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<th>ALBANS</th>
<th>Methodists Homes, UK</th>
<th>I’m still here! The role of spirituality in meeting the challenges of living into extreme old age</th>
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The increasing numbers of people living into extreme old age is well known, but the ways in which they experience and respond to the gift of extra years in less well understood. Public perception of the trajectory into later life is usually marked by the language of decline, loss and frailty, but the testimony of many of the oldest old reveals levels of resilience and strategies for coping which suggest that this cannot be the whole picture.

For older people living either in a care setting or in their own homes, the challenge of becoming reconciled to the ultimate reality of their own dying can be a particular challenge, but the evidence of both research and experience is that spirituality can be a key component in meeting and facing that challenge.

Drawing on the growing literature of the past 20 years, a recent research project carried out on the role of chaplaincy within MHA care settings for older people and the stories and reflections of chaplains gathered for our recent publication, *God, Me and Being Very Old* (SCM 2013), this paper will outline some of the ways in which older people, and those who support them, can use the insights of spirituality to make sense of the experience of ageing. Particular reference will be made to the important role of those who accompany and witness the ageing journey and to the place of an individual’s faith stories in that journey.

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<th>ANNETT</th>
<th>University of Bedfordshire, UK</th>
<th>Common ground-Inner landscapes</th>
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The physiognomy, psychology and spirituality of consciousness have, since recorded history been debated. In contemporary terms there is a perceived intellectual void between secular atheism and fundamental religious beliefs.

Our world faces huge challenges; population growth in the developing world and consumerism in the developed, which, will result in increased poverty, crises in health, conflict over resources and population migration. The interface between the scientific and religious communities to tackle these issues is critical and this presentation begins to raise questions, outline areas of common ground and shared goals between two disciplines.

Observing the significant shared historical and linguistically specialised elements, such as Western alphabetic systems, the phenomena of an ‘inner voice’ as an aspect of both scientific and religious consciousness and cognitive processes. A neuroscientific understanding of a ‘normal’ sense of self contrasted to a psychedelic or serotonin enhanced experience may seem to have little relevance to formal religion but in the USA over 50% of the population are on prescription medication, living, technically, in a altered state of reality, but as with all chemically altered states, and arguably, ‘normal’ (unchemically altered) states of mind, it is not the outside world which changes, rather the interior.

Big business has bought into public consciousness creating a paradigm which makes Karl Marx’s famous “Religion is the opiate of the masses” seem quaint. So, a paradigm of consciousness is commercially, palpably, up for grabs.

Can we collectively devise methods of working towards a base level of human rights and living standards in this fragmented world, and if so, where should we be operating? In the material, psychological, spiritual or divine worlds to affect these changes?
To document the importance of spirituality, we need quantitative evaluations of its influence on health risks and health improvement. Aaron Antonovsky’s Sense of Coherence Scale enables quantification of existential/spiritual variables like understanding and meaningfulness, without reducing them to sectarian religious variables. Our studies of more than a thousand nurses and family caregivers in Japan suggest that a low sense of coherence is the leading variable predicting professional burnout and consequent abuse or neglect of patients. This presentation shows how the Sense of Coherence Scale can quantify one subset of spirituality, and suggests its utility in health professions to predict burnout before it arises.

Narrative practices, as developed by White and Epston (1990), provide a straightforward approach to developing methods of engaging people in conversations about their meaning making and therefore about spirituality. In this presentation I will briefly describe the basic conversational maps of narrative therapy (White, 2007) as a basis for conversations with people about how their values, hopes and commitments are explicitly and implicitly connected to how they live their lives and describe their circumstances. I will also build upon White’s interest in ‘the little sacraments of daily existence’ (White, 2000, p. 145). Listening for these little everyday occurrences where the visible and invisible worlds intertwine helps us to move beyond standardized checklists and towards a genuine curiosity about how people might move into their preferred ways of thinking and being in the world.

Although my interest in narrative practices developed prior to the development of my interests in spirituality in practice, and Celtic spirituality in particular, I have been pleased to see the manner in which these areas support and enhance one another. It has also been gratifying to see the enthusiasm with which both students and clients have taken up a recognition of, and an appreciation for, the spiritual in their lives through narrative practices.

This presentation will include practice examples and snippets from this author’s research interviews which will also be included in her forthcoming book about narrative practices (Béres, forthcoming).

References

Spiritual care is now widely considered to have a place in healthcare in the United Kingdom, but there remains a wide variation in the way spiritual care has been adopted. Within primary care there is a strong case in recognising a ‘spiritual’ dimension to patients’ wellbeing: a need to love and be loved, feeling worthwhile and finding meaning and purpose.

Anecdotal evidence suggests that support from trained Primary Care Chaplains may be particularly useful for those individuals with subclinical mental health issues; it can reduce the tendency to ‘medicalise unhappiness’ and is a positive response to patients with medically unexplained symptoms. However, to date there has been no published research attempting to quantify their contribution. This study aimed to analyse quantitative changes in patient wellbeing concurrent with chaplaincy interventions in a retrospective study of Primary Care centres in Sandwell and West Birmingham. Chaplaincy interventions comprise but are not limited to: listening, facilitating the search for meaning, and connecting the patient to the wider community.

Data were gathered from a group of Primary Care Centres, which made use of a shared Chaplaincy service. Demographic data and pre-post scores on the Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS) were collected for 107 patients who had attended consultations with a Chaplain.
A substantial improvement was found in patients WEMWBS scores after receiving a chaplaincy intervention. This improvement was highest for patients with initially lower levels of wellbeing but did not appear to be influenced by other key variables. Chaplaincy interventions correlated with an improvement of holistic wellbeing as measured by a WEMWBS score.

Whilst these findings are encouraging, supporting a chaplaincy intervention improving spiritual care, conclusions can only be drawn from changes in WEMWBS scores. A qualitative study of how the service was perceived and responded to by service users is currently underway.

**BUCKLEDEE**

Jill Oxford Brookes University, UK

**Making sense of spirituality within psychodynamic counselling: counsellors’ narratives of spirituality**

Despite society as a whole being more secularised there is a continuing growth of interest in spirituality in the UK population and elsewhere including the U.S. and Australia. People also continue to look towards their spiritual belief systems in times of stress. Historically psychodynamic counselling, with its origins in psychoanalysis, has had at best been mildly accepting of spirituality and religion and at worst dismissive. Recently, there has been more interest in spirituality within psychotherapy generally and in psychodynamic counselling specifically. However it is still not included in the education, training and supervision of psychodynamic counsellors. This doctoral study seeks to determine how counsellors understand spirituality within the theoretical framework of psychodynamic counselling and how this impacts on their practice. Participants (n=11) from a range of working environments and spiritual positions were interviewed twice. They undertook a period of preparatory journaling prior to the interviews. The methodology was designed to elicit counsellors’ narratives in order to gain insight into how they understand and manage spirituality within the context of psychodynamic practice.

Analysis of the narratives revealed a variety of processes used by counsellors in making sense of spirituality within their practice. This ranged from counsellors experiencing difficulties and novelty in trying to make sense of the subject, to clarity and relative ease with this task. Individual cases will be presented to demonstrate these contrasting positions. A range of different understandings of spirituality within psychodynamic practice will also be presented, from a clear faith-based interpretation of counselling practice to a non-acceptance of the term and of its use in counselling practice.

The overall findings of the analysis will be presented and the implications and recommendations for practice discussed.

**References**


**CARLISLE**

Patricia University of Stirling, UK

**Avoiding the tricky question: Exploring the space given to spirituality and religion in social work mental health practice in ‘post troubles’ Northern Ireland**

**Background:** Research explores the contribution spirituality and religion can make to mental well-being. Spirituality and religion are tricky subjects in mental health social work in Northern Ireland (NI) due to its socio-political context where religion has shaped the boundaries of conflict.
**Research question:** What, if any, is the mental health social worker role, in exploring spirituality, religion and mental distress in NI?

**Methodology:** This qualitative interview study drew on narrative approaches to explore the views of twelve mental health service users and twelve mental health social workers. Participants were invited to bring an object signifying their spiritual and / or religious beliefs to facilitate discussion around spirituality/ religion, its role within a person’s mental health and its acknowledgment within services. Analysis of individual narratives explored the societal and structural, as well as the personal factors, that gave expression to or silenced voices.

**Results:** A significant gap was identified between how service users draw upon spiritual and / or religious beliefs within their experience of mental distress and recovery, and the space given to this by services. This gap is due to a myriad of factors ranging from individual biography to wider issues about how religion and spirituality are conceptualised in contemporary society. Whilst recognition is given to the socio-political context of NI wider influences including secularisation and managerialism are also relevant.

**Conclusion:** This study highlights the continuing impact of ‘the troubles’ on frontline social work provision. There is a need for policymaking to acknowledge the ambivalence that exists around spirituality and religion at the frontline in light of political conflict but also in relation to secularisation and managerialism. Support is needed for practitioners to acknowledge and give voice to this aspect of service users’ experience of mental well-being.

**CARRINGTON Ann**  
University, AUSTRALIA  
Student identity and Spirituality in Higher Education

The inclusion of spirituality in higher education has become an increasing focus across disciplines as many grapple with integrating spiritual theories, practices, concepts and approaches. In the debate and discussion regarding the inclusion of spirituality in higher education or discipline specific practice the concerns are often related to the ethical dilemmas and/or rights of the students not to be indoctrinated. This paper explores the inclusion of spirituality within the academy as a component of addressing student diversity and identity. With the widening participation agenda and increases in oversea or migrant and refugee students it is suggested that it may be timely for the academy to be explore more inclusive approaches to different ways of knowing, doing and perspectives of truth and knowledge creation to more accurately reflect the diverse student and faculty bodies.

In order to explore this topic this paper first looks at the importance and experience of identity in relation to spirituality and the higher education student. Integration and adaption approaches within higher education will be explored with a focus on barriers that may prevent authentic application of such approaches. Finally, the author will reflect on their experiences as a lecturer within the higher education system in relation to the integration of spirituality in their teaching practice.

**CLARKE Janice**  
University of Worcester, UK  
Every moment and every encounter: embedding spiritual care in nursing, midwifery and health

Spiritual care has been talked about, taught and researched in healthcare for the last 40 or more years. However to nurses it has come to be seen as an additional burden, a sugar coating to the essentials of care and a difficult task that only some nurses are able to do and which nobody has the time for. This paper will argue that in fact there has never been a more pressing need for spiritual care, but this spiritual care is not dependent on the ability to talk about spirituality, but rather it is embedded in every encounter and every task in every moment.

This is possible because it is based on a model of the person which sees the person as body, mind and spirit, enmeshed and interpenetrating, a construct familiar to theology, so that all care, even the most physical, can become spiritual.

At a time when nursing in particular, is being criticised for lacking compassion, this is a way of bringing the compassion back into nursing, whilst meeting the spiritual needs of every patient in a deep and profound way.

This paper will explain the need for a new way of viewing spirituality, the model and the premise of the model , then go on to explore how relationships, communication, and all the essential caring tasks of helping people to eat, bathe and move can become a part of spiritual care.

Challenges to organisational spirituality as a consequence of state funding

Faith-based organisations are major providers of welfare services in Australia. Many of these services receive much, if not all, of their funding from the state, which brings expectations that services will be provided to all members of the community irrespective of their religious beliefs, rather than just members of a particular religion. Furthermore, in order to deliver contracted services, faith-based organisations often need to employ staff who are of another or no religion. It is perhaps not surprising that the distinction between faith-based and secular organisations is sometimes questioned, and is a concern within some faith-based organisations.

Drawing on interviews with 20 Australian social workers who were or had been employed in faith-based organisations, this paper examines a range of ways in which organisational spirituality manifests itself in the workings of faith-based welfare organisations which receive state funding. Expressions of organisational spirituality reported by research participants include mission statements, processes associated with staff recruitment and induction, employment conditions, and philosophies underpinning service provision. Nevertheless, in some organisations, expression of organisational spirituality seems to occur on an ad hoc basis, such that some staff were not sure if they were working in a faith-based organisation.

As to how faith-based organisations express their spirituality when receiving state funding which requires ostensibly secular service delivery is not just an issue for welfare agencies but also for many providers of a wide range of health, social care and education services in many countries. Hence, this paper addresses challenges which go beyond the boundaries of professional disciplines or national borders.

Towards an atheist spirituality

Secular atheism challenges religion as truth claim. It thereby weakens the concept of spirituality, though not necessarily, since spirituality is not essentially a truth claim. Atheism tends towards the reductionism of physicalism. As such it lacks an account of the metaphysical. In a ‘prevenient’ philosophy, the physical hosts the metaphysical. There may be no separate soul, but there is a holistic soul. Intellectual ideas, emotional feelings, spiritual awareness, and consciousness itself, may be configurations of neurons or interactions of chemicals, but this process is not at all understood. The metaphysical dimension still exists and needs its own interpretation. The building is still more than its bricks, and the symphony more than its sound frequencies.

The physicalist interpretation of atheism, allied with the productive power of technology, yields the consumer society. By a postmodern focus on image rather than content, we have become our lifestyle. This atheist/physicalist/consumerist/postmodern synthesis implies a view of humanity. Its dominant paradigm is our ‘zeitgeist’ by which we recognise an issue of spirit in our time. The paradigm however is insufficient. Our ideas, feelings, loves, hopes, fears matter to us.

The question of the inner life, both individual and social, of what sort of people we are and wish to be, and of what kind of society we wish to develop, is the question of spirituality. Where else do we consider kindness, mercy, courage, trust, cruelty, jealousy, cynicism?

As secular atheism fails to address meaning within the metaphysical, so religion equally fails to address meaning when interpreted as truth statement, doctrine, and creed. A new synthesis between atheism and religion is proposed whereby atheism acknowledges its need to embrace the metaphysical, and religion is re-interpreted as myth. In this way, both atheism and religion adopt a shared focus on meaning which is then interpreted as virtue.

Developing your inner spiritual guide: the path to making a qualitative difference in the world

This session presents a framework for bringing spiritual consciousness into everything you do. Based on a doctoral study and applied work, a spiritual epistemology is put forth in which 4 ways of spiritual knowing provide a tangible map for enhancing spiritual experiences, and creating the conditions for a richer spiritual life. This framework offers
simple skills that can help you tap into your spiritual capacities and develop your inner spiritual guide, providing an opportunity for a spiritually guided life in collaboration with what we call Spirit, or the hidden intelligence of the universe. It has the capacity to affect the outcome of your choices, actions and relationships, transforming your personal and professional life, and providing a qualitative difference in the world. It can further provide a useful platform for developing new and sustainable ecological, economic and social structures and can be applied to both formal and non-formal educational settings.

The doctoral thesis that presents this original epistemology was submitted to the California Institute of Integral Studies (CIIS) in San Francisco, California, as part of the program in Transformative Learning, which focused primarily on adult education theory and practice. The methodological approach was a qualitative instrumental case study, situated in the Participatory Research Paradigm formulated by John Heron and Peter Reason (1997). The study documented and analyzed the experience of eight adults as they engaged in an adult education program that focused on developing and enhancing their capacity for spiritual knowing. Participants were recruited through purposeful snowball and network sampling; those who were chosen had an interest in the topic of spirituality and a desire to develop their inner spiritual life. Religious affiliation was not a factor in choosing participants as the study focused on secular spirituality.


Contemporary American culture is violent. One of the forms that this violence takes is self-hate. Pema Chödrön tells the story about an encounter between Sharon Salzberg and the Dalai Lama. Sharon was trying to explain to the Dalai Lama how most American Buddhist teachers encounter self-loathing in their meditation students.

She was explaining this and the Dalai Lama stopped her and said he didn't know what she was talking about. She tried to keep explaining that people have a low opinion of themselves. There's a lot of self-criticism, self-loathing, and things like this. And somehow, still he didn't really seem to understand.1

Wallace’s book on Tibetan Buddhism sums up the previous encounter in the following way:

It became apparent that the Dalai Lama had a hard time fathoming what we Westerners meant by ‘self-effacement, lack of self-esteem, self-hatred, self-contempt’! It seemed to take a long time for him to understand these Western afflictions.2

Self-hatred is a problem that is, if not exclusive to American culture, at least characteristic of that culture. A contemporary American Zen Buddhist, Cheri Huber, offers an intriguing version of the Buddhist response to the suffering caused by self hate. Huber believes that we can free ourselves from the suffering caused by self-hate by taking some specific practical steps. My paper will present the specific practical advice that Huber gives for freeing oneself from self-hate.

References

While increasing numbers of adults are participating in self-directed learning activities at spiritual retreat centres located in natural settings, very little overt research has been conducted that explores the connection between adult environmental education and spirituality. Indeed Walters (2009) in his survey on the philosophies of adult environmental education indicated there is a notable paucity of research within the humanistic orientation to adult environmental education. “Case studies would be very valuable ... on the learning that takes place within humanistic environmental education in deep ecology or spirituality (p. 21).
In this paper, I propose to present research that studied the potential of the spiritual retreat centre and the self-directed learning activities of its retreatants in shifting our relationship with the natural world and in turn fostering environmental awareness and action among adults. Using a combination of case study and life history methodologies at two identified spiritual retreat centres in Western Canada, the Naramata Centre in BC and Kingsfold Retreat Centre in AB, this study had three related research objectives:

1) How do spiritual retreat centres perceive their role in fostering environmental awareness and action and how this translated into practice in areas such as programming and daily operations?
2) What activities are engaged in by retreatants during a time of retreat at a spiritual retreat centre and why are those activities chosen?
3) What are the impacts of attending a spiritual retreat and the associated activities in activating environmental awareness and action of retreatants?

This presentation will focus on the findings from the first portion of the research study; the profiles the two spiritual retreat centres and how they perceive and animate their role in fostering environmental awareness and action.

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<th>HARRISON</th>
<th>Oxford Health NHS Trust, UK</th>
<th>Auto ethnographic research into the relationship between Psychotherapy and Spiritual and Pastoral Care in the practice of a Health Care Chaplain</th>
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This presentation is based on an autoethnographic study. The research was on my own practice as a chaplain and draws on reflective practice notes, critical incident forms, journal notes, supervision notes, client notes etc. The research focuses on the interactions between spiritual and pastoral care and psychotherapy in my daily practice. The South West Regional NHS Research Ethics Committee was consulted and the project was considered to be a service evaluation. Ethical approval was also obtained from the Metanoia Institute who supervise my research. The presentation argues that the issue of how chaplains integrate spiritual, pastoral and psychological insights in their practice is of vital significance if they are to retain integrity in a fractured, complex and politically fraught context.

As Head of Spiritual and Pastoral Care in a mental and community health care NHS Trust I meet a range of understandings of spiritual and pastoral care and psychotherapy. My work as chaplain and psychotherapist involves me in complex negotiations with clinicians who can be unsure of what chaplains do and patients who simply want to speak to someone who has the time and skill to offer a ‘sacred’ and therapeutic space. I also work in an institution where many professions see spiritual care and aspects of therapy as part of their role. This means that the twin roles of chaplain and therapist embody a set of complex and challenging relationships.

The presentation describes my choice of autoethnography and poetics as a research methodology. This methodology embodies my experience in order to help clarify the role of the chaplain/therapist and enable greater transparency as to what chaplains may or may not be able to offer as healthcare professionals working in partnership with other members of the therapeutic team. The aim of the research is to help support health care chaplains in understanding and developing their practice of spiritual and pastoral care and psychotherapy.

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<th>HOWARD</th>
<th>University of Winchester, UK</th>
<th>Christian spirituality and leadership in work contexts: a challenging, ongoing, lived experience of tension between ideal and reality</th>
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Contemporary understandings of spirituality capture the dynamic, transformative quality of spirituality as lived experience” (King, 2009, p.4). Our experience is a filter through which theology and philosophy combine (Tillich, 1951). The spiritual journey is an inter-play of personal faith or spiritual orientation worked out within specific contexts, cultures and times. There are also very real conflicts between different spiritual paths which are “profoundly perplexing” (Ferrer, 2005, p.107). The differences which surround an understanding of spirituality make it vital to explore the particular way in which personal interpretation of faith or the spiritual journey are worked through. For example, Christians are presented with, and tasked with presenting, a spiritual world view that constitutes a fundamentally different experience of reality, in many instances, to those around them. The Christian spiritual life leads towards more than belief, it leads towards an intimate relationship with the living triune God, a relationship which is participative and intentionally transformative.

My PhD research explores the ways in which this personal lived experience impacts leadership in work contexts. How do people, who have an explicitly Christian faith, translate their spiritual orientation into their leadership role(s)? I use Ferrer’s three interpretations of participatory spiritual knowing from a Christian perspective (shown in italicised text):
presential (knowing occurs by virtue of being; for Christians the sense of being in Christ and the sense of the Holy Spirit as an indwelling presence), enactive (bringing forth of a world; for Christians the sense of being part of the emerging Kingdom of God, where actions give a witness) and transformational (of self and world; for Christians the sense of ongoing discipleship and deepening spiritual maturity, the journey of ongoing sanctification). I explore the tensions, which self-confessing Christians have, between spiritual ideals and everyday realities. I develop an approach which supports leadership formation (Western, 2008).

References

HUMPHREY
Caroline
University of Hull, UK
A Walk on the Dark Side

This paper will challenge spirituality scholars and spiritual practitioners to reconceptualise spirituality in ways which take into account what has been dubbed its ‘dark side’ (Holloway and Moss, 2010:36). The overall aim is to align our conception of spirituality more closely to the complexity of human, historical and cosmic realities.

Three aspects of this neglected side of spirituality will be explored:

1) Spiritual distress : the dysphoria which can accompany spiritual development, including but not limited to ‘dark nights of the soul’ (Moore, 2004)
2) Spiritual abuse: the misuse of power within spiritual relationships and communities, which may increase as spiritual teachers and therapists proliferate (Wehr, 2000)
3) Destructive spiritualities : Satanism and National Socialism represent the most extreme forms of destructive spirituality at the level of a collectivity

The proposal is for a dipolar map of spirituality which acknowledges its light and dark sides (and shades of grey in-between). The concepts of ‘the shadow’ in transpersonal psychology (Daniels, 2005) and ‘the demonic’ in religious cosmologies will be mobilised to illuminate and transfigure the darkness of the human spirit and Cosmic Spirit respectively.

References

KEVERN
Peter
Staffordshire University, UK
When churches talk about death: findings from a pilot project

GraveTalk, a café space to talk about death, dying and funerals was a pilot project run in 20 parishes of the Church of England in 2013-14. In each case, local volunteers organised and facilitated an ‘event’, open to all, designed to stimulate conversations about death. The purpose of the pilot was to assess whether such an initiative could contribute to the creation of ‘death-confident’ congregations, able to address the general avoidance of talk about death in contemporary culture.

In order to evaluate the project, data were gathered from participants in three forms: as written reports, interviews and through focus groups. These were analysed thematically in order to extract information about the way in which the practicalities and potential of this sort of initiative, with view to developing a revised version for national use. But in addition to these limited practical aims, the data give valuable insights into the relationships between institutional religion, contemporary culture and personal spirituality as they are expressed through conversations about death.

The purpose of this presentation is to summarise the approach, methods and key results of the GraveTalk initiative; and to explore the implications of its findings for our understanding of the role of religious institutions in supporting and moulding contemporary spirituality around death and mortality.
LEES  
Helen  
York St John  
University, UK  
Mitigating the challenges of the school: does a choice for silence create spiritual strength?

This oral presentation relates to education. Within the context of modern, mainstream schooling a number of challenges circulate. Perhaps chief among these now is an astonishing pattern and pressure to assess children with written and spoken data on a perpetual and oft basis. No piece of data escapes if a school is doing its modern job (in England) correctly. Situationist ethics of love and faith are not relevant as a more legalist approach is increasingly applied to what this data means for children, schools and even now regions, competitively understood. In the context of children’s well-being various commentators suggest this is wrongheaded, harmful and ’uneducational’. Data from children means much in the (adult) world, but may in fact have no meaning according to love for children. What gets lost is a focus on the human behind the data; the child’s spiritual face. By this I mean what it is about a child that they have, can access, can show or demonstrate which cannot be put into the words of a data-set; close to what Otto means in the The Idea of the Holy (1959) as numinous: ‘non-rational, non-sensory experience or feeling whose primary and immediate object is outside the self’. What children can be, or be in touch with, that could be seen as educationally valuable either by virtue of its contribution to education or its educative qualities; its communal, social, loving properties that include, consider, care for and develop the Other, rather than the ’selfish unit’ of data. I will talk about how a choice for students and staff in schools to dwell somehow in silence affects these issues and tends towards the flourishing of the kind of spirituality I hint at above.

LEWINSON  
Lesline  
Staffordshire  
University, UK  
Student nurses respond to spiritual care in practice. A modified grounded theory study

Aim: To capture the experience of Adult branch student nurses as they attempt to engage in spiritual care.

Background: Historically spirituality has been a part of nursing practice, but nurses often find it difficult and sometimes uncomfortable to engage in meeting patients’ spiritual needs (Ross, 2006), even though they acknowledge this as a part of their role within holistic care (McSherry and Jamieson, 2011). This is a challenging dilemma within the multi-cultural/multi-faith British society. Nevertheless, international, governmental and professional bodies continue to promote spirituality in health care e.g. (ICN, 2006, DH, 2009, NMC, 2010). Consequently, pre-registration education has a legitimate part to play in equipping nurses to fulfill the spiritual dimension of their role.

Method: A pilot study involving 9 final year adult branch nursing students was undertaken as part of a qualitative longitudinal study, adopting a modified grounded theory approach (Corbin and Strauss, 2008); which engages in comparative analysis to generate theory. Individual interviews were conducted to collect data over a four month period between March and July 2012. The interviews were recorded, transcribed and analysed using the principles of grounded theory.

Results: The preliminary findings emerging from this pilot revealed that participants showed a desire, willingness and actual engagement in meeting patients’ spiritual needs when the opportunity arises. This occurred despite uncertainties and mixed opinions about their spirituality education. More recognition and affirmation from colleagues relating to the true value of spiritual care perhaps would enable them to be more confident.

This pilot study is part of a PhD investigation, and makes a contribution in support of the inclusion of spirituality within nursing curricula, also efforts to integrate theory and practice.

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One of the challenges facing much of the Western world is a crisis of confidence about the direction in which healthcare is heading. Over-diagnosis and over-treatment, the medicalisation of normality (especially in psychiatry), suspicions of Big Pharma’s marketing ethics, and the future of nursing, are increasingly under scrutiny. However, interwoven into this tapestry of concerns are many promising threads of spiritual care, some backed by research and some anecdotal - both from within and without the NHS context.

A recent survey of Britain’s spiritual life asked ‘Are humans ‘purely material beings’? Just 13% of adults said ‘yes’. Additionally, two fifths of interviewees felt prayer could heal, including some describing themselves as ‘non-religious’. This suggests a hunger for greater access to spiritual resources that might lead to more permanent relief from both physical and mental illness. Researchers, too, have been studying the power of prayer, albeit with differing results that have both encouraged and dashed people’s hopes of finding a less material approach to good health.

In a seminal publication on spiritual mind-body medicine, Christian Science founder Mary Baker Eddy wrote: ‘Health is not a condition of matter, but of Mind’ (Science and Health with Key to the Scriptures). On the surface this might not seem particularly revolutionary. The mind’s impact on health has been backed up by studies probing the relationship between expectations and outcomes, the placebo effect and the positive impact of qualities like forgiveness, altruism, gratitude, etc.

However, in the terminology of Christian Science, the capital ‘M’ signifies the divine Mind, giving a more spiritual meaning to the phrase ‘Mind over matter’. What extra hope might a more spiritual mind-body medicine offer those in need? A Christian Science practitioner will share case studies which include initial medical diagnosis as well as verification of the health outcome. The people involved in the case studies have approved use of their stories for this purpose.

Dementia presents as one of the most significant challenges to modern-day healthcare, especially given a rapidly expanding and ageing population. However, provision of not only effective, but also quality care, for people with dementia and their families is challenging in a healthcare system, which is financially challenged and faces shortages of professionals.

Quality, however, is vital to good dementia care but requires good leadership to implement. In this study, a group of 17 healthcare professionals underwent a semi-structured interview for approximately one hour, following attendance on a Dementia Leadership Programme (DLP). Interviewees were presented with a dementia-based scenario detailing a hypothetical patient with dementia, with their family in crisis. Interviewees also provided feedback pertaining to leadership development from the DLP.

Interpretative phenomenological analysis (IPA) was utilised to ascertain idiographic, phenomenological insights into each healthcare professional’s notion of quality care and addressing higher-level goals for the hypothetical patient with dementia. Although spirituality was not always referred to explicitly, it presented as a major theme in the way healthcare professionals would strive to provide quality care. Spirituality was expressed through ensuring the patient remained central to all care provision and care management, and providing holistic care and support for their family. Person-centred care was considered to operationalise priorities of maintaining care at home through innovative and adaptive care, thus promoting patient happiness and quality of life. This normalisation related to allowing the patient to discover their own ‘inner peace’, partly through familiarisation, honouring past life experience, and a feeling they were being ‘listened to’. Some healthcare professionals alluded to the complexity of addressing ‘woolly’ concepts such as spirituality in a system, which is objectively orientated to complex needs. However, healthcare professionals acknowledged that this challenge must be overcome through good leadership; the concept of which was as challenging to define as spirituality.
This presentation is based on my understanding and personal experience of living the Ageless Wisdom/Esoteric philosophy teachings and is part of my ‘lived spirituality’. Part of my purpose is to broaden discussion about what can be considered as ‘valid’ for presentation at an academic conference on spirituality.

Current models of holistic health usually demonstrate some form of interconnectedness between the mind, body and spirit or soul with no precedence being given to any one aspect. The use of ‘spirit’ and ‘soul’ are arbitrary and often deemed to be interchangeable. What if this model is flawed and does not actually represent how the different dimensions of the human being are and how they interact?

I will present a different model to understand holistic health. It is based on the esoteric and energetic understanding of the spirit and soul which, when applied, can lead to true changes in health and wellbeing. This model clearly delineates the differences between the spirit and the soul and how they affect our daily choices and the consequences of these choices.

Background: Spiritual care is essential in health service. However, the concept of spirituality is overlooked by health care professionals in China for a few decades.

Objective: The aim of this review is to present the best available evidence in relation to patients’ perceptions and experiences of spirituality in China, Hong Kong, and Taiwan. The evidence derived from this review will enhance understanding of the phenomenon of spiritual care in the Chinese context. The findings may be used to inform practice or policy in order to improve the quality of holistic care in China, Taiwan, or Hong Kong, with a focus on Chinese nursing practice.

Method: The Joanna Briggs Institute aggregation approach was used in this study. Six major databases were searched, including CINAHL, Medline, PsychINFO, EMBASE, ASSIA, and Web of Science. JBI QARI forms for evaluation and extraction were utilized to aggregate and synthesise the findings.

Results: 612 studies were obtained but only eight studies met the inclusion criteria. Two syntheses emerged from nine categories, which were derived from 64 findings. The syntheses were: (1) harmony with self, others, environment, and nature, (2) sense of spiritual struggle.

Conclusions: These two synthesised findings suggest that harmony is the core of the spiritual perception for Chinese people. If patients experience spiritual struggle, then they can acquire support through the harmonious relationship with self, others, and nature. The study also indicates that Chinese people are highly spiritual due to the influence of Confucianism, Daoism, and Buddhism. Therefore, implementation of spiritual care in the health service should be considered at governmental or institutional level. Overall this study contributes to transcultural spirituality about the importance of spiritual care for Chinese patients.

Reflective practice within nursing practice and as part of clinical supervision is a familiar process (Johns 2005). Watson (2005) describes a deeper and more personal reflection that helps us move from reflection on practice to reflection in practice.

Wright (2008), and Draper and McSherry (in press) highlight the importance of maturity and gentleness when being with people who need what might be described as spiritual care. Such qualities require a degree of self-knowledge that
is built up over time. Creative practices that complement intellectual activity can assist in this transformation; experiencing such practices could equips people for life.

This paper presents a nurse’s experience of a two year part time experiential course in personal and spiritual development that used a variety of tools to help each person’s story unfold and be re-integrated for the future.

Elements of the course will be described for discussion about if, and how, anything new might be incorporated into courses and clinical supervision.

Examples of important components of the experience include; learning how to slow down and be still, experiencing and exploring creativity to understand self, extended periods of time for experiencing and recording internal processes, trusting personal images and symbols, bearing with the transformational processes, wise listening and support from within and outside the course.

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<tr>
<th>PFEIFFER / DOVER</th>
<th>Azusa Pacific University, USA</th>
<th>Ancient Roots, Fresh Blossoms: Integration of Healing and Environment from USA Christian Nurses’ Perspective (DIALOGUE PAIR)</th>
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**Background and Significance:** As a concept central to care-giving professions, healing is worthy of exploration from its Biblical roots forward through historical periods of the church to the present time. The biblical definition of healing, demonstrated in Old and New Testament as applied to nursing’s meta-paradigm concept of environment has informed the current dissertation study of Strategies Nurses Use to Create a Healing Environment.

**Purpose and Aims:** This presentation will report on strategies nurses working in hospitalized units identified as central to creating a healing environment. The interface of these strategies with a historical synthesis word study will be discussed from a spiritual care perspective by two nurse researchers.

**Method:** The descriptive level findings of a Glaserian, grounded theory, criterion based study of experienced RN’s and their views of healing will be shared. Semi-Structured interviews were conducted in two southern California, USA, faith-based hospitals in 2013 among nurses who met the inclusion criteria (n=12). Constant comparative analysis and memo writing were used from the first interview to identify open codes and select categories of the emerging process these nurses employ. Data collection and analysis continued until data saturation occurred.

**Analysis and Findings:** Currently in progress. Early findings include enhancing well-being of their patients, care from the patients point of view, upholding the “best potential” possible for the particular patient, getting to know the patient’s immediate concerns, clustering care to maximize the patient’s ability to rest and recover, and employing organization or unit wide strategies to promote patient healing and recovery.

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<th>PIMOR</th>
<th>Liverpool John Moores University, UK</th>
<th>The Union’s Spiritual Heritage</th>
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The ultimate goal of the European project to create a political, cultural and spiritual entity was lost as economic integration became the status quo. However, the prophecy that the EU would not survive on economic know-how without its soul and spirituality is today vindicated. The EU’s inability to effectively tackle the political and financial crises (rise in nationalist sentiments; talks of secession) graphically exposes the fragility of a polity primarily based on economic dynamics and lacking an inner spiritual unifying core. Although the EU should be weathering the storm and leading with conviction, faith and confidence it reacts with knee jerk strategies. With its survival called into doubt, Europe must redefine itself as more than a regeneration project or mere economic fixer.

The assertion in the Charter of Fundamental Rights that the Union is ‘conscious of its spiritual heritage’ could promote the meaningful visualisation of a unity of substance. Yet the notion of ‘spiritual heritage’, unquestionably assumed as synonymous to religion, remains unexplored. However, spirituality is a multi-contextual dynamic process which has evolved to include both religious and secular dimensions.

The paper posits that, more than a politically correct term fitting a pluralist Europe, the notion of ‘spiritual heritage’ may have practical ramifications in the European integration process and must be clearly conceptualised. The paper relies on Helminiak’s proposal for a non-theological psychology of spirituality based on Bernard Lonergan’s methodology. Helminiak’s model is for both an explanatory and prescriptive psychology of spirituality. If successfully applied to the European context, this may enable an otherwise abstract conceptualisation of spiritual heritage to be
used by the Court of Justice in interpreting and formulating principles of EU law. In other words, the juridification of ‘spiritual heritage’ could spell a new theory of spiritual integration.

| PSAILA Claudia | University of Malta, MALTA | Spirituality-integrated psychotherapy or psychotherapy that is imbued with spirituality? |

Up to a few years ago, many were resistant to the idea of linking spirituality and religion to psychotherapy for a number of reasons including the historical tension between psychology, psychotherapy and spirituality/religion. However, with time, this reluctance seems to have shifted such that for some, dealing with spiritual and/or religious issues has become not only inevitable but an ethical obligation particularly within a multicultural context (Hathaway and Ripley 2009; Miller 2003; Richards and Bergin 2005; West 2004). Zinnbauer and Barrett (2009: 145) describe this change as a ‘welcome sign of progress’, particularly within the context of past tensions. Therefore, in recent years, the relationship between spirituality and psychotherapy has received scholarly attention. In this paper, I present the findings of a recent qualitative study that focused on understanding the perception and experience of Maltese psychologists and psychotherapists of the spiritual dimension of psychotherapy. The study used a focus group approach and the respondents were selected using purposive sampling. The participants seemed to imply that spirituality was considered to be part and parcel of psychotherapy since both spirituality and psychotherapy shared similar dimensions. This seemed to be based on their understanding of both spirituality and religion and the relationship between these and psychotherapy. Psychotherapy was therefore understood to be imbued with spirituality. However, the participants also seemed to imply that spiritual and/or religious issues needed to be integrated, assessed and dealt with, in the therapeutic endeavour.

| RALSTON Helen | Personnel Dynamics Ltd., UK | Listening as a route to spiritual awareness |

We listen before we are born - so we may think of listening a natural process and that we are doing it well. We often assume that the meaning we receive is the message that the speaker intends to convey. This approach views successful listening as the exchange of information from speaker to listener. However, when we transcend the confines of everyday listening, we may come closer to Buber’s I-Thou relationship where there is a sense of connection, insight, and discovery. Hermeneutics has been described as ‘the rediscovery of the ‘I’ in the Thou’ and Buber believed that “every particular Thou is a glimpse through to the eternal Thou.”

Just as a hermeneutic approach can be applied to literature, yielding multiple layers of meaning at every reading, so a hermeneutic approach, when applied to listening, can deepen relationship and lead to a connection of souls. Such a hermeneutic approach to listening can enable us to listen at many levels. Reference will be made to the practise of listening to ourselves, and to others; and to the experience of being listened to. We will draw on Milne’s view that “The most gifted listeners hear with their whole being” - they “perceive with the inner eye, listen with the inner ear and feel with the spiritual heart.” We will discuss the view that a hermeneutic approach to listening can benefit us in our personal, spiritual and working lives.

| ROGERS Melanie | University of Huddersfield, UK | ‘Availability and Vulnerability’ in Advanced Nursing Practitioner consultations: key components for integration of spirituality into clinical practice? |

The concepts of ‘Availability and Vulnerability ’ come from part of the ‘Rule of Life ‘ expressed and followed by members and companions of a Christian community (The Northumbria Community). The presenter has adapted these concepts through her doctoral research to suggest the possible integration of Availability and Vulnerability as key components of spirituality in clinical practice.

‘Availability and Vulnerability’ is the lens through which I have conducted my doctoral research. This study is nearing completion and addressed the ‘Spiritual Dimensions of Primary Care Consultations by Advanced Nurse Practitioners ’. A hermeneutic phenomenological approach was taken throughout the study using semi-structured interviews with 8 experienced Advanced Nurse Practitioners (ANP) working in Primary Care. The ANPs were interviewed twice over a period of 2 years and were asked to discuss various themes including ‘what spirituality meant to them ’, ‘how spirituality fits into clinical practice ’, ‘where are the boundaries in practice ’, ‘how availability and vulnerability translate
for them in practice', 'what are their values in practice' and a number of other issues. These questions were revisited in the second interviews after the practitioners had read and considered the 'Rule of Life'. Hermeneutic phenomenology was utilised to provide a thoughtful, reflective and attentive approach to the rich data which was gained from the 16 in depth interviews. The interviews enabled extended interactions with participants over 2 years in order to refine and clarify meaning of the data. The interviews were transcribed, analysed and coded utilising the 'hermeneutic circle' where participants were fully involved in the analysis offering feedback on my interpretation of the data.

This presentation will explore the key findings of this research with a focus on how 'Availability and Vulnerability' relates to the consultation and spirituality. Time will be given to explore the boundaries and ethical issues associated with 'Availability and Vulnerability'. Consideration will be given to help clarify how 'Spirituality' and 'Availability and Vulnerability' are interwoven.

Finally a conceptual model of Spirituality for Advanced Nurse Practitioner consultations will be presented to assist putting the concept of 'Availability and Vulnerability' into practice.

| ROUSSEAU David | Centre for Systems Philosophy, UK | Reconciling spirituality with the concrete sciences: a systems-philosophical perspective |

In today’s world, it seems harder than ever to decide how we should live, and what we could do to promote personal, social and environmental welfare fairly and sustainably.

In contemporary Western-type academies disciplinary worldviews have become radically fragmented, presently ranging across a spectrum including Quantum Idealism, Reductive Physicalism, Emergentism, Social Constructivism, Intuitionism, Theism, Critical Realism, Postmodernism and others.

These dissonances create significant confusion and tensions, and seriously impede the ability of academics and practitioners to provide effective multi-disciplinary responses to the complex challenges facing individuals, societies and the environment. Worryingly, there is academic disagreement over whether these dissonances can be overcome, even in principle, and whether such a 'unity of knowledge' would even be desirable.

I will present an argument, grounded in Systems Philosophy, according to which there is a scientific basis for holding that all disciplines should carry the same implications about the nature of ultimate reality, while preserving their individually unique subject matter.

This perspective accepts that different disciplines are individually irreducible to others, but indicates that they can be made consistent with each other, and hence form a coherent whole. The resulting worldview can be characterised as 'Consilient Pluralism'.

I will argue that an important feature of Consilient Pluralism is that it implies the existence of human universals reflecting the nature of the consiliently indicated ultimate reality. In this light the ubiquity of the intuitions, dispositions and experiences that underpin spirituality, such as moral percepts, compassion and awe, acquires new meaning. I will argue that evolutionary epistemology gives us scientific grounds for taking these intuitions, dispositions and experiences seriously as responses to the nature of the (consilient) reality in which we live, and hence they have enduring significance for the development of spiritual worldviews that reflective people can live by without confusion or tension.

| SHAW Keith | S.Staffs & Shropshire Healthcare NHS Foundation Trust, UK | The 'Who are we?' Group: An informal educational programme |

This presentation will provide an overview of an informal educational programme involving group work that introduced service users and staff within a Mental Health Foundation Trust to the concept of spirituality. The programme provided participants with an opportunity to discuss their spirituality, religion or common beliefs with others by providing a model for the delivery of spirituality or religious discussions without spirituality/religious labels. The programme
enabled patients and staff to take regard of and respect the views, beliefs and values of others encouraging and maintaining a sense of community-cohesion by listening and relating to others. Fundamentally, the programme enabled patients to engage more confidently in individual “spiritual assessment” conversations with staff.

The multi-disciplinary team identified service users who might be interested and who may be suitable for the group. Letters were sent to service users inviting them to attend. If they wished to attend, they were asked to complete a contract agreeing to attend for the whole 6 weeks. The group ran for six weeks. Each group session was 1 hour long. After each group there was a debriefing session for facilitators to review the group and time was allowed to write up notes and pass on relevant information to ward staff.

The programme was anonymously evaluated. Service users were asked to complete a brief questionnaire during the final session, to fill in anonymously and return in a sealed envelope. (this is to provide service-users with an opportunity to share feedback which they may not feel comfortable sharing with the group)

This programme has been delivered in Forensic units, learning disabilities and rehabilitation wards. The feedback received has been positive and the service users felt they could contribute alongside the facilitators so it felt less like a therapy group that they were used to. Staff learnt more about the service users through this informal process.

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<th>THOMAS</th>
<th>St. Mary’s University College, UK</th>
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<td>Jackie</td>
<td>Hospice chaplains: avoiding the modern day inquisition</td>
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This paper is a work in progress, an aspect of my research into how hospice chaplains in England understand spirituality and spiritual care. I have conducted twenty five interviews, and started to analyse the data. Although the term ‘hospice’ has been used since mediaeval times for a place of hospitality for travellers and pilgrims and for the sick and dying the first of the modern hospices was founded in 1967 by Cicely Saunders. When Cicely was developing her vision in the late 1950s and early 1960s outcome-oriented management and evidence-based practice were not major issues. Today, however, many hospice chaplains are having to explain, if not justify, spiritual care.

In this paper I shall consider the significance of Cicely’s spirituality for her vision of hospice and then, using material from the interviews with hospice chaplains, I will present the understanding of spirituality conveyed by hospice chaplains in the practice of spiritual care and in the chaplains’ descriptions of their own spirituality.

Cicely’s spirituality and the interview data have two things in common: the breadth of spirituality and the use of vernacular, rather than religious, language. Historically the use of vernacular language tended to attract the attention of the Inquisition - the thirteenth century Beguine Marguerite Porete was burnt at the stake. I shall briefly consider the use of vernacular language in relation to the needs of outcome-oriented management.

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<th>WATSON</th>
<th>University of East Anglia, UK</th>
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<td>Jacqueline</td>
<td>Somatic spirituality and professional practice: knowing through the body as a preparation for spiritual nurture</td>
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My research field is children and young people’s spirituality in the context of school education. The leading British educationalist, David Hay, drawing on the work of American philosopher and psychotherapist, Eugene Gendlin, identified the ‘felt-sense’ or ‘body knowing’ as a key element of spiritual sensitivity. Eastern somatic practices, such as yoga or Tai Chi, often use body knowing to develop spirituality. Although personally sceptical of the notion of ‘body knowing’, in 2011 I found myself engaged in, and reflecting on, the somatic spiritual practices of yoga, meditation, and shiatsu. As a result, in 2012 I began a small project in which I combined reflection on my ‘embodied’ enquiries with one-to-one interviews with somatic spiritual practitioners. Initially, I set out to consider whether these practices might be valuable for the spiritual development of children in schools, however my interest shifted to consider whether somatic spiritual practices might be of greater value to the teacher, and to professional practitioners more generally who are responsible for spiritual nurture.

Over the past two years, in a second project building on these initial (published) enquires, I carried out further in-depth interviews and further personal embodied practice. I spoke with a humanistic yoga specialist, a sports educator with specialism in Eastern movement practices, a counselling academic who engages in Zen Buddhist meditation, a nursing academic who engages in mindfulness and Buddhist meditation, and an occupational therapy academic who engages in transpersonal spirituality. Simultaneously, I engaged in my own embodied enquiries, including a one year foundation course in yoga for which I kept a personal reflective diary.
In this presentation I should like to explore my findings and consider the value of somatic spiritual practice as preparation for professional roles in spiritual nurture.

**WEATHERS**  
Elizabeth  
University College Cork, IRELAND  
A neo-conceptual framework of spirituality

*Background:* Spirituality is an evolving, complex concept that has generated debate within the nursing and broader literature. A number of authors have attempted to achieve conceptual clarification through performing concept analysis. However, these analyses have focused mostly on the conceptual literature with little consideration given to the empirical literature. In order to enhance our understanding of spirituality, it is necessary to review the empirical research; particularly the qualitative research exploring how spirituality is defined and experienced in real life and across different groups. Furthermore, conceptualisations of spirituality should be rooted in both theoretical and empirical literature that will guide future research and practice.

*Key Points to be discussed:* This presentation will describe the development of a research framework of spirituality which emerged from: (i) a concept analysis of spirituality; (ii) an extensive review of theoretical and empirical literature on spirituality; and (iii) a review of nursing theories and theories from other disciplines (e.g. Reed’s Theory of Self-Transcendence, Frankl’s Theory of Meaning). The framework centres on three dimensions of spirituality: connectedness, transcendence, and meaning in life. Furthermore, the framework acknowledges the difference between spirituality and religiosity while also recognising that spirituality incorporates religious beliefs for some people.

*Conclusion:* There are some common themes within the conceptual and empirical literature in relation to conceptualisations of spirituality. The framework presents an understanding of spirituality as comprising of three distinct dimensions. The framework is currently being used in research on spirituality with individuals with chronic illness. It can also be used in making the concept of spirituality “useful” from the perspective of health care professionals and others.

**WEIR**  
David  
Essex University, UK  
A Collective basis for Spirituality in John MacMurray’s philosophy

This conference asks for scholarly contributions that explore new perspectives in the study of spirituality. In addressing this issue we introduce in this presentation the philosophical approach of John MacMurray that seems to have much to offer these broad agenda but has hardly been recently cited in the Spirituality literature. But the need for such an approach has been regularly cited in the literatures that relate Spirituality and Leadership, and in for example the recent interest in Servant Leadership (Yasuno, 2008, Greenleaf,1977). Freeman (2011) offers the opportunity for an overview of the interaction of spirituality and servant leadership, but seems to identify a version of spirituality as located in certain special practices applied by the leader rather than as properties of the collectivity of leaders and followers acting in concert. In this presentation we explore the roots of MacMurray’s approach in his philosophy of personalism and his approach to sociality, interpersonal interaction and friendship as the basis for agency, thus creating a reading of spirituality that frees it from the frameworks of specific religious beliefs and ritual practices, offering the basis for understanding Satish Kumar’s dictum that ‘Spirituality is not about beliefs - it is about the way we live and conduct our day-to-day lives’ and Maya Angelou’s creed that ‘Spirit is an invisible force made visible in all life’. This approach has implications for educational practice and for organisational analysis because it is in communal relations with others, firstly as children to parents, then increasingly as equals to one another, and finally in the opportunity to share in organised social life that the essential characteristics of human-ness are located.

**WYLIE**  
Alastair et al  
Ashridge Doctorate, UK  
Global experiences of spirituality, religion and secular enthusiasm in our organisational practice – a discovery (DIALOGUE GROUP)

We are a group of Ashridge doctoral students — experienced professionals from a wide range of practical fields (education, training, healthcare, social change, and organisational development), working in different parts of the world. The overarching theme of our doctorates is organisational change. When we started working as a group, we soon found ourselves talking about the role of spirituality in the clients and institutions we work with. We talked about
how spirituality comes up in coaching conversations or in facilitating an exploration of corporate core values. One of us made the observation that organisational rituals perform a function similar to religious rituals, such as common actions to express belonging. We noted how spirituality emerges in unlikely settings, for example in consultation with medical staff outside an operating theatre. These observations also took us to explore our own religious backgrounds, how these are shaping our current beliefs, especially in the cultural and political context of where we work. As one of us, based in Sri Lanka, expressed: “I don’t see God - what I do see are inexplicable miracles in every aspect of my work as a management consultant in ultra-poor and developing countries in Asia.” And we also discuss how, in turn, the perceptions of those around us impede our freedom to work with spirituality: “I believe in Allah. In a world discernable by exponential growth of materialism I feel that contemporary society has ‘boxed’ my faith and spirituality.” We had not anticipated that these themes would become so present for us so early in our doctorates on organisational change. We would like to tell you our story as a group and as individuals, invite you to join our conversation, and welcome your questions.

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<th>YEE</th>
<th>Anglia Ruskin University, UK</th>
<th>Spirituality and workplace performance: meaning in a target driven environment</th>
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Spirituality and workplace performance represent two significant interests for business and management research and practice. On their own, each emphasises different things. Spirituality, among other notions, relates to individuals and meaning while the performance-driven workplace relates to achieving institutional targets. If we are to assume employees to be spiritual beings, then these two interests are coaxed into the same space in the workplace. The question then is what happens when meaning and work targets meet? Within the spirituality in the workplace literature, most tell a straightforward story, that higher spiritual inclinations lead to higher performance. However, these proposed plots raise further questions. For example, how does the meaning employees have for their work affect, or how is it affected by, an environment that emphasises work targets? How is meaning negotiated when work targets are not negotiable? How do employees at different hierarchical levels cope with this? And as research continues to grasp how spirituality intersects with workplace goals at the level of leaders, there is neither the depth nor the volume of studies on this matter for employees on the ground. My PhD study explores the ways in which spirituality interfaces with work expectations among ground-level employees. Specifically, my study goal is to understand the construction of meaning in an environment that emphasises the achievement of targets. The healthcare sales industry setting is conducive for my research, whereby healthcare and its associated social values would accommodate spiritual inclinations while sales exemplifies the target-driven environment. Interviews were conducted with healthcare sales representatives in Malaysia who demonstrated a strong record of sales achievements. I approach my study from a social constructionist stance and adopt the theoretical perspectives of interpretivism. My methodology and methods are informed by narrative analysis. I discuss preliminary findings at the presentation.