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## Discerning Lived Spirituality: the Reception of Otherness

Martin Neal Walton Ph.D.  
Lecturer in Spiritual Care  
Protestant Theological University  
The Netherlands

Correspondence may be sent to: Martin Neal Walton, email [mwalton@pthu.nl](mailto:mwalton@pthu.nl)

A previous article focused on an analysis of prominent conceptualizations of spirituality in health care. The encompassing character of those approaches was viewed as problematic because too little attention is paid to the distinctiveness and particularities of spiritual experience. This article argues that the criteria gleaned from the prior analysis provide an impetus for a constructive discernment proposal of lived spirituality. The experience of otherness is provides a central clue to an understanding of spirituality particularly by two key terms, receptivity and transformation, as central characterizations of lived spirituality. These terms are investigated as they embrace operational potential for chaplaincy care. The article concludes with a reflection on chaplaincy care as it relates to spiritual practice.

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Key Words: pastoral care, spiritual care, receptivity, transformation, spirituality

### *Homeward*

A telephone call rang out in the night and glittered over the countryside and in the suburbs.

Afterward I slept uneasily in the hotel bed.

I was like a needle in a compass carried through the forest by an orienteer with a thumping heart.

*Tomas Tranströmer (2006)*

### Introduction: The distinctiveness of spirituality

At the core of nature of human experience is a need that expresses itself by the invention of a term like 'spirituality'. Previously (2012), *Assessing the Construction of Spirituality: Conceptualizing spirituality in health care settings* (Walton, *JPC&C* 66/3, 7:1-16), I suggested that the term spirituality is used in different ways and on different levels. It can refer variably to: (1) deepening, connection or authenticity; (2) an activity or group of activities such as spiritual practices; (3) specific traditions or institutions; (4) personal questions of meaning and purpose; or (5) a transcendent dimension or experience. Waaijman suggests that the 'extension' of understandings of spirituality has proven problematic with regard to the 'comprehension' of spirituality (Waaijman 2010). The formulation of consensus definition provides a pragmatic framework at the cost of both distinctiveness and focus (Puchalski 2009). The use of the term spirituality in health care seems inversely proportional to its clarity. This lack of clarity poses a problem in interactions with those less convinced of its importance as well as for efforts to conduct research on spirituality and spiritual care. The broader the definition, the more confounding it becomes for research purposes. The need for the term spirituality becomes unclear when other, more specific, terms such as existential, meaning of life, religion and art of life are available and frequently utilized interchangeably.

From an analysis of conceptualizations of spirituality in health care (Pargament & Zinnbauer 2005; Swinton 2001; Solomon 2002; Topper 2003; Puchalski 2009; Koenig 2008) I drew criteria for an account of spirituality with two basic foci: (1) the lived spirituality of persons in their unique individuality, differing contexts and various persuasions and (2) a discourse on spirituality that is sensitive to the receptive experience of otherness (Walton 2012b). The first point addresses a problem signalled by Pargament and Zinnbauer that a discrepancy exists between academic and professional definitions of spirituality and individual definitions of patients and clients (Pargament & Zinnbauer 2005). The second point highlights the problem that broad definitions of spirituality fail to appreciate the distinctiveness of spirituality. Terms that are generally employed in conceptualizations of spirituality for health care settings such as search, experience, meaning, purpose and

significance are insufficient. Alternatively, I will focus on two terms, *receptivity* and *transformation*, that can serve to express that distinctiveness.

#### 1. A proposal for a structural analysis of lived spirituality

There is no one way to decide how spirituality *should* be defined. Even though there are analytical and strategic reasons for such specific definitions, they are limited in the context that a great variety of spiritualities and spirituality related phenomena exist with all their correlate differences in culture, ethnicity and gender. Definitions may be more exclusive or inclusive, but they are not conclusive, whatever their logic. Such is also the case for operationalization definitions of spirituality in mental health descriptors and models of spiritual assessment. Therefore, the first task of spiritual analysis is not a general description of what understanding of spirituality is involved in any individual case, the *lived spirituality* of a particular person.

No aspect of human life should be excluded from our search for spirituality. In fact, even the smallest detail of a life may harbour and express the lived spirituality of a person. Explicit forms are only a small portion of the spirituality actually lived. That does not mean that interior life, prayer or religious orientation is of no importance in assessing spiritual phenomena. The whole range of lived spirituality might be expressed in these explicit spiritual activities, but there is no guarantee that conformity and congruence exists between these explicit forms and the spirituality implicitly lived. In many cases, lived spirituality is not consciously reflected upon by the person. ... Therefore it might be useless to ask persons to describe or to define their spirituality explicitly. It is preferable to obtain a picture of the spirituality of these persons by describing the forms of their actions, the contents of their thoughts and their linguistic expression, their everyday surroundings and lifestyle in a phenomenological way. For instance, we may trace central aspects of the spirituality of a farmer by paying careful attention to the way he strides his fields or how his eyes run attentively over the crops or the cattle. His story and reflections might be only a tiny part of his lived spirituality. (Blommestijn 2010, pp. 29-30)

A focus on *lived spirituality* shifts primary attention from matters of definition in terms of religiousness and secularity, ultimacy, and the ordinary, to the discernment of traces of spirituality expressed in the life of a person. Blommestijn proposes a phenomenological approach of attentive and extensive observation. His example of the farmer points to what is commonly perceived as spiritual in persons: their disposition or virtue. That disposition of spirituality can be understood as *receptivity*.

##### 1.1 Spiritual disposition: receptivity

Broad definitions of spirituality fail to articulate fundamental experiences of 'otherness' that are part and parcel of spiritual traditions (Walton, 2012b). General references in the definitions to relationships, connectedness, or even transcendence lacking such perspective. Waaijman pointed to the dialogical structure of spirituality as an orientation towards the other (Waaijman, 2010, p.32). Terms like 'experience' or 'search for meaning' are susceptible to a mono-logical misunderstanding.<sup>1</sup> The experience of otherness as an encounter with a previously unknown dimension or reality is crucial to the spiritual experience. The realization that human existence might be otherwise than normally perceived is tied to such experience. Such revised emphasis could enable one look at life differently, with different values and perceptions of meaning, with different understandings of oneself in relation to existence. The corresponding attitude, or disposition, is *receptivity*. Spiritual receptivity is the capacity to encounter otherness, to appreciate difference, to acknowledge other possible perceptions and interpretations. Receptivity indicates the way in which meaning, purpose, and connectedness are experienced and perceived (cf. Puchalski, 2009).

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<sup>1</sup> The literal translation of the word 'zingeving' that Waaijman refers to would be 'meaning giving'.

*Receptivity* constitutes the primary door to and disposition of spirituality. Spirituality has to do with search, experience, meaning, connectedness, and orientation; what lends those activities a spiritual quality can be expressed in terms of fundamental receptivity. Interest in a person's spirituality is therefore attentiveness to the ways in which a person is capable of and exemplifies receptivity, how that capacity might be injured or impaired, where (and when) a person in both a literal and figurative sense can be touched and where not, how receptivity might be supported or opened.

One of the primary ways in which receptivity manifests itself is *reciprocity*, in the give and take, or give and receive, of human interaction. It is important to understand with whom or what and in what ways a person experiences reciprocity. The concern is not just if a person can receive something from another, but whether a person can also receive the other. Reciprocity is responsive to otherness, embracing an otherness that can provide new relations or experiences, new insights or perspectives, new spiritual resources. Such reciprocity reflects the dialogical structure of spirituality.

## 1.2 Objects of spirituality

Spirituality understood as receptivity becomes a structural and functional description. It leads to the question: what is received? Pargament (2007) speaks of a search for the sacred and relates a number of significant matters to the sacred in a dynamic way. The consensus definition speaks of connectedness to "to the moment, to self, to others, to nature, and to the significant or sacred" (Puchalski et al, 2009, p.887). The suggestion is that spirituality can refer to a connectedness to a broad range of things. Thus, it opens a perspective to a great variety of spiritual experiences in the sense of fundamental receptivity with regard to nature, aesthetics, eroticism, ideas, religion, the cosmos, significance, transcendence and/or life itself. In a formal sense any of those experiences can be considered spiritual, depending on the way in which they are experienced and understood. So constructed, spirituality includes friendship, family ties, love, justice<sup>2</sup>, art, sport and hobbies. It applies to a man putting heart and soul into his hobby of carrier pigeons and to a woman investing heart, soul and body in family care. These examples reflect searches for purpose or experiences of connectedness to nature, others or significance. Understanding them as forms of receptivity recognizes their spiritual nature as well.

This approach suggests that each person has a spiritual capacity. Pargament pictures a number of objects in varying proximity to the sacred (Pargament 2007). This view suggests a hierarchy in spirituality by which different approaches can be judged more or less spiritual. Solomon, on the other hand, though having no use for the sacred, articulates a secular spirituality with life itself as its object (Solomon, 2002). The challenge, he suggests, is to avoid inflation of the term spirituality and still account for different forms and qualities of spirituality. This requires allowing for 'extension' without losing 'comprehension', providing focus but not at the cost of inclusiveness.

This requirement can be met by recognizing a *basic structure* of spirituality in terms of fundamental receptivity and at the same time discerning that there can be *different objects* or *orientations* of spirituality. The traditional objects of spirituality are transcendence, inwardness, and being as such. Simultaneously, spirituality has always been shaped by the experience of the spiritual in ordinary and existential forms: nature, human service, beauty, art, friendship, in whatever is done with attentiveness. Spirituality possesses a dialectical relationship to the daily or ordinary. *In* the ordinary the spiritual becomes manifest. Such manifestation points at the same time *beyond* itself, beyond the empirical, beyond the self. The dynamic of spirituality, of immanence and transcendence, explains why metaphors, symbols, and rituals make up the natural language of spirituality.

There is no normative position from which to claim that one form of spirituality is more spiritual or more true to what spirituality is than another. Nonetheless, distinguishing between

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<sup>2</sup> The convictions of Dorothy Day on justice were not just a product of her spirituality but part and parcel of her receptivity. The non-violence of Martin Luther King was not just a result of a particular spiritual stance, but itself a spiritual stance in the face of police violence, a receptivity of the violent other despite the violence.

various objects of spirituality can preclude an equivocation of all sorts and forms of spirituality. Various objects elicit a variety of responses and practices. Spirituality has usually been understood to refer to openness to what gives life meaning in a fundamental or ultimate sense, an openness or receptivity in which the experience of otherness plays a decisive role. There is no way to limit the term to such meaning, but emphasizing receptivity becomes a way to point in this direction, while simultaneously allowing for more mundane understandings.

Another question is whether spirituality is not really directed at any particular object but rather open to the whole of life, to wholeness in a cosmological sense, or to the divine as a transcendent subject of spirituality. The answer to this question is itself a spiritual or mystical answer. And if the answer is positive, still the human experience of receptivity is generally indirect via a variety of more ordinary objects.

Distinguishing various objects of spirituality demands clarity about how the objects function in relation to each other. Each particular object functions as a part in the place of a whole (*pars pro toto*). The expression 'a part in the place of the whole' is, however, ambivalent. The part can serve as a doorway to the whole, but it can also stand in the way of the whole. If, for health reasons, a carrier pigeon enthusiast can no longer care for his pigeons, he may feel that his spiritual life has become bankrupt. But his passion for carrier pigeons may serve as a door to a wider understanding of life, of a wondrous mixture of nature and culture, of what sending and receiving messages can mean, of connectedness to a community that transcends local boundaries. If, for emotional reasons, a caring mother is no longer able to care lovingly and limitlessly, her life may seem devoid of purpose and meaning. On the other hand, she may have come to understand that to care is to know that one can also be cared for. If someone is left with a permanent disability, this person may be paralyzed by the inability to pursue the purposes that had previously given life meaning, but he or she might also be able to understand that not activity but receptivity is fundamental component of life. The search for the sacred can either deny, despise or discern the ordinary. Attentiveness to the ordinary can become an end in itself or it can become transparent to what is more than the ordinary.

### 1.3 Subjects of spirituality

Just as the objects of spirituality can differ, so can their subjects. A dialogical spirituality inspired by Martin Buber presupposes a different understanding of a human subject than does the union of the soul with the divine as inspired by Master Eckhart or the dissolution of the self in some eastern traditions. But there is also a more practical aspect. The manner of receptivity and its object determine whether spirituality leads to freedom or bondage, induces wisdom or prejudice, prospers transformation or regression. They determine whether one is agent or object of one's own spirituality. The notion of receptivity should be critically understood, not simply as passive submission, but in its potential to open up a creative response to otherness or the other/Other.

The issue is how the self is understood as subject and agent of one's lived spirituality. In an essay on the 'soul' Visser (2009) relates the singularity, uniqueness, unity and dignity of the individual to the concept of soul. Visser rejects both a *metaphysical confirmation* of the soul as an identifiable entity and a *naturalistic denial* of the soul reducing the soul to brain functions. Both positions converge in the assumption that the soul can be explained, even if explained away. Instead Visser advocates *spiritual restraint* – one might say 'asceticism' – in the recognition that the soul is ultimately an unfathomable phenomenon. His argument implies that the position one takes on human subjectivity and individuality is a matter of spiritual discernment.

It is in a very practical sense that chaplains encounter issues of being a subject, of dignity and uniqueness, of the unity and wholeness of a person. The chaplain encounters those issues at a specific point in the web of another person's spirituality. The chaplain is attentive to the person's receptivity and the object of that receptivity, as well as to the other's perception of self in regard to the object of his or her spirituality. In the case of the disabled person mentioned above it involves the relative value attributed to activity and passivity in

understanding one's own dignity. Such an act of attribution will be drawn from fundamental religious and existential perceptions on life and being.

#### 1.4 Intention of spirituality: Becoming & transformation

Understanding spirituality in terms of receptivity, response and reciprocity implies a dynamic understanding of spirituality. Common spiritual metaphors like 'way' or 'pilgrimage' indicate that there is an intentional dynamic to spiritual experience. The intentional aspect affects not only one's way of experiencing and seeing things, but also one's ways of living and being human. The dynamics is not primarily one of doing, although one might do or practice things. Nor is it really, as is often suggested in contrast to 'doing', simply a matter of 'being'. The dynamic of spirituality can be expressed in terms of *becoming*. (Swinton 2001, p. 25; Waaijman 2000, p.423ff.; Van IJssel 2007, p. 96-97).<sup>3</sup> Spirituality is traditionally not only related to a *search* for the sacred or holy, but also with *growth* in holiness. Secular art of life approaches are similarly directed towards an increase in virtuousness.

*Becoming* is a fitting way to describe growth in holiness or virtue, or in more ordinary terms, growth in courage, in acceptance, in wisdom or gentleness. *Receptivity* itself is not just an activity or a mode of being, but a way of becoming by accepting another and otherness into one's own being. Accepting otherness entails growth, however frightening or unwanted the experience might be. Taking on new perspectives allows a person to become more than that person thought he or she might be. It leads to an 'expansion of the self' (Solomon, 2002, p.7),. Assessing a person's spirituality involves looking at a person's inner dynamic, growth and stagnation. It seeks to discern if there is congruence between who a person was and is and might become, and to what extent continuity is desirable and in what ways discontinuity. A hermeneutical exploration of such matters with a patient leads itself to an expansion of the self and may open new ways of becoming. Recognition of a person means recognition of who that person is in the present situation, but it also entails recognition, perhaps even anticipation, of who that person might become.

Another term that can be used to designate the process of becoming is *transformation* (Solomon, 2002, p.137). *Becoming* has a more subjective tone to it. *Transformation* indicates the processes and contextual changes involved. 'Transformation' thus has broader connotations, but depending on the context one might use either term.

## 2. Tangents of spirituality

If spirituality is to be understood as a distinct discourse, then the relation to tangent discourses needs clarification. Three will be considered: poetics, corporeality and ethics.

### 2.1 Poetics

Poetry, symbolism, use of story and metaphor are the natural language of spirituality. A structural analysis of spirituality necessarily includes a hermeneutic sensitivity to poetics. Attention must be paid to the images and metaphors patients employ in telling their story, to the narrative qualities of that story, to the symbols and rituals that play a role. An aspect of poetics seldom accentuated in definitions or descriptions of spirituality is attentiveness to time and space. A good poem reads slow and requires contemplation. It induces an interruption of time. Likewise spiritual traditions are characterized by interruptions of time: Sabbath, feast days, times of quiet and meditation. Sacred spaces and special places serve as landmarks of spirituality in a spatial sense. Both interruptions in time and markings in space are essential to the practice of receptivity and transformation.

Confinement to a hospital bed is a disturbance not only of daily roles and time schedules but also of rhythms and moments of spirituality. Assignment to a psychiatric ward is displacement not only from familiar environments but also from sacred and significant spaces. The supporting structures of lived spirituality are missing. Assessing spiritual needs

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<sup>3</sup> Cf. the reference to inward transformation ('innerlijke omvorming') as a characteristic of spirituality in the explanation of the word 'spirituality' in the definition of spiritual care giving of the Dutch Association of Spiritual Caregivers in Health Care. <http://www.vgz.nl/userfiles/files/beroepsstandaard.pdf>

entails awareness of what structures a person depended upon and how temporary supports might be offered or found.

## 2.2 Corporeality

Time, place and supporting structures are related to the bodily and sense oriented character of spirituality. Spirituality finds support or expression in physical gestures and stimulation of the senses: music and resonance, holding hands and making eye contact, pilgrimage and dancing, kneeling and sitting, incense to smell and food to share and taste. Assessing a person's spirituality means becoming acquainted with the person's bodily and sense experience. There is hardly a place so rudimentarily physical and so arousing of the senses as a hospital: the noises, the smells, the washing, the examinations, the clothing and unclothing, the pain and the shame. All of that effects and may even severely hamper the sensual and bodily experiences that might otherwise be spiritually supportive. No candles are allowed in hospital rooms. Silence for meditation or prayer is hard to come by, if one has any such concentration at all. Person with severe mental limitations are dependent on sense perceptions. Attentiveness to such basic corporeal needs are a first step in tuning into a person's spirituality.

## 2.3 Ethics

The construction of spirituality is not a value free enterprise. Any attempt to formulate inclusive and multicultural understandings of spirituality indicates that. Positions on religious and non-religious understandings, on a core of spirituality, on the inclusion of values alongside meaning and purpose, all involve ethical perceptions. An emphasis on otherness and transformation and their implications for holiness and virtuousness implies ethical dimensions. The point is not to set up a hierarchy of spiritual values or reduce spirituality to morality, but to recognize that a discourse on ultimacy, meaning, purpose and ways of connectedness cannot be carried out without implicit or explicit ethical assumptions.

The ethical dimension becomes acute in sectarian spiritualities that lead to bondage, theologies that humiliate rather than empower, new age spiritualities that attribute specific illnesses to personality traits, fundamentalist spiritualities that nurture terrorism, etcetera. Such spiritualities meet up to the definitions of spirituality as they provide meaning, purpose and connectedness or exemplify a form of receptivity. That remains the case even if the receptivity of otherness is limited or precluded at crucial points and transformational options have been preset. One must be aware of the spiritual structure of such perspectives if one wants to offer alternatives. There is not only such a thing as spiritual formation but also spiritual deformation in more or less severe forms.

In milder forms chaplains regularly encounter inadequate and troubling spiritualities that keep people bound to humiliating ways of seeing things, to self-accusation, to denial of their own responsibilities, to categorical resistance or anger, to rejection of their own bodies or sexuality, to subservience to gender roles. Such behaviour and attitudes are often linked to personality, to cultural background or traumatic experiences. They may also have significance for coping in particular cases. Being sensitive to the role of spirituality in health care settings means sifting through such things for the sake of spiritual reformation. That means enabling others to sort things out for themselves. That includes ethical evaluation.

There is a great deal of affinity between various spiritual and ethical notions: universality and appreciation of difference, purpose and value, receptivity and otherness. At the same time it is preferable to maintain the distinction between both disciplines (discourses) for the sake of hygienic conversation between the two. Both disciplines belong to the competencies of chaplains. Chaplaincy care provides a fruitful ground for a running dialogue between the two fields. Conceptualizations of spirituality as well as lived spiritualities need ethical evaluation. How specific spiritualities affect the ethical decisions of patients and professionals requires clarification. How conceptions and implementations of ethics in health care allow for spiritual values is a running question.

Framing the conversation between spirituality and ethics in such a way implies that there is an underlying hermeneutics of meaning in the work of chaplains. Spirituality, ethics and

poetics are different ways in which meaning in life is explored. The exploration and expansion of various realms of meaning, religious and secular, aesthetic and ordinary, constitutes the basic competence of chaplaincy care understood as a hermeneutics of human experience in times of crisis and illness or in the face of loss and handicap. Such a hermeneutic approach implies that the primary ethical task is not normative or prescriptive but one of clarification of the values and norms (implicitly) involved in a specific situations.

### 3. Case example: A consolation of spirituality

A chaplain in a palliative care center comes in contact with the son of a woman patient. The man is at first reticent to talk with the chaplain, but then heads into conversation. 'I don't know what your faith is, but my mother is pretty heavy Christian. I left things like that behind me long ago. My parents lived to the letter of their faith, but I never had the idea that they found it very comforting. When I told them I had decided to stop pretending to believe, we had a long talk. My father tried to convince me that I was making a wrong decision. He knew all the arguments. He knew all the dogmas and the explanations. He almost frightened me back into believing. My mother didn't say a word. She didn't look happy but I don't know to this day if that was because I had quit believing or because of the way my father was handling the thing. It was all so rational. I didn't see any joy in it. I said that and that made my mother cry. My father fell silent. After a while I said it was probably better if I went. We never talked about that sort of thing again. For the rest we made things go as good as they could, but we kept religion out of it. When my father died, I let Mom arrange the funeral like she wanted. I didn't ask questions. But now I'm going to have to arrange things for her. She says she has written some things down, but I am afraid to read it or talk to her about it. I'm afraid I might ask something that will hurt her. I think their God has got it all wrong with all that saving and damning. When I see her suffering now, I get angry at the idea she's thinking that she has to suffer all that for God's sake. But then that's her way of dealing with life. No way to change it now. Her God will have to take care of her now. Or maybe you can as a chaplain. I have to back off. I'm more of a stoic. You have to go with the flow of life but not get too involved emotionally.'

*'That sounds pretty rational to me,'* the chaplain replies.

*'What do you mean?'*

*'Well, it sounds like you have figured it all out for yourself, in a different way than your parents, not a Christian rationalism but a stoic rationalism.'*

*'Is there anything wrong with that?'*

*'No, there's certainly nothing wrong with that, but does it give you comfort?'*

*'And where do you propose that I go find comfort when my mother is about to die without it?'*

*'I don't think I can say that for you, but it seems to me you're listening more to the need to be rational like your father than to your need to seek the comfort you want for your mother.'*

*'Where are you trying to push me?'*

*'I don't mean to be pushing you, but it seems to me that you and your mother both share a need for comfort. The chance that you find a little comfort by talking to her about it is probably greater than when you avoid the subject.'*

*'But I can't talk about religion with her.'*

*'Then say that.'*

*'And then?'*

*'Say also that you do hope she might find some comfort in knowing that that is what you want for her.'*

*'It's not that simple.'*

*'No, but it's not that complicated either.'*

The end effect of the conversation need not be known for a brief analysis. The dialogue makes clear that there are two basic themes in the man's relation to his parents, the need for a rational explanation of things and the need for comfort. The man is sensitive (receptive) to the need for religious or existential comfort. However, his rational antenna (receptivity) dominates his response to his mother's situation. The rational struggle with his father in the

past influences that. An unfulfilled need to have been comforted by his parents may play a role as well, along with the fact that he did not receive their understanding or blessing for his departure from faith.

The chaplain chooses an approach that although it includes some counselling responses is fairly directive. The chaplain invites the man to pursue his sensitivity to (receptivity for) the expressed need for comfort, while respecting the his rational antenna and past hurts. The chaplain thus suggests to the man an alternative for his neo-stoic repertoire. That alternative interrupts the way in which the man has previously coped with the relation to his parents and his own need for comfort. In reopening the possibility of sharing with his mother a reception of otherness dawns on the horizon. The potential for transformation lies in the possibility of a renewed relation with his mother and an opening to some form of comfort. Poetics are involved in the search for language or gestures that might prove comforting. From the point of view of corporeality attention can turn to the physical posture the man takes towards his mother in the search to say or express something comforting. The primary concern of ethics lies not just in the loyalties of mother and son towards each other but also in the imperative of the moment. It is now or never.

#### 4. Considerations

Previously (Walton 2012) I provided examples of how spirituality has been constructed in relation to religion and the secular, to meaning, purpose and connectedness. The sum effect of such various constructions of spirituality and of an abundance of models for spiritual assessment is to relativize their significance. One might look at it one way, but one could also choose another way. Broadening the scope of spirituality weakens its focus. The attempt to formulate all-inclusive and encompassing definitions of spirituality inflates the term until it no longer serves to sensitize health care professionals to the specifics of spirituality. Everything is spiritual but spirituality is not everything. For chaplaincy the hermeneutical task is more basic to the daily task of encountering patients than a singular focus on spirituality.

The present constructive effort seeks to develop a framework for a structural analysis of lived spirituality for use in chaplaincy care. Three points characterize the approach.

- (1) Spirituality needs to be understood as a distinctive focus and discourse in relation to other searches for meaning and value such as ethics and poetics. Employing the term spirituality in a sweeping sense is at the cost of clarity and communicability.
- (2) Hermeneutical exploration of various perspectives on meaning and value is more foundational to the work of chaplains than a specific focus on spirituality. The hermeneutical task is to understand and stimulate the mutual relations of various realms of meaning and experience: spiritual but also existential, ethical, poetical, esthetical, biographical, cultural, social, psychological and corporeal.
- (3) Speaking of fundamental receptivity of otherness and transformation, along with reciprocity and becoming, is an attempt to point to the distinctiveness of spirituality. Those terms provide a perspective that helps chaplains focus on the lived spirituality of a person.

My approach may seem like just one more attempt to draw up an understanding of spirituality, without providing a concise, workable definition or clearly determining the relation of spirituality to religion and the existential dimension. It might be questioned whether the approach can provide an operational model of spiritual assessment that might serve an outcome oriented cycle of chaplaincy care (VandeCreek & Lucas, 2001; Vandenhoeck, 2007). For the sake of definition I therefore propose that spirituality can be understood as *receptivity towards that which lends life meaning and value in a fundamental way, a receptivity in which the experience of otherness and a transformation of the self play a significant role*. The first part of the definition is for general usage. The second part is for the specialists. The analysis of lived spirituality proposed here would belong initially to the diagnostic or analysis phase of an outcome cycle. The specialists can explore as a means of spiritual assessment:



- (1) the fundamental ways in which a person exemplifies receptivity and reciprocity,
- (2) the object or orientation of that receptivity and the way in which it functions,
- (3) the perceptions of self and subjectivity with a view to engendering becoming and transformation, and
- (4) the poetics, the ethics and the corporeality that condition the spirituality of a person.

Although the primary intention is not a method or model of assessment, but rather a phenomenological perspective, these four points can prove useful and fruitful in clinical practice and reflective settings. The focus on lived spirituality intentionally abstains from preconceived notions on the relationships between spirituality, religion and the secular and turns attention to the way in which a person experiences and understands his or her own spirituality, whether or not the term is used. It is a perspective that points forward by being attentive to the potential for transformation.

## 5. Spiritual care as spiritual practice

Although spiritual care is an insufficient description of chaplaincy care, it is a good characterization of *the way in which* chaplains provide care. The hermeneutical task is fundamental to chaplaincy care, but the way in which that task is carried out needs to be informed and shaped by the essentials of spirituality: receptivity, reciprocity and the potential for transformation. That potential applies to the chaplain as well. A practitioner of spiritual care is always a person in the process of becoming. There is no other way to do it.

### 5.1 The receptivity of otherness: hospitality

Receptivity is a necessary condition of the pastoral or chaplaincy relationship. To receive the other and to be received by the other is the foundation of that relationship. That relationship can be understood as a practice of mutual hospitality between chaplain and patient (Walton, 2012a). That is true in a physical, personal sense but in cultural, existential and theological ways as well. The patient must at least accept and at the most welcome the chaplain as a more or less strange other who asks permission to enter into one's inner life. The chaplain must accept the otherness of the patient as a person with unique struggles and resources, perhaps very different from one's own.

Receptivity engenders receptivity. Spiritual receptivity engenders spiritual receptivity. Taking time, asking slow, time consuming questions, allowing for unknowing, being open to touch, respecting difference, welcoming otherness, pondering new perspectives, accepting uncomfortable emotions, all such responses are modes in which a person's receptiveness is not only expressed, directly or indirectly, but also engendered. They are spiritual practices that invite reciprocity. A hermeneutical approach allows the chaplain to respect personal and particular forms of spirituality and morality in dialectic of understanding, non-understanding and re-understanding. The exercise may sometimes end in non-understanding, but the dialogical process nevertheless allows the chaplain not only to receive the otherness of the other, but also to discern and appreciate difference.

### 5.2 Creating time and space: contemplation

Chaplaincy care is a spiritual practice in its attentiveness to language and aesthetics, time and space. Whereas chaplains as health care professionals must be able to employ functional language, the offering of spiritual language, of special places and non-functional time is crucial to the conversations and ritual practices of chaplaincy care. Such interruptions allow for experiences of transcendence. They reflect a contemplative practice of hearing the words and pondering them, of perceiving the expressions and gestures and considering their meaning, just as one reads texts and ruminates. A conversation at bedside between chaplain and patient can be a time out, out of the direct health services business, out of the spiral of worries and pains and concerns, into a realm of reflection and receptivity, connectedness and new perspectives. Visiting a hospital chapel is to seek a place of quiet, a space where otherness can be pondered or experienced.

The practice of chaplaincy is a contemplative, spiritual practice. That description entails no objection to functional language and outcome oriented practices. It does recognize that

the value of the *word* spirituality lies in its reference to dimensions not indicated by other words. The *practice* of chaplaincy as a spiritual form of care can reflect and arouse the dimension of spirituality.

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