

The Christian Fellowship of Healing (Scotland) worked from the early 1950's to support and spread the healing ministry within churches and to encourage engagement with the medical profession. To further these aims a centre was run in Edinburgh where people could come for prayer, listening and healing. A loving and supportive prayer community formed, which came to an end in 2011. This document is part of a legacy of resources which we hope will support others in their engagement with the healing ministry. More archived material is available to the public at the National Library of Scotland.

Reverend Jenny Williams was Chaplain of the Christian Fellowship of Healing for twelve years, from 1997 to the closure of CFH in early 2012.

She has kindly made available three of her current publications:

- "Towards a Theology of Experience - through and Exploration of the Practice of Healing Ministry," *Theology in Scotland* Vol XIV No1 (Spring 2007): 61 – 72
- "Maggie Centres: A hermeneutic of spirituality," *Theology in Scotland* Vol XVII No1 (Spring 2010): 57 - 69
- "What is spiritual about being ill?" *Scottish Journal of Healthcare Chaplaincy* Vol 14 No 1(2011): 16 - 20

Former CFH Resources can be found at:

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WHAT IS SPIRITUAL ABOUT BEING ILL?

by Jenny Williams

Abstract

An exploration of how spirituality in healthcare can be understood and effected within local community settings. How will churches and community groups relate to GP practices and offer resources? What language might facilitate this? How is the term spirituality changing our understanding of illness for the individual and for society? The metaphor of a bridge is suggested and related to both individuals who are ill, and community groups that might work in partnership with primary health care delivery.

Key words

Spirituality, illness, church, community, primary health care.

WHAT IS SPIRITUAL ABOUT BEING ILL?

Now that spirituality in healthcare has taken shape and form in such documents as Spiritual Care Matters (NHS Education for Scotland 2009); how can it be located within the wider context of primary health care? What 'map' can be used to link this policy with resources already present in local communities? How will individuals who are ill, work out what might be helpful for them? They might well ask what is spiritual about being ill? It seems a fair question, and one that deserves an answer.

One way to look at this might be to see how spirituality found in hospitals relates to spirituality outside hospitals? Is there a difference or is this a nonsense question? Is there an 'edge' between spirituality in the hospital context and spirituality in the local community? This question comes into focus as people are beginning to consider ways to offer spiritual care in GP practices. Yet that is still 'within' the health service context so perhaps not a true 'edge' at all.

As someone working in an ecumenical voluntary organisation, and a member of a local Church of Scotland parish, how do I, and the organisations I represent, place ourselves on the 'map' in relation to this policy framework? At first glance the answer might appear easy in that both the contexts just mentioned are confessional and therefore come into the category of religion. The distinction between spirituality and religion is

acknowledged and articulated in Spiritual Care Matters. (21) Yet in practice the voluntary organisation I work for is open to anyone of any faith or none. In a similar way a high number of churches have caring aspects that do not require a confessional commitment, for example, lunch clubs and book groups. Many lease space to groups offering spiritual practices like yoga and 'Tai Chi classes. These activities, taken altogether, would suggest that many churches are providing a spiritually diverse environment, not restricted to the category religion.

So how will a church locate itself in relation to delivery of spirituality at primary health care level? Who takes the initiative - the church or the GP practice? How will ministers, priests and pastors of different church denominations react to the guidance which has already been laid down by health care policy? (Scottish Executive 2002) Many may see it as State-defined secular spirituality and not want to be involved in any way at all. Others, who see themselves and their Christian communities reaching out to anyone in need without discrimination, may feel categorised and restricted by the primary health community defining them as religion. Who defines what spirituality is, and who decides 'the edge' between spirituality and religion? Asking the question from this approach seems to lead inevitably towards a fight over definitions and boundaries. It may be, therefore, that approaching the question of how to 'map' spirituality in the primary health care context is not illuminated by starting from the perspective of institutional frameworks.

Another angle might be to start with the person who is ill. The physical or emotional imbalance suffered may cause them to be located in a hospital environment, separating them from their usual surroundings; yet spirituality can bring them unity with all the other human beings around them whether they are well or ill, whether they are the cleaner or the doctor. In a similar way spirituality enables connection with their home environment; thus spirituality can be seen as bridging external boundaries. In other words, spirituality does not locate the patient in a foreign land called 'illness' which a physical hospital does. Spirituality locates the patient 'in life', needing support to navigate an often difficult terrain called 'illness'. It also seems important to acknowledge that patients can be spiritually competent. The nurse offering good physical care well may be struggling with their own spiritual issues, it could be the patient who offers spiritual support to that nurse. Spirituality has the capacity to unite us in the common experience of 'being human' together.

From this perspective there is nothing spiritual about being ill. Rather, I suggest, spirituality could usefully be described by the metaphor of a bridge connecting the experience of illness into the whole of life. Further I suggest that this metaphor might assist engagement with the term, both for those experiencing illness and for those who offer support.

For someone who is ill, spirituality can be a bridge 'within' themselves. Having recently been a patient needing three weeks of hospital care I know that I was immediately categorised by the part of my body that was not functioning in a normal manner. Physically this was appropriate, yet it had the effect of separating me from my own personal historical

narrative and also worked against my own efforts to make sense of why I had experienced a flare up of a chronic condition, first diagnosed twenty years before. In those intervening twenty years I had not needed medical intervention or drugs. Yet this fact was not significant in the decision making; resulting in my feeling undervalued and negated as contributor to my own health. Working with my feelings and the stories from my faith tradition with which I identified, helped me to bridge the needs of a particular part of my body with the rest of myself. Spirituality did not restrict my whole being to the illness from which I was suffering, rather it bridged this bout of illness into the whole of my life.

Looked at in this way spirituality facilitates a crossing over from illness into other aspects of the individual's identity. It allows movement and integration of the whole of someone's life, including family and friends, into the state of illness. To acknowledge spirituality as part of healthcare is actually connecting aspects of being human that have not been structurally linked into the philosophy and delivery of health. Spirituality is allowing a new map to be drawn which bridges illness into the whole of living.

It is challenging the old 'map' of illness that required separation from life and categorisation of the ill 'part' of the person. It questions whether physical or emotional expertise is enough to help another, who is ill, find their way back into life. It commends and encourages the engagement of the ill person and their family and friends in the process of recovery. It includes relationship and emotions with those close to us and with those who for a brief period, support us in and through illness. Spirituality viewed as a bridge is informing us that illness is part of life and living.

Spiritual Care Matters speaks of spirituality as connection.(21) This aspect of spirituality, I suggest, needs to be highlighted particularly in the local community setting. If spirituality is described as a bridge, rather than as territory with edges, this allows a church to articulate connection between aspects of their work and local healthcare. This would enable churches to express what resources they have which are bridges to the spirituality in healthcare policy. Some of the bridges they offer would be spiritual, others would be religious. This picks up the view of Ursula King that it is 'less important to define exactly what spirituality is than what it does to us, to our communities, to our environment' (King 1997 :135)

Finally spirituality seen as bridging, might also allow some exploring into the way we view being human and our capacity for enabling our own health. From my perspective the one huge omission in Spiritual Care Matters is the naming of complementary health care and such movements as Mindfulness training. (Kabat Zinn J 1991) That is very understandable within the hospital setting; yet within the local community, where many people actively use complementary and alternative medicine, it is my view that this nettle needs to be grasped. Kabat Zinn offers good scientific evidence showing the importance of using the mind to enable the body to heal. There is growing research interest in how meditation, prayer, singing, and creative arts increase our capacity to stimulate healing within ourselves. Spirituality seen from this angle challenges the more

fixed modalities of both medicine and theology. It articulates a resource available to all humanity.

Conclusion

I offer the image of spirituality as a bridge, a tool to encourage communication of this universal human resource especially within the local healthcare setting. The metaphor of a bridge creates a picture through which places of delivery of local healthcare, like GP practices and clinics, can look for partners to make spirituality available in the community around. Likewise, community groups, religious groups, alternative and complementary health practitioners can offer bridges that might contribute to peoples' health and well-being. The individual patient can use the same image to help them make choices, developing the bridges that work for them, bringing life to them. For all society, spirituality is bridging us into the unknown, a different way of looking at illness that includes all of us in creating and sustaining life and health.

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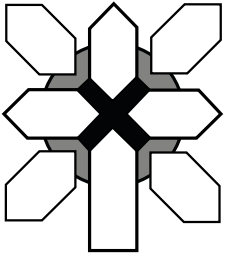
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SCOTTISH EXECUTIVE 2002 HDL_76** Spiritual Care in NHS Scotland
Scottish Executive Edinburgh



Credo

used by the

Christian Fellowship of Healing (Scotland)

The Christian Fellowship of Healing:

is united in its commitment to the practice of prayer as the foundation of all our ministry.

Prayer is the means through which we believe the Holy Spirit can use us, here and now, to continue the practice of healing incarnated by Jesus.

is an ecumenical group of Christians who openly embraces a range of theological understanding and language to describe 'how' God heals.

We accept that health and healing can and does come through medicine, counselling, complementary therapies and other means. This does not negate the real contribution of prayer, rather it upholds the role of prayer to support individuals to listen to the Holy Spirit within them, guiding them, facilitating health and healing.

is committed to being alongside people who are suffering and experiencing pain, struggle and distress whatever their background.

We acknowledge that suffering faces us all and challenges our understanding and belief. Yet we can, with integrity, offer reassurance of God's loving presence accompanying every human being as seen in Christ who has shown us the capacity of God to be vulnerable even to the point of death. Living in and from this truth of the ever present loving God we respond as authentically as possible from our hearts, and we can offer an understanding of the range of meaning of healing which includes miracles.

is convinced of the importance of the varied aspects of healing displayed by Jesus in the miracle stories.

This includes an intense personal encounter with Jesus; affirmation of the individual as a person of value, physical healing, restoration of meaning and purpose, social inclusion; as well as challenge to those in power; confronting rigid thinking and lack of compassion. We believe all these components are aspects of the transforming love of God and reflect the wholeness Jesus calls us into. We see healing as deeply linked with the Christian tradition of vocation through which the living God calls each of us to discover and fulfil our potential.

is united in our understanding that healing in the New Testament includes wholeness.

This links the transforming love that effects miracles with the transforming love that brings the disciples through their fear and resistances into their ministry of apostleship. Our experience is that the practice of prayer in small groups, with a commitment to sharing and listening, enables those of us offering healing prayer to grow in ourselves and in our capacity to experience and share God's love. This includes the reality that some people have a gift of healing and a greater capacity than average to bring about healing.
