

EDITORIAL

Searching for the Spiritual

In enquiring about symptoms with a palliative care patient I may ask, finally, "And how are your spirits?" That may be taken to refer to personal awareness of the patient's emotional state – whether sad or resigned, cheerful or determined. If I say "how are you in your spirit," or ask about things 'spiritual', I may be thought to be reaching for something more – an entity with religious associations, more central to how that individual is experiencing the meaning of the present situation – and calling upon qualities such as hope or love. 'Spirituality' will often be thought to refer also to some transcendent reality, able to break in on a life or to be revealed in meditation or prayer, and finding expression in multiple ways in traditional religious practice (whether Christian or other), but also in more 'New Age' writings and teachings. A sense of awe arising in the face something unexpected but grand, or beautiful, or touching, excites feelings which we may choose to class as 'spiritual'.

In palliative care we claim the spiritual as integral to our intention to provide 'holistic' care and appear to be more comfortable with the term than are other health workers. When I cheerfully used 'spiritual' in expressing my plans as a newly-appointed Professor of Palliative Care I was challenged quickly by a friendly neurologist: just what did I mean, just what was this area of care called 'spiritual'?

It has long seemed clear to our species there is something more to a human being than can be readily explained simply by anatomy and physiology. Self-awareness or consciousness is held to be a distinguishing feature of the human ("the appetite for wonderment at their own nature that Aristotle recognized as distinctively human" (1)). The modern search for a more accurate definition of consciousness is very active, and moves between neuroscience and philosophy. It is a search which is appreciated by my friendly neurologist, and it involves a struggle with words to express an entity which is "both powerful and elusive, unmistakable and vague"(1). Demasio, a distinguished neurologist, has chosen the word 'feeling' to assist his explanation of consciousness: "The secret making of consciousness may well be this: that the plotting of a relationship between an object and the organism becomes the feeling of a feeling."(1) Feelings, as he describes them, do not arise out of nothing; they are dependent on neural patterns arising in brain structures, which give rise to the sort of mental images which we call feelings.

What Demasio calls consciousness may have been designated also as 'spirit' or 'soul' when religious language oversaw thought. Demasio does not use either word, but both are still freely employed in common everyday speech. As a youth, I was at risk of being charged with having insufficient 'school spirit' if I did not turn up to cheer the team. "That's the spirit," we say in response to a creative or adventurous intention. 'Spirit' may be conceived of as a kind of weightless

essence, somewhat analogous to *phlogistin* the substance postulated to explain combustion in pre-enlightenment times. 'Spirit' may be invoked to explain paranormal phenomena or may be claimed to be revealed by reports of ghostly apparitions: 'a spirit' – friendly or malign. That other word, 'soul', has a more personal context, set alongside body and mind as the third part of personhood, an important but ineffable component, not found by dissection but displayed by character, expression and action, and experienced, perhaps in 'feelings'.

"People for whom faith and belief provide no answers are turning to philosophy," writes Alison Broinowski in a recent review discussing works on hope (2). Van Hooft, a philosopher, offers a useful rationale for the accepted place of spirituality in palliative care (3). In a collection of essays edited by Rumbold (4), van Hooft notes the doubts which now attend ideas of transcendence deriving either from Plato or Christian tradition, together with the lack of satisfaction with proofs of the existence of God, and the poverty of efforts to find meaning within the self. He finds greater substance in seeking spirituality in encounter – in the meeting, eye to eye, with another human being. Van Hooft describes apprehension of the other as a mystical experience, and to enter into rapport with that other not only has profound meaning, but arouses a demand to care. "One cares for the other with whom one is in interpersonal encounter because one recognises in the other the vulnerability which one feels oneself." This will become a most powerful experience in a situation where that other is experiencing suffering in one form or another. It is an approach surely congruent with the 'patient-centredness' affirmed by palliative care. It is a two-way exchange, a dialogue, and a ground for mutual respect, a space for compassion and the operation of love. It is something that deserves to be recognised, grasped and built upon. Not all who come to it will want to plumb its riches, but it is an opportunity that is special, mystical, 'spiritual'.

My present interest in seeking to clarify concepts of spirituality was aroused by some papers delivered at the recent Asia-Pacific Hospice and Palliative Care meeting in Osaka, Japan. In addressing spirituality, several speakers emphasised relationship or connectedness as van Hooft does, not necessarily with some divine being, but with another individual. The Revd Sato, a Buddhist teacher, spoke of the spirituality in terms of the giver of care and the recipient becoming a unified entity, establishing a close relationship, a real connection. Susan Lee, an Australian researcher, found this same element of connectedness with the givers of care to be the most powerful component of patient well-being.

Language remains a core problem for the study and expression of an area. Although many palliative care practitioners hold 'spirituality' as central to practice with statements such as "Spirituality is *the* vital dimension of hospice and palliative care that informs and energises at both an individual and organizational level,"(5) still we struggle

with words to share our understandings. Often poetry seems more apt than learned treatises:

The old anatomists would place the soul
in all the likely places
ventricle
and cerebellum
optic thalamus
and spinal cord
but surely it's more dialogue
than gland
something that grows
by being in the world
and not
pineal or hippocampus
that salt-faring spirit
floating in the dark
beneath the skull. (6)

References

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2. Broinowski A. Spinoza's Advice. *Australian Book Review* 2003;249:39-40.
3. Van Hooft S. Towards a Philosophy of Caring and Spirituality for a Secular Age. In: Rumbold, B (ed.). *Spirituality and Palliative Care*. Victoria: Oxford University Press, 2002.
4. Rumbold, B(ed.). *Spirituality and Palliative Care*, Victoria: Oxford University Press, 2002.
5. McGrath P. New Horizons in Spirituality research. In: Rumbold, B (ed.). *Spirituality and Palliative Care*. Victoria: Oxford University Press, 2002.
6. Burnside J. De Anima. *London Review of Books* 2003;25:31.