

Proceedings of the 2nd  
Biennial South African  
Conference on  
Spirituality and  
Healthcare



# Proceedings of the 2nd Biennial South African Conference on Spirituality and Healthcare

Edited by

André de la Porte, Nicolene Joubert  
and Annemarie Oberholzer

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## FOREWORD

# SPIRITUALITY AND HEALTH: TOWARDS WHOLENESS IN FRACTURED SOCIETIES

In recent years the body, bodily theologies, and theologies of embodiment have grown in depth and impact.<sup>1</sup> One cannot consider health, healthcare, or the absence thereof, without reflecting on the body from a theological perspective. Protestant theologies have for too long devalued the body, in some cases perhaps with disastrous consequences.

In the South African context it is hard not to think of the body without also considering the many ways in which women, children and black people have been *disembodied* and exploited over the years. Certain bodies have been systematically excluded from certain places or denied access to vital resources required to ensure health and well-being. One cannot consider healthcare and systems designed to mediate healthcare purely in neutral terms, and not acknowledge the ways in which healthcare systems themselves are often expressions of deep societal fractures.<sup>2</sup> In a society marked by gross inequality, access to decent and affordable healthcare has been an unattainable luxury for millions of people.

Pathological systems and institutions of care – healthcare systems devoid of life-affirming spiritualities – cannot ensure the healing and wholeness of those depending on them. And it is for that reason that this is such an important and timely volume. In this publication the relationship

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<sup>1</sup> See for example: E.E. Uzukwu, *Worship as Body Language. Introduction to Christian Worship: An African Orientation* (Collegeville, MN: Liturgical Press, 1997); L. Isherwood and E. Stuart, *Introducing Body Theology* (Cleveland, OH: Pilgrim, 1998); J-A. van den Berg, “An Embodied Spirituality: Perspectives for a Bodily Spiritual Anthropology,” *Acta Theologica* 28(2) (2008): 118–132; J. Meiring and J.C. Müller, “Deconstructing the Body: Body Theology, Embodied Pastoral Anthropology and Body Mapping,” *Verbum et Ecclesia* 31(1) (2010), doi: 10.4102/ve.v31i1.367.

<sup>2</sup> See Jean-Marc Éla, “The Health of Those without Dignity,” in *My Faith as an African* (Maryknoll, New York: Orbis Books, 1988), 67–85.

between spirituality and healthcare is considered on the basis of a firm conviction that these cannot be mutually exclusive, but must necessarily be considered and practised in close conjunction.

This volume endeavours, among other things, to:

- affirm the importance of spirituality, or theological reflection, for healthcare
- affirm that healthcare systems should work towards the spiritual, physical, psychological and social wholeness of people and communities, celebrating body, mind, spirit and soul as equally important and – although this is not always acknowledged – indissolubly linked
- explore the role of both spirituality and churches, faith-based organisations and religious resources in enhancing healthcare and wholeness
- emphasise integrated, multi-sectoral and multi-disciplinary models of healthcare, valuing the diverse gifts and contributions of different partners, but doing so critically

The contributions gathered together in this volume allow readers to explore diverse facets of healthcare through the experiences of patients, healthcare practitioners, family members and faith-based or pastoral care workers. They represent a diversity of scholarly and practical wisdom and insight as offered by theologians, pastors, therapists, medical and healthcare practitioners, and social workers. The authors have employed a wide range of research methods to source information and to gain and deepen their and our understanding of their respective themes, and they have therefore made an extremely valuable contribution to this field of study.

Some years ago Dr Andre de la Porte asked whether the Centre for Contextual Ministry at the University of Pretoria would be willing to host this research theme. We agreed, and are delighted to be associated with this research project on spirituality and health. We value the vital contribution made by this publication and trust that it will stimulate further and deepening conversations about and insights into these and related topics. We congratulate Andre and his team of co-authors and research associates, and express our deep gratitude for your leadership in this developing field.

Our own vision, as a Centre, is the creation of healthy communities through the formation of community and church leaders. We are committed to creating diverse spaces in which community and faith-

based workers can foster spiritualities and reflective practices that will support communities as they strive towards wholeness in every sphere of community life. Implicit in such a vision of wholeness is an understanding of the importance of spiritual, physical, socio-economic and mental well-being, all in relation to one another. It is therefore natural that one would embrace a commitment to spirituality and healthcare on the journey towards wholeness.

What is heartening is the movement towards trans-disciplinarity that became evident in this process, as academic researchers from different disciplines worked with practitioners and community members, including patients, to reflect on important health-related themes, while considering how spirituality can contribute to possible healthcare solutions, enhance holistic well-being and foster wholeness.

My hope is that this endeavour will go from strength to strength, and that this project will contribute imaginatively to the discourse on spirituality and healthcare that seeks to advance wholeness and justice for all.

Stéphan de Beer

*Centre for Contextual Ministry & Department of Practical Theology  
University of Pretoria*

April 2017

## PREFACE

The past ten years have witnessed a dramatic increase in the number of studies in the field of spirituality in healthcare, the majority having been conducted in North America, Europe and Australia. This research has demonstrated robust links between spirituality and health, with an emphasis on the importance of integrating spirituality into the practice of healthcare. A multi-disciplinary approach is needed, with the person at the centre, making room for the distinctive perspectives and practices of social scientists, health professionals, chaplains, and clergy. The availability of spiritual and pastoral workers trained to work in healthcare is a significant theme.

In South Africa, spirituality and healthcare is an emerging theme, which has generally been approached from the perspective of a single discipline. It must be acknowledged that although the government has introduced ambitious plans (which are part of the National Development Plan toward 2030), South African healthcare is in crisis. Problems relating to infrastructure, management, human resources and the supply of essential medicines have become critical. This situation is compounded by a high burden of disease and enormous disparity in levels of service delivery, particularly between the public and private healthcare systems. In the midst of this we find the individual person and his or her family and community, bent under a heavy burden of suffering caused by disease, poverty, crime and violence.

Illness can bring about an existential and ontological crisis as people are confronted with the fragility, vulnerability and finitude of the human condition. This experience is intensified when children are involved or affected. There is a good chance that the majority of people are trying to make sense of this within a spiritual framework, and that they belong to a faith-based community.

Practitioners in the healthcare, spiritual care, counselling, and other helping and caring professions meet people in this space of disarray. Many view this work as a calling. This conference will bring together leading experts, as well as representatives of a wide range of disciplines and perspectives, to explore the ways in which spirituality interacts with healing, growth and wholeness in healthcare.

In South Africa (and indeed in Africa) there are no programmes dedicated to the study and promotion of spirituality and healthcare. The 2<sup>nd</sup> Biennial South African Conference on Spirituality and Healthcare was organised by HospiVision and the Centre for Contextual Ministry at the University of Pretoria to foster development in this field. The conference also created a platform for various disciplines to showcase their work and for practitioners in this field to share their experience. The disciplines of medicine, spirituality, pastoral counselling, nursing, social work, psychology, audiology and practical theology were represented at the conference.

The following institutions were involved: the University of Pretoria, the University of South Africa, the University of the Witwatersrand, North-West University, the University of Stellenbosch and the Institute for Christian Psychology. International universities represented at the conference included George Washington University and Fordham University in New York. Several national organisations working in this field were also involved, namely the Cancer Association of South Africa, HospiVision, Intern Trauma Nexus, the Centre for Christian Spirituality, Godly Play South Africa, the Organisation for Paediatric Support in South Africa (OPSSA) and the International Children's Palliative Care Network.

The presence of Professor Christina Puchalski from the George Washington Institute for Spirituality and Health as keynote speaker also gave an international flavour to the conference. Her presentations on the essential role of spirituality in a whole-person model of care and the spiritual discipline of compassion both informed and inspired participants.

In this volume you will find a selection of papers offering a uniquely South African perspective on spirituality and healthcare. The contributions begin with an exploration of the unfolding link between spirituality and healthcare, followed by a discussion of a base anthropology for a pastoral hermeneutics of care. This is followed by papers on various approaches that constitute a paradigm for coping in times of stress and the effect of a faith-based education programme. The non-profit sector plays an important role in healthcare, and a model for this and the influence of Christian community psychology is discussed. Two contributions discuss spirituality and healthcare from a social work perspective. The importance of promoting a caring presence in nursing is highlighted. Two contributions focus on ethics in spirituality and healthcare. Specific focus areas are covered next: hearing loss, the role of churches in caring for children, post-traumatic embitterment, head and neck reconstructive surgery and the role of volunteers. In conclusion the ideal body and its celebration in the Song of Songs of the Hebrew Bible is discussed.

## ACKNOWLEDGEMENTS

Organising a conference in two cities and publishing the proceedings requires a team effort. We would like to acknowledge the support received from the HospiVision board and staff members as well as the Centre for Contextual Ministry at the University of Pretoria, in particular Dr Stéphan de Beer, the director. We would further like to thank the conference teams: Wanda de Jager and Annette de la Porte (Cape Town) and June Kriel and Eva Dabon-Kriel (Pretoria). Numerous HospiVision staff and volunteers provided support with registration and provided practical assistance on the days of the conference. Prof. Christina Puchalski contributed her time and expertise, for which we are very grateful. We wish to thank Prof. Nicolene Joubert of the Institute for Christian Spirituality, our other keynote speaker and also one of the editors of this volume. Professors Daniel Louw and Christo Lombaard provided valuable support and input during the organising phase and also at the conference itself. Our presenters travelled from far and wide to share their experience and expertise. A sincere word of appreciation has to go to the Language Services of the University of South Africa for the professional language editing of the volume. The University of South Africa provided conference folders. The Dutch Reformed Congregation of Riviera-Jacaranda provided a venue free of charge for the Pretoria conference. Most of our suppliers for the conference offered generous discounts. Last but not least, we would like to thank Cambridge Scholars Publishing for taking on the project and for their editorial support.



# SOMETHING OLD, SOMETHING NEW... THE UNFOLDING LINK BETWEEN SPIRITUALITY AND HEALTH<sup>1</sup>

CHRISTO J.S. LOMBAARD<sup>2</sup>

## **Abstract**

Even though from ancient times matters of religion and health have been linked, and in various ways, in the modern age this link has not been afforded institutional or academic respectability. This situation, however, has changed of late, perhaps as a reflexive part of the dawning post-secular age. Recent academic-institutional developments, although quite diverse, in locations such as Washington DC in the United States of America, Zürich in Switzerland and Pretoria in South Africa, including the establishment of two academic chairs, give expression to this unfolding academic linking of health and spirituality. Across continents, a number of conferences exploring this link took place during 2016. In this paper, these developments will be taken into review, and some key persons associated with the respective institutions acknowledged.

## **Keywords**

Spirituality; health; new institutional developments

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<sup>1</sup> This contribution reflects the work done for the session entitled “Of Sound Body and Spirit? The Newly Unfolding Linkage of Health and Spirituality” held during the Relocating Religion conference of the European Association for the Study of Religions, held from 28 June to 1 July 2016, in Helsinki, Finland, and for the Centre for Contextual Ministry (University of Pretoria) and HospiVision’s 2<sup>nd</sup> Biennial Conference on Spirituality and Healthcare: Wholeness in Healthcare, held from 24 to 26 October 2016, in Pretoria, South Africa.

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## **A Christian Impulse from the Bible**

In a certain kind of Bible usage practice – one to which I do not subscribe – a consideration of faith and health would commence with a reference to the commonly held notion that the author of the two related New Testament books of Luke and Acts was a medical doctor. Apart from the deuterio-Pauline literature in the New Testament which led the early church to connect the references to a Luke in Colossians 4 and 2 Timothy 4 to the author of the third Gospel, a connection no longer widely accepted in scholarly circles, there is another reason for the apparent attractiveness of a link of this kind to many Christians. This is the widely held assumption, in quite different strands of theology, that if something is found in the Bible, it is legitimated by the Divine. This is then taken as an indicator of acceptable current faith and life practice. However, once that supposition is laid bare one soon realises the weakness of such a deduction, on two grounds. First, many modern practices are also expressions of faith, and, although not to be found in the Bible directly, these are nevertheless well worth pursuing, such as wind power as a source of electricity. Second, there are many practices to be found in the Bible which are best not pursued, such as warfare. A third matter comes into play here: there are minor strands of Christianity which, despite the demonstration of a referential connection between Scripture and health, view some kinds of human intervention in healthcare (such as blood transfusion) as an indication of distrust in the Divine, who should be relied on to cure or not to cure according to the holy will. Each of these orientations towards a connection between the Bible and health may be discussed in some depth, but for the present purposes it is not the matrixes of these possibilities that are of prime importance; rather, the link between the Bible and health, or in more general terms, the link between spirituality and well-being, is under consideration here. Why is it that people in general make this connection? From this follows a second question: how is this connection being made in the academic world in our time?

## **Far and Wide**

Naturally, the New Testament constitutes a relatively recent location in human history in which to find a health–faith connection, and also one which is influentially constitutive for the Christian-Western/ised cultural stream. The health–spirituality connection however goes further and wider: further into its own biblical history, for instance to the cultural bed

in which the Old Testament was born, and wider, namely across all cultures and religions through the ages. Noteworthy in the latter regard is that probably the single exception across civilisations to a reflexively assumed connection between health and faith is the modern/ist Western culture, in which matters of health and matters of faith have been separated. Often when this separation is mentioned, it is done with negative intent, and perhaps a touch of nostalgia, and not infrequently with reference to Ayurvedic medicine from India and Eastern medicine from China; locally, traditional African plants and medicinal practices at times attract similar attention and emotive responses. However, the separation of health and faith in modern medical practice (often called Western medicine, although that would in our time be accurate only as a historical indication of a now global service) has had to break through many barriers and bonds created by religious institutions in order to reach its unprecedented heights of medical successes, the benefits of which we all have reaped. No negative connotation is therefore implied when this separation of religion and medicine is discussed here. Furthermore, as is the case with the separation of religion and state in modern democracies, a sobering realisation is that the split has never been absolute. Examples of this continuing mutual involvement can be seen in the way that many religious bodies have been, and continue to be, involved in carrying this form of medicine across the world (a matter that the current decolonialist discussion may at times sketch one-sidedly negatively, to its own undeserved disadvantage) and in moral deliberations concerning medical matters (although ethical action does not require religion, no ethical system can function without also critically engaging with its historical roots, which always includes religion). Formally, matters of faith and matters of medicine thus remain interlinked, even though that connection is now differently constituted – more intellectually, more bureaucratically, and more independently – than in other societies and also in different, less formally arranged spheres of modern societies.

That the body and its health are existentially linked to one's sense of life, one's awareness of death and the various connections between these two poles of being (such as questions about the existence of the divine and/or eternity and/or restoration to health)<sup>3</sup> is hardly surprising. Both touch our sense of being deeply: the way we *experience* ourselves, our relationship with all around us and the big questions about life and

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<sup>3</sup> The *Schadenfreude*-like sentiments of some religiously inclined people directed at atheists who later in life come to question their atheism are hardly a commendation for faith.

death share a common resonance. For the vast majority of people, health and spirituality are in this respect phenomenologically entwined.

The experiential is a central category in the discipline of Spirituality Studies, reflecting a core element of human religiosity: the usually unreflected, reflexive element of faith. In this, spirituality is metaphorically akin to any of the human senses, such as taste or smell, in that it is an innate part of being human, but differently present in each individual, and differently guided within each social and even material environment. This is not meant in any deterministic way, but the facilitative influences of the cultural and material environments should never be overlooked. Although spirituality may be less observable than the physical senses, for many people it is more concrete, that is, more foundationally constitutive of their sense of being. For many, perhaps most people, their faith does not fall into the category of a “nice to have”, but is something so foundational to their sense of being that they are willing to give up their lives for it, or substantively change the course of their lives because of it. This deep awareness, its orienting sentience, and the implicating commitment as corollary may be described by the term “spirituality”.

Spirituality is often understood as the broadest sense within humanity of the highest tenets subscribed to and the most thoroughgoing responses to those tenets. These responses include what is done and what is not done, along with the manner of either doing or not doing. With spirituality being the broad, umbrella term, religion is then the more structured framework within which these sensibilities find expression and reflection. However, it could be argued that the “done/not done, and how” is already a matter of religion. In either case, the more concrete expressions of human awareness of matters spiritual are usually assigned to the phenomenon of religion. On the other hand, whereas religion is, as just indicated, accepted as being the more or less institutionalised channelling of the spiritual awarenesses of humanity, and with theology as the intellectual reflection upon that, the term “spirituality” is, again, commonly employed to refer to the tacitly experiential aspect of faith. This refers to the sense of the divine, or at least a supra-human significance, which is felt, not only emotively but also acutely existentially, by individuals and groups, as expression is given to these deep sensations. Spirituality may thus in the academic literature be found to refer to both this broad, overall sensibility regarding existential (which in this context is perhaps too philosophical a term) questions of life, and to the intensely felt reverberations thereof as mediated by a whole range of often both tangible and elusive factors. Along with this goes a popular,

and ever more regularly also journalistic, approach to spirituality in which the term is taken as roughly synonymous with religion, but usually with the unfavourable implication that religion is a negatively bureaucratized and somehow outdated expression of faith.

In view of this range of meanings and even more extensive range of nuances, the meaning of the term “spirituality” cannot be firmly fixed, and it requires a sympathetic reading to discern what is meant within each publication, and even in different parts of the same publication. Central here should be, though, the realisation that spirituality has to do with a massive solidity of something so ethereal that it can hardly be described, yet which is so foundational to human life that without this experienced sense of validity of existence many, perhaps most, people would find themselves in a state of disorientation and shock.<sup>4</sup> What may to some natural-scientific minds skilled in the distancing effects of mediating methodologies seem esoteric is for many or most people a reality so foundational that a life without the divine would be something akin to non-life. The utter concreteness of faith for the greater part of humanity should not escape academic cognisance.

This realisation again of the profound esteem in which people hold their faith is one of the core moments in the switch from a postmodern to a post-secular worldview. Whereas in the postmodern constellation of life tenets all is understood at the hand of the metaphor of language, so that God and belief are afforded validity, but in no more than an internally referential language game, the post-secular must acknowledge a sense of realism. People do not live or die for what they sense to be a language game of metaphors and traces of meaning. Much as all of life, and the more so its most fulfilling parts (such as love and ethics, as opposed to more concrete but less central parts, such as an apple or a bolt) are metaphors (Van der Merwe 1991:65-108) and traces (Derrida 1976), few people can attach their existential worth to *something* that does not constitute *some real thing*. The God concept here, currently unfolding ever more fully in the implicit public perception, is different from that in pre-modern realism, in modern scientific positivism and in the postmodern metaphor. Rather, developing in our time<sup>5</sup> is a sense of refined realism,

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<sup>4</sup> Is it perhaps just such a state of un-human shock that gave rise to the isms of the previous century, and the resulting wars, as a consequence of which so many lives were lost or destroyed?

<sup>5</sup> Seminal works in this regard include:

- Boersma, H. 2011. *Heavenly Participation. The Weaving of a Sacramental Tapestry*. Grand Rapids: William B Eerdmans.
- Goosen, D. 2007. *Die Nihilisme. Notas oor ons Tyd*. Pretoria: Praag.

perhaps a dawning mystical realism, or, to import an expression from literature studies, magical realism – the “sacred canopy” of Berger’s (1969) sociology of religion which has been so influential. This is seen, for instance, in the manner in which a number of disciplines, such as law, sociology and philosophy (Lombaard 2016, 1–6; cf. Waaijman 2007, 1–113), music (Potgieter and Lombaard 2015, 9–24) and literature (Lombaard and Jansone 2017) are taking the religious seriously again, although differently from before. It is certainly also being taken seriously anew and differently in the health sciences<sup>6</sup> (cf. Waaijman 2007, 88–95).

The author<sup>7</sup> Virginia Woolf (1926:32) speaks thus of health (and the absence of health) in her essay, “On Being Ill”:

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- Habermas, J. 2008. “Secularism’s Crisis of Faith: Notes on Post-Secular Society.” *New Perspectives Quarterly* 25:17–29.
  - Ingman, P., T. Utraiainen, T. Hovi, and M. Broo, eds. 2016. *The Relational Dynamics of Enchantment and Sacralization. Changing the Terms of the Religion versus Secularity Debate*. Sheffield: Equinox.
  - Kearney, R. 2010. *Anatheism: Returning to God after God*. New York: Columbia University Press.
  - Taylor, C. 2007. *A Secular Age*. Cambridge, MA: Harvard University Press.
  - Schrijvers, J. 2016. *Between Faith and Belief. Toward a Contemporary Phenomenology of Religious Life*. New York: SUNY.

<sup>6</sup> Some may be tempted to misinterpret the unfolding post-secular era as a large-scale return to religious life. Post-secularism, however, has nothing to do with a religious revival, but is instead a cultural climate in which religion is neither reflexively prioritised nor reflexively marginalised within society. Rather, religion is afforded a voice along with many other aspects of life interacting on the stage of society. This is for instance demonstrated by the fact that, following the dominance of Marx’s idea (1844 [1973]:162) that “Das religiöse Elend ist in einem der Ausdruck des wirklichen Elendes und in einem die Protestation gegen, das wirkliche Elend. Die Religion ist der Seufzer der bedrängten Kreatur, das Gemüt einer herzlosen Welt, wie sie der Geist geistloser Zustände ist. Sie ist das Opium des Volks,” the metaphor may be changed, as in the article by Wellman, Corcoran and Stockly-Meyerdink (2014, 650–672) entitled “God is like a Drug: Explaining Interaction Ritual Chains in American Megachurches”.

<sup>7</sup> The natural link between full personhood and health has found literary expression across the ages. Note how aspects of faith (here, quite critically so) find a natural place not alongside, but fully integrated with aspects of health. The first- and second-century poet Juvenal (*Juvenalis*) is known as the author of the famous statement, *mens sana in corpore sano*, “a healthy mind in a healthy body”, doubly misinterpreted (cf. Nash 2008, 148; Colish 1990, 210–212) first as an exhortation to exercise the body, thus ignoring its wider context as a prayer for both mind and body, and second as a blessing expected from the gods, thus disregarding the

Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to view, what precipices and lawns sprinkled with bright flowers a little rise of temperature reveals, what ancient and obdurate oaks are uprooted in us by the act of sickness, how we go down into the pit of death and feel the water of annihilation close above our heads and wake thinking to find ourselves in the presence of the angels and harpers when we have a tooth out and come to the surface in the dentist's arm-chair and confuse his "Rinse the Mouth—rinse the mouth" with the greeting of the Deity stooping from the floor of Heaven to welcome us – when we think of this, as we are frequently forced to think of it, it becomes strange indeed that illness has not taken its place with love and battle and jealousy among the prime themes of literature.

The closing words of this excerpt could be reformulated with respect to matters of faith:

... it becomes strange indeed that illness and spirituality have not long since taken their place ... among the prime themes of scholarly literature.

The realisation by many individuals that there is a reciprocal relationship between the health of their bodies and their spiritual sensibilities is coming to be echoed within Western/ised health practice.<sup>8</sup>

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satirical nature of this poetic prayer. Herein could perhaps lie the seed of the splitting of faith from health; nevertheless, to the ancient mind the one could not be considered without the other.

<sup>8</sup> One might ask how it is possible to make a distinction between the bodily self and the psychological-spiritual self within healthcare practice. Even in the exceptionally powerful Western cultural stream of the past three millennia, the unfolding conceptual splitting of the notion of what it is to be human into body, mind and spirit has for the greater part been understood as a relational undertaking, in this sense vaguely akin to the Christian concept of the Trinity, and with each aspect of being human considered unthinkable without the others. Even where one has been emphasised at the cost of another, this has been possible only in the mirror of the other. For instance, when in some streams of ancient Greek philosophy the idea of the soul was held to be all-important in relation to the body, this could only be done either with the body disparaged or with the body given over to its pleasures. In the early Christian conception of this in mystic-ascetic practices, which were numerically minor but ideologically highly influential movements, it was the deprecation of the body that served the enlightenment of the spirit. Yet, in such exercises of the soul, the body could never be escaped; our corporeality asserts itself continually. At times this happens paradoxically, such as

This goes far beyond the Flower Power 1960s and 1970s generation or the contemporary *bricolage* spirituality which may draw (often disconcertingly superficially) on crystals, traditional religions, ecological sensibilities, Eastern philosophies, quantum physics and more, all of which constitute serious expressions of religiosity, yet have failed in combining these commitments with serious scholarship. That tide has, however, changed, as can be seen in the work of three academic institutions on three continents, each reflected through the work of a representative researcher:<sup>9</sup>

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in Christian pietist history, in which the primacy of the soul in highly intimate personal religious life was greatly extended, but which enabled a missionary spirit that included in its mixed bag of positive and negative consequences (for a substantive historical and conceptual overview, cf. Bosch 1991) the establishment of hospitals in many parts of the world. This link between religion and health has been retained throughout the world in the names of a number of hospitals (think, for instance, of “St Mary’s” or “Good Samaritan”) and in the reference to nurses as “Sister”, an implicit acknowledgement (employing here the conceptualature of, for instance, Bailey (1998, 9–22)) of the important role nuns played in the history of patient care (this designation has recently come to be questioned, however, although more for its gender assignment than for its religious heritage). Yet, within the rationalist world of modernism as a philosophical view of life, and within the protocols of science as practised within medical fraternities, it has to a significant extent become standard practice that it is the body alone that should be treated.

This, here, as was the case above, is not meant as an accusation. Rather, it is meant as a characterisation; well known – yet also not exhaustive, since no body of human practice is so impermeable to other spheres of life that it encounters solely itself. Still, medical science has been as successful as, for instance, managerialist frameworks in institutions such as universities and churches, some political ideologies and all fundamentalist theologies, in regarding diverse aspects of life on *its* terms, rather than on *theirs*. In sociological analyses, this trait in the health sciences has been referred to as the medicalisation of society: medical frames of thinking, assumptions and metaphors come to dominate all with which they come into interaction – thus giving the meaning of the expression *médecins sans frontières*, usually associated with a noble organisation, an unintended, undeserved negative connotation.

In much of mainstream medicine, the world of being well has been reduced to the body. This is understandable, given factors such as the intellectual demands of studying an already vast field, the unavoidable constraints of specialisation, and the financial implications of research in such a complex field.

<sup>9</sup> Naturally, many other researchers could be included here too, such as Arndt Büssing of the Institut für Integrative Medizin, Universität Witten.

- In Washington, DC, the Institute for Spirituality and Health at the George Washington University School of Medicine (<https://smhs.gwu.edu/gwish>), as represented by the work of Christina Puchalski;
- In Zürich, Switzerland, the Center for the Study of Christian Spirituality ([www.theologie.uzh.ch/en/faecher/praktisch/cascs0.html](http://www.theologie.uzh.ch/en/faecher/praktisch/cascs0.html)), as represented by the work of Simon Peng-Keller (appointed to the chair of Spiritual Care);
- In South Africa, HospiVision ([www.hospivision.org.za/wmenu.php](http://www.hospivision.org.za/wmenu.php)), very recently located in Stellenbosch, but formerly associated with the Tshwane District Hospital and the Centre for Contextual Ministry, University of Pretoria, as represented by the work of André de la Porte.

A brief review of the work of these institutions and figures will give a good sense of how, in our time, spirituality and health in combination are being treated differently from the way they have been within the broadly held perception about mainstream health care. Perception, because, as indicated above, the separation between medicine and religion has never been fully enforced, with as another and quite obvious example the chaplaincy services available in many healthcare institutions.

### **Three Leading Institutions**

In Washington, DC, GWISH – the George Washington Institute for Spirituality and Health, under the leadership of Christina Puchalski – has since 2001 done pioneering work on the relationship between health and spirituality. Caring as a part of curing is emphasised, with instruments for spiritual evaluation being designed, surveys undertaken and books published in order to serve medical practice, as a further focus. Compassion features among the more prominent terms of care in these resources, along with other language more usually encountered in programmes designed for theologians and social workers.

If a single article to convey an understanding of the work of GWISH and of Puchalski were to be recommended, it would be:

- Puchalski C.H., B. Blatt, M. Kogan, and A. Butler. 2014. “Spirituality and Health: The Development of a Field”. *Academic Medicine* 69(1):10–16.

The Swiss CASCS, Center for the Study of Christian Spirituality, is a much younger institution, having been established in 2015 under the directorship of Rebecca Giselbrecht. Following shortly after her, with funding from both the medical and theological faculties, Simon Peng-Keller was appointed director. The primarily theological background of the centre is evident in its research focus on matters traditionally associated with spirituality as a discipline, such as Spiritual Direction, and the growing collaboration with theologians and spirituality research institutions in Australia, South Africa and Ireland. Peng-Keller's research background leans strongly towards spiritual life and pastoral care, with conferences on prayer and healing (also in the medical sense) a clear CASCS focus.

If a single article to convey insight into the historical-theological background of CASCS were to be recommended, it would be:

- Giselbrecht, R. 2015. "A Historical Decoupage Arguing for the Particularity of Theology and Christian Spirituality in Higher Education." *Ceļš* 65:177–196.

The following monograph makes a valuable contribution in drawing on psychology and mysticism as sources for pastoral care:

- Peng-Keller, S. 2003. *Gottespassion in Versunkenheit. Die psychologische Mystikforschung Carl Albrechts aus theologischer Perspektive* Verlag (Studien zur systematischen und spirituellen Theologie 39). Würzburg: Echter.

The South African faith-based organisation HospiVision, under the leadership of André de la Porte, operates from a strong pastoral background, with a practice orientation towards hospital ministry, the provision of courses, and more recently, research conferences. Over a decade and a half, reflected expertise has been built up based on specialised intervention in medical crisis situations. A wider focus on other societal problems and on children reflects the dire social circumstances of South African society that all faith-based organisations are confronted with, directly and daily. An expanding interdisciplinary approach seeks to deal with aspects of these problems in a more encompassing way than such organisations traditionally do.

If a single article to convey an understanding of the work of HospiVision and of De la Porte were to be recommended, it would be:

- De la Porte, A. 2016. “Spirituality and Healthcare: Towards Holistic People-centred Healthcare in South Africa.” *HTS Theologiese Studies/Theological Studies* 72(4):1–9.

## Conclusion

Apart from the developments mentioned above, a series of recent conferences on spirituality and health further demonstrate the growing interest in this field:

- In Helsinki, Finland: “Of Sound Body and Spirit? The Newly Unfolding Linkage of Health and Spirituality” – a session as part of the European Association for Religious Studies annual conference, “Relocating Religion”, June 2016;
- In Zürich, Switzerland: “Diesseits und jenseits leiblichen Verstehens: Beten im Kontext von Spiritual Care”, July 2016;
- In South Africa, two conferences just a few days apart, one each in Cape Town and Pretoria: “2nd Biennial Conference on Spirituality and Healthcare: Wholeness in Healthcare”, October 2016.

These are just some indications of recent scholarly activity, with further such developments already being planned for the coming years. The same holds for what follows: only some activities are mentioned, to convey a sense of the rapid developments in this field. Monographs, reference publications and journals on health and spirituality have namely begun to appear:

- A new monograph series: Possamai-Inesedy, A., and C. G. Ellison. 2016 onwards. *Religion, Spirituality and Health: A Social Scientific Approach*. Vienna: Springer.
- Cobb, M.R., C.M. Puchalski, and B. Rumbold, eds. 2012. *Oxford Textbook on Spirituality in Healthcare*. Oxford: Oxford University Press.
- Koenig, H.G., D.E. King, and V.B. Carson, eds. 2012. *Handbook of Religion and Health*. Oxford: Oxford University Press.
- Puchalski, C.M., and R.N. Ferrel. 2010. *Making Health Care Whole. Integrating Spirituality into Patient Care*. West Conshohocken: Templeton Press.
- Louw, D.J. 2008. *Cura Vitae: Illness and the Healing of Life*. Wellington: Lux Verbi.

- Journals, among which are:
  - *Journal of Religion and Health*
  - *Social Science & Medicine*

On a more modest scale, review articles are being published, such as:

- Mellacqua, Z. 2016. “When Spirit comes to Mind: Furthering Transactional Analysis Understandings of Spirituality in Health and Psychopathology.” *Transactional Analysis Journal* 46(2):149–163.
- Jors, K., A. Büssing, N.C. Hvidt, and K. Baumann. 2015. “Personal Prayer in Patients Dealing with Chronic Illness.” *Evidence-Based Complementary and Alternative Medicine*, Article ID 927973:1–12.
- Puchalski, C., B. Blatt, M. Kogan, and A. Butler. 2014. “Spirituality and Health: The Development of a Field.” *Academic Medicine* 89(1):10–16.
- Janse van Rensburg, A.B.R., C.P.H. Myburgh, C.P. Szabo, and M. Poggenpoel. 2013. “The Role of Spirituality in Specialist Psychiatry: A Review of the Medical Literature.” *African Journal of Psychiatry* 16(4):247–255.
- Vanderhaegen, B. 2010. “Palliatief Verpleegkundigen en Spiritualiteit.” *Pastorale Perspectieven* 146(1):45–58.
- Drazenovich, G., and C. Kourie. 2009. “Mysticism and Mental Health: A Critical Dialogue.” *HTS Teologiese Studies/Theological Studies* 66(2) (Art. #845):1–8.

The growing number of research students and post-doctoral researchers in various countries and from a variety of health-related disciplines who venture into Spirituality Studies, and the growing number who venture from Spirituality Studies into the health-related disciplines is remarkable.

Naturally, with a research field rapidly rising in popularity, misconceptions and power grabs towards the divine should be guarded against all the more vigilantly. This includes being wary of an instrumentalist view of spirituality, in which the “use” of spirituality should, for instance, include clear and practical health benefits in order to be of any value to individuals, medical professionals and society. Such a “therapeutic god” (Smith 2014, 172), and a concomitant spirit of entitlement (cf. Martin 2013) among believing patients and their medical, spiritual and other attendants, which far exceeds the boundaries of a

divine–human relationship based on humility and faith, would fit well with the kind of success theologies prevalent in many parts of the religious world. What kind of divinity would that presuppose, however, and what kind of faith experience? Voices critical of such an instrumentalist view of the divine (e.g. Sloan 2008; cf. Ellis 2000, 29–33) must be encouraged. Furthermore, if it were for instance to become clear that aspects of spirituality, or perhaps all expressions thereof, do not contribute to physical health, or mental or social health, would the implication then be that spirituality is best excluded from healthcare? Would a functionally useless God best be declared, for all practical intents, dead on arrival? These and other foundational questions should remain part of the considerations on health and spirituality. Moreover, an approach that values pluralism for the strengths that diversity brings (described in Balboni, Puchalski, and Peteet 2014, 1586–1598) combined with the intensely difficult matter of critical engagement with spiritualities which are not deemed “healthy”, that is, valid and nurturing, is already implicated in what constitutes this interactive study field of spirituality and health.

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