

# Introduction to Spirituality

by Peter Gilbert

Spirituality is an essential part in the Whole Life approach, as it is a vital element in each one of us. Because of modern life's emphasis on material possessions, wealth, power and status, many people feel a strong undercurrent of anxiety in their lives – what some commentators have called 'affluenza'! (See Coyte, Gilbert and Nicholls 2007, forthcoming.)

Because our 'human services' have been placed in a straightjacket of bureaucracy, statistics, targets, paperwork, computerisation and management-speak, many people in Health and Social Care feel that the essential values – the spirit of the service – has been squeezed out. As some Health and Social Care professionals have put it, the service seems to have 'lost its soul'. Interestingly, Professor Lewis Wolpert (Wolpert 2006) talks of depression as being an experience of 'soul loss'. This is particularly interesting as Wolpert describes himself as a 'hard-line materialist'!

All the surveys of Health and Social Care demonstrate that users of services want not only professional expertise, but also recognition of mutual humanity and respect for their innate dignity and their culture – including spirituality and religion.

When the NIMHE/CSIP Spirituality and Mental Health Project was set up in September 2001, and a kind of 'strategic permission' was given to speak about spirituality, users and carers, and staff, came forward in droves to say that they wished to discuss their spirituality (which may or may not contain religious beliefs), but had been constrained – even frightened – to do so! As one service user put it: 'talk about God and they up your medication.'

*'I have to behave myself today,*

*no talking of God  
and of his plans for me...*

*All too soon the fun had to  
stop;  
I had to return to the ward on  
the hill  
With others of my kind.'*  
Extract from 'Year 2000 on a  
Section 3', Sue Holt, *Poems of  
Survival* (2003)

Not everybody likes the word 'spirituality'. For some people, it is a bit too loose as a phrase, even woolly, but it is a useful 'gateway' word, which can open a door to many beliefs and experiences.

All the major philosophies and religions talk about women and men having an essential spirit, which is the spark that energises and drives us.

The Jewish faith talks about ru'ach being not only life, but invigorated life – and we all want some of that! Muslims speak of ruh. The Greeks spoke of pneuma, and all of these words mean both 'the breath of a human being' and 'wind', which invigorates nature.

Plato, the Greek philosopher, wrote that:  
*"As you ought not to attempt  
to cure the eyes without the  
head, or the head without the  
body, so neither ought you to  
attempt to cure the body  
without the soul ... for the  
part can never be well unless  
the whole is well."*  
Quote in Linda Ross, *Nurses'  
Perceptions of Spiritual Care,*  
(1997)

Spirituality is therefore about:

- What makes us tick.
- What keeps us going when times are tough.
- Hope.
- Connections and connectedness.
- What makes me, me; and you, you?

- How we channel our desires.
- Our life pilgrimage, or quest.
- Family and friends.
- Nature; connecting to animals and plant life.
- Music and poetry.
- A sense of something beyond ourselves; God, the spirit, and the cosmos.

## Religion

Religion, in a formal sense, is about:

- All of the aspects described above, usually in the context of belief in a transcendent being or beings, and with a meta-narrative which seeks to explain the origins of the world and those living in it, and the questions which face human beings around life, suffering, death, and re-awakening in this world or another.
- Religion can provide a 'world view', which is acted out in narrative, doctrine, symbols, rites, rituals, sacraments and gatherings, and the promotion of ties of mutual obligation. It creates a framework within which people seek to understand and interpret and make sense of themselves, their lives and daily experiences.
- Faith communities can be welcoming, integrative and supportive; while some others can be exclusive and stigmatising of people experiencing mental ill-health.

## Speaking personally

If you were to ask me for one word which expressed my spirituality it would be connection. The most terrifying aspect of my depression, seven years ago, was the sense of disconnection: to other people, to my inner spirit, with God, and with the world around me.

As a natural extrovert, I enjoy making connections with people, yet this is despite (or perhaps because?) of a rather solitary childhood, having been born and brought up on an island. I find people's stories fascinating, and, as someone who goes for long runs with a group on Sunday morning, there is plenty of time to listen to people's unfolding narrative.

Running has been a major feature of my life. Not only does it help the stress levels brought on by my incipient workaholicism, but it wipes away many of the niggles and doubts that clog my brain. It's perhaps my workaholic version of meditation? Runners often say: "Running clears my

head", and, in a busy, over-full modern life, this graphically describes how running brings about a sense of 'flow', which bathes us and sluices away the detritus in our muddled and muddled minds.

Perhaps our hardest relationship is with our self? I find other people fascinating, but I'm often bored with myself. So even on my own I need to connect with something other than myself. As an islander, that something is often the sea, with its surge, spray; its still and stormy voice; and its insistent movement to and from the shore.

In the depths of depression I was also fortunate to have a place of spiritual asylum, Worth Abbey, where I went, and, though feeling disconnected from God, was borne up by the chanting of the monks – in community without communing; swept along as though running by the river or floating on a sea breeze. The Greeks have a saying: *'The Sea, Me and God'* (See Nicholls and Gilbert, 2007) and it's to that sense of oneness that I return.

### Why are Spirituality and Religion of increasing importance?

It is because:

- Service users and survivors tell us it is, as we have seen above?
- Of international and national legislation e.g. The Human Rights Act 1998, Article 9, and the Equality Act, 2006, enshrine freedom of thought, conscience and religion?
- In a consumerist society (see Bauman, 2007), people wish to assert that there is more to life than material goods and being given value through how much we consume?! By basing our value, as human beings, on consumption eaves out so many people, such as those with severe and enduring mental illness, people with learning disabilities, those who are elderly and mentally infirm, asylum seekers, and those who are deprived for financial and other reasons.

Whether or not we like the concept of 'multi-culturalism', Britain is a society with a complex make-up with a variety of belief systems. Every person has a variety of aspects to their identity. National policy guidance on health and social care, and social cohesion,

promote an accent on the personalisation of care and interdependence as well as independence.

Research shows both a very high national interest in spirituality issues, and many people's affiliation, even if somewhat loosely, to a religious belief. International research demonstrates the importance of belief in physical and mental health and Well-being, and longevity.

It could be argued that after the traumatic events of 9/11, many people of Asian ethnicity are choosing to define themselves by their religious faith, rather than their race. Building a positive connection between statutory and faith-based services is an essential element of social cohesion (see Commission on Integration and Cohesion, 2007).

Furthermore, The connection between mental Well-being, economic productivity in a knowledge economy and social cohesion, is increasingly recognised (see Layard, 2005).

### The spirituality dimension

Michael Marmot, one of the UK's most distinguished epidemiologists, trained as a doctor, and expanded his views on personal and public health, through working as a junior psychiatrist in a deprived area of London (Marmot, 2005). He saw that each individual was made up of different connected dimensions; physical, mental, emotional, spiritual, social, psychological, and that people lived in a complex network of family, community and societal relationships. In effect, we all live as whole (although sometimes impaired) persons in whole (although sometimes fragmented) systems.

### Blocks to recognising the spiritual dimension

The main block to recognising the spiritual dimension in those experiencing mental distress is our failure to empathise and recognise our own pain. So why do we find it so difficult to be human?

- We have to acknowledge our own vulnerability.
- Empathising with 'difference' may pose challenges for us.
- Looking inwards into what makes us tick can be threatening and frightening.
- It is easier to do the 'us' and 'them' bit: 'I'm sane and

you're mad'; and/or 'I'm a professional, you're a user'; or 'you're a professional and you can't possibly understand me as a user'.

- We have to give up some of our power!

### What is the NIMHE Spirituality and Mental Health Project about?

The Project focuses on two main issues:

1. Spirituality as an expression of an individual's essential humanity, and the wellsprings and motivation of how they live their lives and deal with crises.
2. The establishment of positive relations with the major faith communities, at a time when a harmonious construct between statutory agencies and faith communities is essential.

The work of the Project, set out in Inspiring Hope (November 2003), has been undertaken in a number of ways:

1. The setting up of Pilot Sites or collaboratives in all eight regions of NIMHE/CSIP. There are about 30 Sites in all (though mergers and changes affect this) and in 2007/8, regional events will take place to assist in developing and celebrating good practice.
2. Positive relationships have been built with faith-based groups and networks. A multi-faith symposium was held on 1st November 2006, as a partnership event between Staffordshire University, the National Spirituality and Mental Health Forum and NIMHE/CSIP. All nine faiths liaised with by the Government, the Humanists and a strong user voice, came together to focus on a range of issues and the synergies between belief systems (see Gilbert and Kalaga, forthcoming).
3. A Resource Pack was produced between NIMHE/The Church of England/Mentality in 2004, and can be used as a model for working with other faith groups (Tidyman and Seymour, 2004).
4. The National Spirituality and Mental Health Forum has now been registered as a charity, and acts as a partner with the NIMHE Spirituality and Mental Health Project, although in an independent mode.
5. Work with different professional groups has taken place. It is worth noting that the Special Interest Group on

Spirituality and Psychiatry at the Royal College of Psychiatrists is now the fastest-growing special interest group at the Royal College.

6. Links with Government departments and the Prime Minister's Inter-Faith Advisor, the Scottish Executive, the Welsh Assembly Government and the Channel Islands, are maintained and nurtured.
7. Links have been developed with a growing number of university centres. A UK-wide research forum is being set up currently, which will have international links.
8. Work has taken place across the NIMHE Programmes – Whole Life, Values, Choice - Social Inclusion, Race Equality, Workforce Development, Recovery, etc – and input has been made to the International Diagnostics Group, looking to reinforce whole persons and whole systems approaches.
9. Partnership work has taken place with national charities and development centres.

### Conclusion

The latest consumer research into what service users/patients want from services brings us back sharply to issues around our basic and shared humanity.

Across health and social care people tell us that what they really desire is to be respected, listened to and treated as a fellow human being, not an object or a body part/machine, and for their own perception of what makes them tick to be taken seriously.

We talk about one-in-four people suffering from mental ill-health, but in my conversations with a wide range of people, I've found very few people who haven't gone through the valley of shadows at some stage in their lives!

If we can, in all our lives, both forge anew the common bonds of humanness and link this to the unique spirit in each of us, then we can take humanity to new heights!

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