporary phenomenon, common among those wishing to 'move beyond, or distance themselves from, institutional religion'.

Given the very contemporaneity of this postmodern spiritual discourse, it may be that Pattison is right to caution against rooting spiritual care within 'generic spirituality'. The resurgence of religion in its many fundamentalist forms, against the predictions of the secularists, might temper the enthusiasm of those eager to put distance between themselves and institutional religion. Time alone will tell. But the fact that many in the English speaking world are distancing themselves from institutional religion means that Pattison's and Walter's question remains pertinent (at least for now): what *is* the distinctive contribution religious chaplains make to spiritual care a non-religious context?

### **Spirituality: a way of being**

To answer this we need to revisit, and revitalise, the well-worn discussions about what is meant by the terms 'spirituality' and 'spiritual care'. Pattison seems clear that when cut off from its religious hinterland 'spirituality' is necessarily reduced to an Esperanto of the lowest common denominator. However, Speck is among those who continue distinguish the spiritual and the religious, and who would no doubt object to Pattison's parody. For Speck, '*Spiritual* relates to a concern with ultimate issues and is often seen as a search for meaning, and echoes Frankl who has said, "Man is not destroyed by suffering, he is destroyed by suffering without meaning"' (1988:30). Although elsewhere he proposes that spiritual can be thought of as 'the vital life essence of an individual' and religion can be regarded as 'a system of faith and worship' often rooted in a particular culture (2003:91), Speck's much recycled definition has been influential. For example, the NICE *Guidance on Cancer Services* (which cites Speck) suggests that,

The diagnosis of life-threatening disease has a profound effect on people who are ill and on their family and friends. Unsettling questions can often arise, such as ‘why is this happening to *me*?’, ‘what is the cause of this – is it my fault?’, ‘how can I make sense of my condition?’, and ‘how will I cope?’ Many questions relate to identity and self-worth as patients seek to find an *ultimate meaning* to their lives (2004:7.1, emphasis added).

It is certainly the case that many patients with a life limiting illness do ask the ‘Why?’ questions. But, as Catterall, *et al* point out, their questions may not indicate spiritual distress: ‘When a patient questions the meaning of life this may ... signify the next step in his/her spiritual journey’ (1998:165). Nor may this next step be a particularly religious one. McGrath found that the majority did not seek religious comfort as a response to the challenge of terminal illness (2003). In my short experience, a frequently asked question concerns how to *prepare* for death. Speck’s definition needs to go further.

Elkins, *et al* propose a definition of what they term humanistic-phenomenological spirituality. For Elkins:

Spirituality ... is a way of being and experiencing that comes through awareness of a transcendent dimension and that is characterized by certain identifiable values in regard to self, others, nature, life, and whatever one considers to be the Ultimate (1988:10).

This definition may not satisfy Pattison, but it does have several factors to commend it.

First, Elkins’ definition offers to quell Pattison’s anxieties about lowest common denominator spirituality functioning ‘like intellectual Polyfilla, changing shape and content conveniently to fill the space its users devise for it’ (Pattison, 2001:37). Rather than taking what appears superficially common among the various spiritualities, Elkins describes what is profoundly common

in human experience. Put in terms of Pattison's language metaphor, Elkins is less an Esperanto than a proto Indo-European.

More substantially, a humanistic-phenomenological definition takes spirituality to be a way of being. This is not a passive, abstract way of being, but a way of being that maps with Heidegger's description of a way of 'being and experiencing ... through awareness' – a way of being that is aware of its own beingness. (Heidegger's *Dasein* ('being-there') is 'illuminated' being, 'as Being-in-the-world it is cleared [gelichtet] in itself, not through any other entity, but in such a way that it *is* itself the clearing' (Heidegger, 1962:171). As Heidegger's translator explains it, 'the *Dasein* in which human mind participates is like a clearing in which Being comes to light' (Macquarrie, 1994:18).)

Linking spirituality and Heidegger may appear to be an incongruous (if not deliberately perverse) confusion of philosophy for spirituality. But seeing spirituality in this way, as a way of 'being and experiencing ... through awareness', is consonant with the spiritual practice of meditation, particularly Buddhist meditation, the focus of which, like phenomenology, is the contents of consciousness (Brazier, 2003:41-2). I want to argue that it is just this imbrication of spirituality and consciousness of being that offers an answer to the question of what is distinctive about the contribution of religious chaplains to generic spiritual care.

### **Psychospiritual care: care on a shared terrain**

For Elkins, *et al* spirituality involves a relatedness to (or towards) one's self, others, nature, life, and some form of the Ultimate. Such relatedness is extremely sophisticated, and in an evolutionary sense is dependent upon the biological, neurological architecture that produces consciousness and the capacity to be self-conscious. As Hay argues:

religious or spiritual awareness is biologically natural to the human species and has been selected for in the process of organic evolution because it has survival value. Although naturalistic, this hypothesis is not intended to be reductionist with regard to religion. Nevertheless it does imply that all people, including those who have no religious belief, have a spiritual life ([www.abdn.ac.uk/divinity/staff/david-hay.shtml](http://www.abdn.ac.uk/divinity/staff/david-hay.shtml) 15/02/06).

Indeed, North American researchers, exploring the neurological mechanisms associated with spiritual experience, have reproduced feelings of spiritual transcendence and mystical presence in otherwise unreligious people by stimulating a particular area in the temporal lobe. Of course,

The fact that we seem to have a religious hotspot wired into our brains does not necessarily prove that the spiritual dimension is merely the product of a particular flurry of electrical activity. After all, if God exists, it figures He must have created us with some biological mechanism with which to apprehend Him (Carter, 2000:13-14. See also d'Aquili & Newberg, 1999).

But it does suggest that there is an intimate connection between what has historically been disconnected: the traditionally psychological and the traditionally spiritual. In fact, it would seem that the contemporary convergence between psychology and spirituality is something of a rejoining. From a Christian perspective, in the New Testament tripartite construct of body, soul and spirit, the noun *psychē* (*psych-ology / psych-ic*), soul, stood for the 'inner life ... equivalent to the ego, person or personality' (Brown, 1971:683). St Paul may contrast the adjectival form, *psychikos*, with *pneumatikos* (spiritual), but the *psychē* is the object of salvation or destruction, and 'the salvation of the soul is always understood in connexion with the resurrection of the body [*sōma pneumatikon*]' (Brown, 1971:686). According to Wulff, by 12<sup>CE</sup> this New Testament concept had begun 'to acquire connotations of a virtual psychological function that was contrasted with corporeality or materiality' (1997:5).

Whatever historical theological distinctions may exist between *psychikos* and *pneumatikos*, the languages, or discourses, of 'spirit' and of psychotherapy are extremely close. West, a practising psychotherapist, highlights the etymological connection between the discourses: 'If I were to choose a phrase that encapsulates the way I currently see myself working, it would be *soul attender* which ... is a literal translation of the word psychotherapist' (2004:144). Contemporary understanding of 'spiritual' is consonant with both St Paul and Dame Cicely, who equates 'inner self' and 'spiritual being' (Saunders, 1988:30).

Arguing for the similarities between the phenomenological discourse of psychotherapy and the noumenological discourse of spirit is not to collapse the noumenal into the phenomenal. Rather, it is to argue that what chaplains and nursing staff offer patients is a care on the shared terrain of spirituality and consciousness of being; a 'psychospiritual' care that is a care in the overlap; a care of *Dasein*.

The term psychospiritual may sound strange and perhaps uncomfortable. It is certainly tautologous, and deliberately so. I use it as a means of reclaiming ground proper to spiritual care; a term which captures the scope of care for the spirit and makes available to spiritual care resources developed outside its traditional frame; a term which reunites ways of caring that have too long been disassociated. It seems to me that the term psychospiritual properly locates a form of spiritual care that is appropriate to both religious *and* non-religious contexts, and as such it maps the terrain on which healthcare professionals in general can operate and on which chaplains can make their distinctive contribution. I want to suggest that the distinctive contribution of chaplains to psychospiritual care comes from the fact that we (should) have a ready familiarity with the terrain. I want to think about this in terms of three psychospiritual tasks: mapping and marking, personal work and hearing confession.

## **Mapping and marking the psychospiritual terrain**

Chaplains are skilful interpreters of narrative, specifically the mythic narratives of our ancient texts. While these texts are rich resources for diverse theologies, they are also early attempts at mapping the terrain of psychospirituality. The product of a pre-modern religious imagination, these stories narrate human experience, and by definition share common ground with the efforts of modern psychotherapy. As Armstrong explains, mythology

was an early form of psychology. The stories of gods, or heroes descending into the underworld, threading through labyrinths and fighting with monsters, brought to light the mysterious workings of the psyche, showing people how to cope with their own interior crises (2005:11).

Armstrong notes that when Freud and Jung began charting the modern quest for the soul, 'they instinctively turned to classical mythology to explain their insights, and gave the old myths a new interpretation' (2005:11).

The early modern 'soul attenders' worked with the peculiarly cryptic mythologies of an individual's dreams, which mythologist Campbell describes as the 'unsubstantial images' that narrate the 'dangerous crises of self-development' (1993:8-9). Campbell describes 'the modern master of the mythological realm' as 'an experienced initiate in the lore and language of dreams, who then enacts the role and character of the ancient mystagogue, or guide of souls, the initiating medicine man of the primitive forest sanctuaries of trial and initiation' (1993:9).

The point here is that, as skilful interpreters of mythic narrative, chaplains understand the power of myth both to locate and elucidate an individual. We may debate (even lament) the death of the metanarrative, but patients in our hospices and hospitals continue to be constructed within the extrinsic myths of cultural narratives and to construct their own intrinsic myths or personal guiding narratives. Healthcare chaplains are well placed to understand and, if not entirely embrace, at least inhabit these narratives and so, by attending to

(or perhaps) guiding souls, to offer psychospiritual care. (On the use of story see Stanworth, 2004).

Recognising and harnessing the power of story, chaplains skilfully map extrinsic and intrinsic myth. Equally, we are able to harness the power of embodied expression, or ritual, to skilfully mark and secure passage across the psychospiritual terrain.

I think of Sandra, a woman now divorced who had been unable to grieve the child she lost because her former, abusive husband had been too demanding. Despite her dedication to helping him, she carried guilt that she might have done more to save their marriage (and perhaps him). She also carried her sadness for her lost and unmarked baby. Together we explored her (intrinsic) myth about the faithful wife and she found a way to begin retelling (remythologising) her experience. We were also able to ritualise the passing of her child, acknowledging painful memories and symbolising his short life in the planting of a shrub in the family garden. Through words and actions, mythologising and ritualising, we mapped and marked together something of her psychospiritual terrain.

### **Engaging in personal psychospiritual work**

The ability of generations of spiritual guides routinely to map the psychospiritual arises from what has been accomplished in their own psychospiritual work. I want to argue that it is the preparedness of chaplains to embark for ourselves on the inner journey – not simply to read about it, but to live it – that enables our distinctive contribution to psychospiritual care. We are familiar with the terrain because that is where we live.

It is interesting to compare our interventions with those of our colleagues. When, for example, a physiotherapist arrives at a patient's bedside she comes with a menu of interventions. Similarly, a nurse or doctor approaches a patient with drugs, dressings, assessments, even counsel. Each of our colleagues has something specific to offer from their particular discipline. As

chaplains, on the other hand, unless specifically requested for a sacramental or other religious intervention, we arrive in the nakedness of our own being.

The chaplain called in to A&E to support the family of a young RTA victim has no apparent reason to be there. There may not have been a specific request for her presence. She walks in on the confusion of activity and the void of information; she makes herself known to the relatives and stands about waiting to be of use. Caught in their asphyxiating anxiety, she may become the transferential object of the relatives' raw emotion. She has no use in this moment for holy oils or other religious props; she must simply be – a soul attending *Dasein* whose integrity resides in her quality of being; a being shaped by the practices of her own personal psychospiritual work.

To address Walter's question, non-religious spiritual care – what I am calling psychospiritual care – differs from other kinds of psychological care, and from a (secular) humanist approach, by the fact that it is totally dependent on the personal work of the individual psychospiritual carer, in a way that is not the case for any of our healthcare colleagues. As chaplains we offer our patients our own psychospirituality. In fact, this is all we offer: the extent to which we are able to help our patients is the extent to which we have first helped ourselves. And in a movement of sublime symbiosis, having helped our patients we find we have helped ourselves: our psychospiritual work with others becomes psychospiritual work on ourselves.

It is important to note here that psychospiritual practices, particularly those structured around meditation and prayer, can be made available to non-religious patients as non-religious interventions. For better or worse, the Western separation of spirituality and religion has become an experiment in the possibilities of separating spiritual practices from the underlying religious beliefs in which they emerged. The interesting discovery appears to be that spiritual practice can have psychospiritual effect independent of the originating belief system. No longer does one need to be Buddhist to benefit from meditation practice; nor Hindu to benefit from yoga practice; nor Christian to benefit from prayer. The chaplain conducting non-religious

memorial services, or leading a contemplative meditation, is offering psychospiritual effect rooted in spiritual practices that are detached from their originating religious beliefs.

### **Hearing confession**

A third example of the distinctive contribution of chaplains to psychospiritual care is a specific example of psychospiritual effect rooted in spiritual practice detached from its originating religious belief: what, in the Christian tradition is known as 'hearing confession'.

The heavy hearted patient, disconsolate about his failure as a parent may be candidate for traditional modes of counselling; equally, he may need to hear words of forgiveness. It is certainly the case that healthcare staff 'hear confessions'. The distinctive difference is in the ways chaplains recognise and respond to those confessions. Like psychotherapists, we will resist 'rescuing' our patients; like psychotherapists, we will be willing to stay with their desolation, our presence creating a safe space in which the patient can say what he needs to say. Our distinctive comes from regarding ourselves to be in some way forgiven.

Discussion of confession raises some interesting questions, mostly related to issues of ecclesiastical authority. Who may hear a confession? Is it only Catholics, or may non-Catholics make therapeutic use of this intervention? If they can, then may only a priest hear the confession of a Catholic, or might it be pastorally appropriate for a non-Catholic to hear a Catholic confession? And how should chaplains respond with ecumenical sensitivity and integrity to pressing pastoral need?

These are more or less important questions related to professional practice. But they miss the point that the psychospiritual effect of a spiritual practice can be detached from its originating religious belief. So, when is a confession not a confession?

Structurally, a confession is an unveiling, a profoundly honest unveiling of one person to another in a relationship of trust, where the one unveiling desires release facilitated by the one hearing the unveiling. In this situation, the hearer stays with the unveiler in an attitude of unconditional acceptance (love), 'hearing them into speech', possibly suggesting a reparative action, but ultimately communicating to the unveiler something of the mercy the hearer has known.

Our relationships of trust regularly place us in confessional situations where patients invite us to offer their troubled spirits some release. These are occasions in which our contribution to psychospiritual care is peculiarly distinct. Knowing ourselves to be the forgiven objects of mercy, our forgiveness creates a therapeutic encounter of forgiveness in which we hear our patient's unveiling and they receive their forgiveness. We may ritualise this therapeutic encounter of forgiveness; we may suggest reparative action. But our communication of the mercy we have known brings about an economy in which we offer and our patient can find forgiveness.

Ecclesiastically and ethically, questions may remain concerning who has the authority to forgive. But, notwithstanding arguments about victim's rights, real authority to forgive is always within the individual: if a man cannot forgive himself, no priestly absolution will bring him existential release.

## **Conclusion**

In addressing his own question, Walter concludes that what characterises the approach of contemporary chaplains as 'spiritual rather than psychological'

is the use of a particular discourse, derived from Christianity, in which not only does the patient talk of feelings, fears and hopes, but the carer assures them that they are loved. The spiritual, therefore, is not so much a dimension of the person as a discourse between carer and patient, a particular way in which the one cares for the other (1997:26-7).

My argument is that by setting spiritual and psychological overagainst each other as distinct discourses (or perspectives) Walter makes a false distinction and so confuses the situation. In fact, the psychological and the spiritual share common interest in the terrain of *Dasein*, an interest in what in humanistic-phenomenological terms is properly termed 'the psychospiritual'.

### **Address for correspondence**

Revd Dr Steve Nolan  
The Princess Alice Hospice  
West End Lane  
Esher  
Surrey  
KT10 8NA

### **References**

- Armstrong, K (2005). *A Short History of Myth*. Edinburgh: Canongate Books.
- Bibby, R W (1995). *Beyond Headlines, Hype, and Hope: Shedding Some Light on Spirituality*, a paper presented at the annual meeting of the Society for the Scientific Study of Religion, St Louis, October 1995, cited in Wulff, D M (1997), *Psychology of Religion: Classic & Contemporary*, New York: John Wiley & Sons, inc.
- Brazier, C (2003). *Buddhist Psychology: Liberate Your Mind, Embrace Life*. London: Robinson.
- Campbell, J (1993). *The Hero with a Thousand Faces*. London: Fontana Press.
- Carter, R (2000). *Mapping the Mind*. London: Phoenix.
- Catterall, R A, Cox, M, Greet, B, Sankey, J, Griffiths, G (1998). The assessment and audit of spiritual care. *International Journal of Palliative Nursing* 4(4), 162-168.
- d'Aquili, E G, Newberg, A B (1999). *The Mystical Mind: Probing the Biology of Religious Experience*. Minneapolis: Fortress Press.

- Elkins, D N, Hestorm, L J, Hughes, L L, Leaf, J A & Saunders, C (1988). Towards a humanistic-phenomenological spirituality. *Journal of Humanistic Psychology* **28**(4), 5-18.
- Frankl, V (1987). *Man's Search for Meaning*. London: Hodder and Stoughton.
- Hay, D & Hunt, K (2000). Understanding the spirituality of people who don't go to church: a report on the findings of the Adults' Spirituality Project. Nottingham: University of Nottingham
- Heidegger, M (1962). *Being and Time*. Oxford: Blackwells.
- Macquarrie, J (1994). *Heidegger and Christianity*. London: SCM Press.
- McGrath, P (2003). Religiosity and the challenge of terminal illness. *Death Studies* (Dec) **27**(10), 881-899.
- Mitchell, D (1999). Capturing the Spirit. *Marie Curie News* (Winter), 16-17.
- Moore, T (1992). *Care of the Soul: How to Add Depth and Meaning to Your Everyday Life*. London: Piatkus.
- NICE (2004). *Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer*. London: NICE.
- Pattison, S (2001). Dumbing down the Spirit, in Orchard, H (ed.) *Spirituality in Health Care Contexts*. London & Philadelphia: Jessica Kingsley, 33-46.
- Saunders, C (1988). Spiritual pain. *Journal of Palliative Care* **4**(3), 29-32.
- Speck, P (1988). *Being There: Pastoral Issues in Time of Illness*. London: SPCK.
- Speck, P (2003), Spiritual/religious issues in care of the dying, in Ellershaw, J & Wilkinson, S (eds), *Care of the Dying: a Pathway to Excellence*. Oxford: OUP.
- Stanworth, R (2004). *Recognizing Spiritual Needs in People Who are Dying*. Oxford: OUP
- Walter, T (1997). The ideology and organization of spiritual care: three approaches, *Palliative Medicine* **11**(1), 21-30.
- Walter, T (2002). Spirituality in palliative care: opportunity or burden? *Palliative Medicine* **16**(2), 133-39.
- West, W (2004). *Spiritual Issues in Therapy: Relating Experience to Practice*. Basingstoke: Palgrave Macmillan.