Committee 6
Life, Death and Eternal Hope

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DEATH AND POSTMODERN SPIRITUALITY: A SOCIOLOGICAL ANALYSIS

by

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A Gujarati from East Africa, living in the English town of Southampton in the 1980s, speaks of how a Hindu dies: [1]

> If you have committed minor karmas and at the time your thoughts are filled with God, if you say God's name (at death) then you will obviously go to heaven, because God is there. If someone is about to die and you think he is going to go, it's important that you make him repeat God's name or you read any *sloks* (verses) from the *Gita* or whatever to make his mind concentrate on God.

In addition, the dying person should be on the floor, surrounded by their relatives. A Punjabi from India, also living in Southampton, describes how her mother died according to Hindu custom: [2]

> She was like a saint and she died in just five minutes. She was 103 and she can put thread into needle, she walks without stick, she never holds stick. Without stick she was walking at the end and she asked for bed on the floor. After that there was no one to give her a light - mostly when people die we give a *diva* like a candle - we give into her hand. You know flour - we make that like chapatti flour and we make *diva* from that and put some ghee on top of that and give to

> (then) my sister's son ..... came there. He said, "What's happening, Bibi?" She said, "O thank God you came here. Come and give me *diva* on my hand," and my sister started crying and she said, "Don't cry, I'm going to God. Let me go first. Don't stop my way." ..... He did everything, (then) she said "Put my head in your lap, I want to go to God."

A sudden death, in which these rituals cannot be carried out, is a bad death for the future destiny of the soul is influenced by what happens on the deathbed. The soul's destiny is also influenced by what happens in the post-mortem rituals - hence the need for the relevant family to circle the funeral pyre seven times, and for the eldest son to break open the skull half way through the cremation in order to release the soul.

Another continent, another time. In the centre of the French town of Beaune is a marvellously preserved medieval hospital, The Hôtel Dieu de Beaune. In the fifteenth century, it contained just one huge ward, the far end of which comprised a chapel dominated by an altar painting of the Last Judgement. Christ is seated in glory; below him is the archangel, weighing the souls of the dead; to his left, the damned descend in terror to hell; to his right, the saved ascend to glory. For those dying in the Beaune hospital there was no getting away from this vision; each time they opened their eyes, there it was. But what did it mean for them? Did some die fearing they might go to the wrong place? Did all assume they were going to heaven? Did the poorer inmates feel vindicated by a knowledge that lords and bishops numbered among those going to hell? Were they comforted to know that after death they would not be forgotten by the living who would still be praying for their souls? We can never know exactly what the

occupants of the hospice inmates made of this picture, but we can be sure that they lived in a world in which, like contemporary Hindus, everyone shared the basic picture of the next life and understood importance of deathbed prayers and rituals for the successful entry into that next life.

This then is the traditional relationship of the deathbed, religion and the next life according to most of the world religions. The afterlife is a given, which determines the ritual life of the dying; and the rituals determine what happens at the deathbed. There is no possibility of opting out of such rituals, nor of people being free to believe what they want, nor to die as they choose, though it is undoubtedly true that individuals and families have always stamped their own personality and circumstances upon the prescribed rituals. [3]

How different is the world of the modern western hospital ward, or even the modern Christian hospice.[4] A study I conducted of a hundred and thirty modern British hospice logos found only two that confidently affirm that death is not the end, and none so much as hint that there may be any choice of post-mortem destination - even though about half of these hospices have an overt Christian basis. One of the most popular images was of caring hands. [5] The basic presupposition of modern health care is that death is a failure, the end; Christian institutions can offer love and care for the dying, but can no longer presume to confidently prepare them for the next life.

Yet, religion does exist in such settings. Hospitals and hospices in many western countries have chaplains. Modern English language texts on nursing and on palliative care [6] typically speak of nursing care being holistic, including a spiritual component. And

surveys show that a significant number of people still believe in some kind of life after death: [7]

	USA	Europe	France	Britain	Eire	N.Ireland	Spain	Denm'k
	1980	1981	1990	1990	1990	1990	1990	1990
Life after death	71	43	38	44	77	70	42	26
Heaven	71	40	30	53	85	86	50	17
Hell	53	23	16	27	50	68	27	8

Survey data must always be treated with extreme caution, and the above figures raise more questions than provide answers. Most important for our purposes is that the surveys were done with a cross-section of the population, many of whom were fit and few if any were on their deathbed. A Bavarian doctor did a unique study of the religious beliefs of the dying. [8] He studied 110 patients dying of a range of diseases and was able to interview 73 of them in the 24 hours prior to death, almost all of whom knew they were near the end. A control group of seriously, but not fatally, ill patients was also interviewed. 84 per cent of the dying patients believed in the possibility of life after death, compared with only 33 per cent of the controls. Another 250 were studied in the days and weeks before death, and it was found that firmness of religious conviction increased with physical deterioration. Again one must be cautious about concluding too much from this one tantalisingly brief report of yet-to-be-replicated research, but we

may conclude that it is likely that whatever proportion of the general population believe in life after death, this proportion is more likely to go up rather than down as they reach their final hours, at least in a society like Bavaria in which older people have typically had childhoods in which religion played some part.

So what is the place of religion at the modern deathbed? What is it like for a believer in an afterlife to die in a secular hospital? What is it like for unbelievers to have nurses enquire into their 'spiritual needs'? I began by portraying the given-ness of the afterlife and its associated rituals in traditional religions. Clearly this given-ness cannot survive in the secular, rational and pluralistic soil of the modern hospital. So what kind of religion or spirituality can survive in such unpromising terrain? In practice, two kinds have survived in Anglo-American health care. [9]

1) The modern role for religion: Calling in the chaplain.

The official policy of the British National Health Service (NHS) is that hospitals and other such institutions have a responsibility to provide access to qualified religious personnel, chapels and other facilities. [10] The assumption is that not everybody is religious, but that those who are - or who may temporarily desire religious services - should be provided for as part of the health care system. In the UK, for example, hospital chaplains (like prison and army chaplains) are paid for by the state.

Hospital and hospice chaplains that I have interviewed have varied in how their perceive their role. [11] Unless they restrict themselves to ministering simply to those who

ask to see a minister of religion, it can be hard for them - and for patients - to identify their role. Some chaplains expand their role, becoming a general counsellor and social worker; others feel not entirely welcome ('I walk into the ward, and most of the patients hide under the sheets!'); yet others feel professionally marginal ('The patients' day is so full of doctors' rounds, alternative therapists, family visits, and so on, that there's no one time in the day or week when I can walk into the ward without feeling I'm a bit of an intruder.') In multi-ethnic areas, the Church of England chaplain may become the channel through which a rabbi, imam, or functionary of some other religion is contacted. Chaplains vary enormously in their assessment of what proportion of patients have a strong belief in an afterlife and/or wish to discuss the afterlife - presumably because, in a society like the UK in which religion is a private matter, the chaplain's presentation of self will have a big effect on what the patient will tell him or her.

'Calling in the chaplain' to minister to those who are religious, while acknowledging that many patients, even dying patients, will not require any religious services, is not only official NHS policy, it is by far the most common approach in practice. While performing this version of the chaplain's role is by no means straightforward, it does clearly demarcate religion from nursing and medicine. A leading oncologist, Michael Baum, expresses this view succinctly:

> The needs of the dying patient can be divided up into spiritual and physical. I am not equipped or trained to comment on the spiritual needs of the dying, but a religious person should be allowed the peace of mind provided by prayer and allowed every opportunity of visits by the clergy. [12]

This quote makes clear three things:

- *spiritual* is the same as *religious*,
- only *some* people are religious
- non-religious and non-ordained staff are not competent to deal with spiritual needs

2) Postmodern spirituality: The search for meaning

Over the past decade or so, however, textbooks and workshops have waged an incessant war against this model of spiritual care. The history of this new approach to spirituality has yet to be written, but I suspect that Dame Cicely Saunders, [13] the founder of the modern hospice movement, has been highly influential. Saunders is a committed Christian, and is committed to caring for the whole patient, which - because of her religious beliefs - entails caring for the patient's physical, emotional, social and spiritual needs. In Saunders' experience, pain is total, and may have a cause that is as much spiritual or emotional as physical - anything other than a holistic approach does not adequately palliate pain, still less help a person prepare for death. [14] Her philosophy is subscribed to in the UK by the over 200 in-patient hospice units, the 400 home care teams for the terminally ill, the 200 day care centres, and over 200 hospital support teams and nurses, and in the USA by the over 2,000 hospice services.

But Saunders is all too aware that, though she affirms that everyone has a spiritual dimension, many patients are not obviously religious. So what does providing them all with spiritual care mean? At this point, she relies heavily on the Austrian psychotherapist Viktor Frankl. [15] Drawing on his experience both as a therapist and as

an inmate of a Nazi concentration camp, Frankl argues that every individual needs to have some meaning or purpose if they are to survive, let alone thrive. So spiritual care in the postmodern hospice becomes, for Saunders and her many disciples, a matter of enabling the patient to identify and hold onto whatever it is that gives them meaning in life, and in death. It may be their family, it may be their sense of humour, it may be their hope of meeting their Maker. In this view, spirituality has become 1) a dimension of every person, 2) individualised, and 3) detached from religion. There is none of the 'given-ness' of traditional religious deathbed practices, and none of the right to be exempt from spiritual care found in standard NHS policy. This view may therefore be termed post-traditional, and post-modern. [16]

Indeed, the many workshops for nurses that promote this view of spiritual care typically take participants who start with the standard NHS view of religion as an option for the religiously minded, and turn them into ardent believers that everybody has a spiritual aspect, that this varies from individual to individual, and has nothing to do with religion. Indeed, such 'converts' can get very uppity if you try to talk to them about religion - 'Don't you know that spirituality's got nothing to do with religion!', they snort. I have yet to attend a workshop which includes traditional Hindu or Muslim participants, but I suspect they would find it very difficult to separate religion and spirituality in this way. This view of spirituality goes down very well, however, with largely secularised nominal Christians, which is what most nurses in Britain are. It has a payoff for them: it enables them to care for the <u>whole</u> person, even in a secular context, it keeps the chaplain in his/her place, and generally enhances the professional status of

the nurse as the one member of the caring team who can, at a basic level at least, care for the whole person.

It seems to me there are significant problems with, or at least questions to be asked about, this view of spirituality:

a) Although the words 'spiritual' and 'spirituality' are constantly used, it is not at all clear what relationship, if any, these words bear to the way in which spiritual concerns about death and life after death have been traditionally conceived in the world religions and in popular culture. The idea that you can choose the meaning of death is surely anathema to world's greatest spiritual teachers. I gather that in Germany, those who care for the dying use the term existential concerns rather than spirituality, and this seems to me a much clearer term. I do wonder whether the use in the English speaking world of the term spirituality derives from the influential role of Saunders? Had the hospice movement been founded by an agnostic or atheist, I'm sure a term more akin to the German would have evolved for this aspect of care. A recent international survey reveals that hospices in a surprising number of countries - especially those in which Catholicism and/or atheism are influential - see spiritual care simply in terms of providing priests and ministers, the very view that hospice workers in the UK and USA find such anathema. [17]

b) Is postmodern, individualised spiritual care therefore a case of subtle secularisation? We may note that postmodern spiritual care for the dying looks not all like traditional rituals concerned to provide absolution, salvation and an easy passage to a future life; but very like the standard application of secular counselling skills, notably

simple listening skills. The aims are very similar to Frankl's logotherapy, namely enabling individuals to discover what meaning they give to their life and thereby to become more content with their life and their death. The focus is personal contentment in this life, not destination in the next. To (mis)label such a concern 'spiritual' is simply an institutional and historical accident deriving from the origins of modern palliative care in a Christian Englishwoman and from the professional aspirations of nurses in the late twentieth century. Indeed, in so far as not only nurses but also clergy may be expected to adopt this postmodern notion of spiritual care, it may not only reflect secularisation but also promote it

But there is another view altogether. In the view of some contemporary mystics, New Agers and post-Jungians, the old pictures of heaven, hell and purgatory actually blocked the light of eternity. The old pictures reified the mystical sense of spiritual reality in concrete pictures which were then mistaken for reality. [18] Many medieval theologians believed in the pictures they devised of heaven and hell: they propagated them not as symbols of some unutterable reality but as objectively true. Modern fundamentalists who believe that people are going to heaven or hell likewise see these as objectively real destinations. The psychologist Jung, [19] however, saw spiritual ideas as helpful symbols - like dreams they have to be interpreted, but they are the key to understanding the unconscious. Rather than dismissing these religious images, those influenced by Jung argue that for the first time in centuries, perhaps in human history, we may value these pictures for what they really are. Modern mystics, including some who have had near-death experiences, feel they know there are other realms than the

material and are willing to use images from any tradition, Christian or otherwise, as images to hint at - but not define - these realms. In this view, the twentieth century has liberated us to use these images and symbols for what they truly are; this liberation was temporarily delayed by the pro-fact anti-symbolism positivism and modernism (expressed particularly powerfully in the mid-century hospital), and needed to wait for the more symbol-friendly climate of postmodernism.

I suspect there may be an element of truth in both these views. Skilled spiritual counsellors can operate within the framework outlined in the previous paragraph, using a range of symbols (some of them traditional religious symbols) to enable the individual to explore their own spirituality. Those I have witnessed using these skills, however, have exceptional integrity and humility and can use symbols to articulate the challenge of living with vulnerability rather than using off-the-peg strategies for reducing it. The average nursing or medical student, by contrast, wants off-the-peg strategies. A study in the 1970s of Californian clergy ministering to the dying found they adopted the off-the-peg strategy of listening skills -

> encouraging the person to express feeling, reflecting statements back to them, being non-judgmental, and listening. These techniques have become part of our everyday, getting-through-the-world routine. They are ways of dealing with and making predictable those situations in which we usually experience unease. They give us a way to structure our concern; a sort of "how-to-do-it" formula for when we want to help, but don't know what to do. [20]

I predict that the routine tool that nurses, other non-ordained practitioners (and some ordained ones too) will use for offering spiritual care to dying people will be the listening skills to be found in any basic textbook on counselling. Spiritual care will become indistinguishable in practice from emotional/psychological care.

c) I am unsure how patients from traditional religions, in which the meaning and rituals of death are given, respond to this postmodern notion of individualised spirituality. Second generation migrants, brought up in the UK, can be particularly concerned that the correct death rituals are performed but may not be entirely sure what they are. What they need - I presume - is not a nurse trained in listening skills who can enable them to articulate their own spiritual concerns, but an authoritative religious professional who can advise on the correct rituals.

I am not aware that any research has been done into this, so I am only speculating. It is well known, however, that patients from non-Christian religions are under-represented in British hospices. I do not think they are put off by the postmodern hospice view of spirituality because I do not think they are aware of it; more likely they are put of by an image of the hospice as white, middle class and Christian. But I do wonder whether the absence of such patients has enabled an essentially post-Christian view of spirituality to develop in such institutions without challenge.

I also think of a devout evangelical Christian who was disturbed by the hotch-potch of individualised spirituality and alternative therapies on offer to her as a cancer patient in a major London teaching hospital. She was looking forward, if it was the Lord's will, to being with Him, and was offended by what she perceived as the non-

Christian and New Age spiritualities being offered her and other patients. She would, I think, have been more content being cared for in the fifteenth century at Beaune. I suspect devout Muslims might find secularised post-Christian spirituality just as problematic.

To some extent, the nursing literature perceives this. While most articles for nurses on spiritual care peddle the line the spirituality equals the individual search for meaning, it is noticeable that publications on spiritual care for ethnic minorities revert to a much more traditional approach. Instead of the nurse being enjoined to listen carefully to the patient to help them make their own sense of life and death, the nurse is taught the basic ritual requirements of dying Jews, Hindus, Muslims, Sikhs, etc. To put it crudely, whites need spirituality, blacks need religion; whites seek meaning in their inner selves, blacks find hope in a faith community.

d) At the same time that this view of the spiritual care of the dying is being promoted, there is also much discussion of the subject in the West from New Age and Buddhist positions. [21] Go to any Christian bookshop in Britain and you will find precious little on life after death. Go to any New Age bookshop and you will find lots, much of it connecting the next life with rituals for leaving this one. With the failure of modern Christianity to speak plausibly of a future life, New Agers are taking up the baton that the Christians have fumbled with and dropped. Result: New Age therapies and Buddhist texts on dying make their appearance in Christian and secular hospices alike.

Conclusion

What does all this mean for hospitals and other health care facilities in the NHS? Legally, hospitals are obliged to provide spiritual care, in the sense of making religious professionals available for patients who want them. This is what I call the modern role for religion (religion as the personal choice of a minority, as Peter Berger puts it [22]). But this view is besieged from both sides, by both the traditional and the postmodern view of spiritual care. On the one hand there are Hindus wanting to die on the floor surrounded by thirty wailing relatives, which no ward manager can allow, if only for the sake of the other patients. On the other hand there is a generation of nurses being trained to see spiritual care as something is to be provided not by clergy for the few, but by the whole caring team (especially nurses) for the many. How any of these three approaches can be audited and their efficiency measured - as is now required of every element of late twentieth century health care - is anybody's guess.

What I have tried to do in this paper is to complement the philosophical and theological approaches of some of the other papers with a sociological account of the spiritual care, however confused, that is offered people as they die today in the English speaking world. It is crucial that philosophies and theologies of the afterlife are discussed in the context of how people actually die in the modern world. I have noted elsewhere [23] that one symptom of the different worlds inhabited by theologians and philosophers on the one hand, and carers of the dying on the other, is that the former are overwhelmingly male, the latter overwhelmingly female. Forgive me if I have mis-identified the gender of any of the contributors to this committee, but my impression is that the other papers are theological and/or philosophical and are written by males, with

one exception - the paper on dying is written by a woman. My paper has documented how a postmodern view of the afterlife (as nothing more than a more or less useful personal construct) is being developed in hospitals and hospices around the western world (often but by no means exclusively by women), while in conferences and learned journals male theologians and philosophers debate traditional views of the afterlife. Typically, the two discourses have little to do with each other. It is my sincere hope that this committee will enable the two to engage, and if I have at least acted as a broker introducing the two to each other, then I will have achieved my aim.

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[1] Firth, S. 'The Good Death: approaches to death, dying and bereavement among British Hindus', in A. Berger et al Perspectives on Death and Dying, Philadelphia: Charles Press 1989.

[2] Ibid

[3] Anna King, paper on death in India, given at NATFHE conference, Chichester 1997.

[4] About two thirds of the UK population die in hospital; about another 9% in hospices, old people's homes and other institutions; the remaining 25% die at home.

[5] Froggatt, K. & Walter, T. 'Hospice Logos' Jnl of Palliative Care, 1995, 11(4).

[6] This term came into vogue in the 1970s in order to replace the previous 'terminal care'.

[7] Data mainly from European Values Survey, summarised in Walter, T. The Eclipse of Eternity: a sociology of the afterlife, Basingstoke: Macmillan / New York: St Martin's Press, 1996, pp.32-3.

[8] Witzel, L. 'Behaviour of the Dying Patient', British Medical Journal, 2, 12 April 1975, 81-2.

[9] I have fleshed out these three approaches in 'The Ideology and Organization of Spiritual Care: Three Approaches', Palliative Medicine, 1997, 11: 21-30. See also my 'Developments in Spiritual Care of the Dying' Religion, 1997, 26: 353-63.

[10] Walter, T. The Revival of Death, London & New York: Routledge, 1994 pp.99-100. National Association of Health Authorities & Trusts Spiritual Care in the National Health Service, 1997.

[11] For an American analysis, see Wood, J. 'The Structure of Concern: the ministry in death-related situations', pp. 135-50 in Lofland Toward a Sociology of Death & Dying, Beverly Hills: Sage, 1976.

[12] Baum, G. Breast cancer: the facts, Oxford: Oxford University Press, 1988, p.113.

[13] du Boulay, S. Cicely Saunders, London, Hodder, 1984.

[14] See Saunders, C. 'Spiritual Pain', Hospital Chaplain, March 1988; Beyond the Horizon: a search for meaning in suffering, London, Darton, Longman & Todd 1990; (ed.) Hospice & Palliative Care: an interdisciplinary approach, London, Edward Arnold, 1990.

[15] Frankl, V. Man's Search for Meaning, London, Hodder & Stoughton, 1987.

[16] For a fuller analysis of traditional, modern and postmodern death, see Walter, T. The Revival of Death, op.cit, chs 3&4.

[17] Saunders, C. & Kastenbaum, R. eds Hospice Care on the International Scene, New York: Springer, 1997.

[18] Campbell, J. This Business of the Gods, Ontario: Windrose Films, 1989.

[19] Jung, C. Man and His Symbols, London: Aldus, 1964.

[20] Wood, op.cit., pp.137-8.

[21] Walter, T. 'Death in the New Age' Religion, 23(2), 1993, 1-19.

[22] Berger, P. The Social Reality of Religion, London, Faber, 1969.

[23] Walter, T. Jnl of Contemporary Religion 11(3) 1996: review of D. Cohn-Sherbok & C. Lewis, eds Beyond Death: Theological and Philosophical Reflections on Life After Death.