

THE CONTRIBUTION OF THE STUDY OF RELIGIOUS EXPERIENCE TO SPIRITUAL CARE IN THE HEALTH SERVICE

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Introduction

As is often the case, Plato expressed a modern dilemma perfectly:

This is the greatest error in the treatment of sickness, that there are physicians for the body and physicians for the soul – and yet the two are one and indivisible.¹

This paper will look at the contribution of the study of religious experience to developing spiritual care as part of the holistic care of patients. From the Alister Hardy Religious Experience Research Centre archives at the University of Wales, Lampeter, I have chosen some examples of accounts by health care professionals, which illustrate experiences related to care of the sick, and accounts by patients of experiences occurring during their illnesses.

There is a growing awareness of the importance of attending to the spiritual needs of staff and patients, and I have looked at some of the literature on this subject, and at what is being done about spiritual care in the health services.

I. ACCOUNTS OF RELIGIOUS EXPERIENCE BY HEALTH PROFESSIONALS

a) Doctors

I was myself a general practitioner for 35 years, until the year 2000, and now work in a district general hospital in the department of gynaecology, and with the hospital chaplain on the provision of spiritual care for patients and staff. My own experience has been one of an unflinching sense of guidance in my life, with specific instances of synchronicity, and times when there was a sense that an agency other than I was directing the actions. So it has been affirming to read of other practitioners whose experiences mirror my own. One such woman doctor, quoted by Alister Hardy, wrote that after having a religious experience, every person she met,

however unimportant or dull or poor or boring or disagreeable, had a divine spark within and [was] capable of becoming something worthwhile to God.

Her love of people remained as fresh as ever, and was of inestimable value in medical work.²

I have welcomed the opportunity to study the archives of other health professionals' religious experiences, collected at the RERC. I have selected some which refer to their work in healthcare.

Some doctors described instances of being led by a greater power to take the right action. One doctor expressed this as being led by intuition to remove a diphtheritic membrane from a child's throat, and at another time being influenced by the figure of the Virgin Mary to operate on a 'hopeless' obstetric case, with successful results.³ A rural Welsh GP described his experiences of synchronicity. On one occasion he had twice been delayed in visiting a patient, and arrived at the house just as the patient died; he was therefore able to revive the patient by external cardiac massage. The patient had previously been in good health and tests proved that he had suffered a heart attack. His resuscitation meant that he and his relatives were able to come to terms with his illness before he finally died a few days later. On another occasion, after an unsatisfactory meeting with other doctors in a hospital, this GP prayed for direction as to what to do next and he was led to visit an old lady who, as far as he knew, was quite well. However, when he arrived he found she was dying, and was able to be with her in her last moments.⁴

A doctor who described himself as non-religious, was tempted to give up his exacting job in his first senior post in charge of an accident unit. Suddenly, an inner voice said, 'This is the work you have always wanted to do. You wished to help others and now is your chance to fulfill your destiny that you wanted.' This had the effect of encouraging him to continue, and he could remember the exact spot where it happened, but he never again had a similar experience.⁵

There follows the account given by a female British doctor in her mid-forties, working in West Africa. The experience was noetic and transient; there is no indication that the ability to diagnose simply by touch continued after this episode:⁶

It is very personal and I have kept it to myself, knowing it could so easily be accounted for in many a way. I was working as a woman doctor in a remote mission hospital in West Africa at the time. For a variety of reasons, one other MO and I were temporarily the only doctors in a 160 bed hospital with a large outpatient department.

The other doctor suddenly became acutely ill and had to be off duty for 10 days.

It looked an impossible situation but had to be faced. I prayed that I might somehow be made adequate. The thought came at once that, as it was manifestly impossible to examine the patients in the wards as one would normally do, at least I could touch each one with an unspoken prayer for healing. This I did, unobtrusively, in the guise of feeling the pulse, made a snap diagnosis of the new patients and ordered treatments.

In the Outpatients department one of the sisters saw the old patients; I saw the numerous new cases and dealt with emergency surgery. In this way we got through those 10 days without, as far as I was concerned, undue fatigue but with a real sense of peace.

That alone was remarkable, but what impressed me most was the extraordinary number of rapid and rather inexplicable recoveries that took place during those 10 days. It was so noticeable that the staff remarked upon it though no-one knew what was in my mind at the time. I had not myself expected it, rather the reverse, in view of the lack of normal medical procedures.

The experience was pin-pointed months after when one of the African nurses at the end of the morning round, asked me to go back and see one of my patients who was crying. When we asked her what was the matter, she said that she knew she would not get better because I had not 'touched' her. She said that people in her town who had recently been in the hospital had returned home 'cured' saying that it was because I had 'touched' them.

This I know can be explained away easily, but there remains the fact that in normal examinations, such as I had already performed on the patient in question, I had certainly touched a good deal. I think I always had a basic prayerful longing for each patient's recovery, but in the crisis described above there was obviously something else at work.

b) Nurses

Several nurses have given accounts of religious experiences, and they often describe what effects the experiences had on later life and practice, the fruits of the experiences. A nurse aged 23 was assisting at a heart operation on a baby four weeks old, but the baby died. The surgeon then demonstrated the abnormality of the heart to her and two other nurses. In her own words:

Suddenly the room and theatre were permeated with the scent of violets and the almost tangible sense of peace. The surgeon, a hard-bitten Australian, comments on the scent. No source could be found.

Since this time I have felt no pain at any death. I am sure of the presence of – who knows? Love, peace, God?

I have no personal fear of death despite threats of hell and purgatory in my life prior to this event. No longer do I fear, or feel angry with God because of a child's death ... The peace is still with me. I have never discussed this experience with anyone other than the staff present at the time. All had smelled the perfume. This has always puzzled, not obsessed me, but has upheld faith in love.⁷

A probationer nurse was working in an X-ray department when the sister was taken ill. This meant that the young nurse had to take the X-rays herself, and she felt very frightened on one occasion when she was presented with a complicated investigation. She prayed to God for help, and suddenly felt calm and free from fear; she was filled with a wonderful peace. The X-rays which she took were the best the surgeon had ever seen.⁸

Two nurses reacted strongly to nursing experiences, which both triggered religious experiences. One was deeply shocked by the suffering she saw; this caused her to reject her Catholic faith, but religious questions persisted. One day, when walking alone on the cliffs at Tintagel, she had a sudden experience of unity with the cliffs, sun and sea, and of the suspension of time. She felt marvellous and that

everything is alright.⁹

The other nurse was astonished by the wonder of the body's construction which she saw in the operating theatre. It came to her

with a blinding flash – almost as a revelation – this creature Man is the result of a creative Mind, inventive, precise, inspired Mind.¹⁰

The wife of a GP prayed for a patient who was dying of cancer. At 3 am she awoke 'with a wonderful feeling of being surrounded by love – I might say swamped in a sea of love.' She no longer felt any fear for the patient – everything was quite alright and there was no need to worry about anything any more. The memory continued to comfort and strengthen her.¹¹

A nurse at Westminster Hospital was caring for a patient who was dying of cancer; she looked old and pale and never smiled or spoke to anyone. She became unconscious and was given last rites. It appears from the nurse's observations that the patient had a near-death experience, as described in the following account. The daughter came to visit, and, in the nurse's own words:

We walked to [the patient's] bed. The curtains were drawn round to screen her from the other patients. We went to her bedside and looked at her for a few moments; she looked the same, lined, drawn face, eyes closed. I said to the daughter, 'Come and have a cup of tea.' ... I drew the curtains round the bed again and we walked towards the door of the ward. I stopped suddenly. Something made me stop and I said, 'No, come back quickly' – and hurried to the bedside again. When we got there [the patient's] eyes were open and she looked quite

conscious. She was smiling a wonderful smile and as I watched, her face became pink, the lines disappeared. She wriggled and stretched like a child waking up after a deep sleep, and suddenly she looked years younger and beautiful. Then staring up to a spot above the curtain rail at the end of her bed she stretched out her arms as if greeting someone she loved. She could see someone – I looked to see if I could too – I couldn't and yet I knew someone was there. I can remember feeling a marvellous warm happiness inside me and all around. Then [the patient] lay back and was dead.¹²

Discussion of Health Professionals' Experiences

To summarise the effects of these experiences of healthcare workers: they resulted in a sense of being helped and guided by a higher power, of being enabled to work more effectively without fatigue and with a sense of inner peace. In the RERC archives, I did not find any accounts of negative experiences among health care professionals.¹³ All this corresponds with my own experience.

David Lewis wrote two papers on his studies of religious experience in nurses at two hospitals in Leeds. He interviewed a random sample of 107 nurses and found that 68% had experienced something of an unnatural or supernatural nature.¹⁴ He felt this might be due to the profession attracting religiously motivated people, but perhaps more to the fact that nurses are involved in life and death crises, which might sensitise them to the spiritual aspects of their own and their patients' lives.

Burnard pointed out how important it is for staff to clarify their own spiritual beliefs by exploring their own experiences in a workshop, and that sharing the darker side of one's self with others will lead to clarity in helping patients who have lost their sense of meaning.¹⁵ Guided reflection on experiences of all types will lead to generation of knowledge, and staff find this exercise very supportive.¹⁶

The most important thing for health professionals to realize is the concept of 'using the whole of ourselves to relate to our fellow human beings who are in trouble'.¹⁷ As Dom Lawrence Freeman wrote:

The challenge is how to help without trying to take control ... if we are professionally trained ... the danger is that we become merely users of a skill rather than people who are responding from the centre of our own mystery, from our own wholeness, to the mystery of another person.¹⁸

II. ACCOUNTS OF RELIGIOUS EXPERIENCE BY PATIENTS

Linda Waugh's thesis on spiritual aspects of nursing opens with an account of her own experience with a terminally ill patient which stimulated the study:

Having been asked if she would like a passage read to her from the Bible lying on her locker, the change in this woman's expression was remarkable. Instead of lying sleeping or staring blankly into space, her eyes widened, she strained to raise her head, smiled and attempted to speak for the first time for several months. Later, just before she died, she expressed how much this, together with prayer, had meant to her. She said "I love you and thank you."¹⁹

The following accounts of patients' experiences associated with illness, are again taken from the archives at the RERC.

A feeling of the **presence** of God or Christ, or simply a benign presence, was reported by many patients during severe illness. One felt God's presence and heard his voice during an attack of colitis.²⁰ A patient who was sitting in traction for numbness of the hands had a vision of the face of Christ at 2.30 am. His face was close, then it moved so that she could see it better and it was very bright; it then disappeared and she was filled with sadness.²¹ The presence of Almighty God was felt by a patient in hospital with acute depression at Christmas. She had never experienced this before, but a warmth filled her and she was engulfed by a feeling of peace and was no longer afraid. She now feels the presence of God is always with her.²²

A female preacher wrote:

I was planning to preach in a large church one morning and I had just had 'flu, and felt so weak and my throat was not very strong; I went to my service with many prayers for help, and as I ascended the flight of steps, about 8, which led up to the pulpit, I became aware that Christ stood in the pulpit waiting for me, and He remained by my side throughout, strengthening me.²³

Similar to the accounts of a presence are those in which the subject was **given strength**. A son held his mother up as she lay exhausted in a padded cell in a mental hospital; a deep sense of compassion and protection enfolded them both.²⁴ A lady awaiting a hysterectomy herself decided to postpone her operation in order to nurse her aunt who was dying of cancer; she prayed: 'O God, you will just have to help me with this; I can't do it on my own.' She was given strength to cope for the three months that was necessary.²⁵

Another lady wrote:

I had what I can only describe as an experience of utter and complete happiness as a small child of about 7 or 8 years old. I was away from school having had one of the usual child hood illnesses, but being well enough to go out was sat on the doorstep of our cottage situated part way up Greenhow Hill in Nidderdale, Yorkshire. The local farmer had left me a little bottle of school milk before taking the rest down to the school. It was a dull day but warmish; as I drank the milk I looked up in the direction of a farm on the top of the next hill and a feeling of complete peace descended upon me – I felt it was from God. ... If I am ever troubled by anything I can cast my mind back to this experience to feel spiritually refreshed.²⁶

There are many accounts of **healing**, some after prayer but some occurring quite unexpectedly. A Methodist minister felt unable to cope with his work after a major operation and was thinking of resigning. Then he heard a voice saying, 'What a fool you are; you seem to be leaving God out of everything.' He prayed for three hours and then found he was completely recovered and could rely on God to deal with his problems.²⁷

A lady always felt ill when in her forties and was told it was just the menopause. She awoke one night hearing a voice telling her to visit a certain doctor the next day; he diagnosed TB. Professionals at the chest clinic told her she was extremely ill, and they were surprised how quickly she recovered.²⁸

After a minor operation, a patient was in great pain and low spirits and rather sorry for himself. He continues:

Fairly early in the morning about 2 or 3 days after the operation I was lying in bed, alone in the room, looking out of the window which was to the right of my bed. As my room was on the first floor my view was restricted to the sky and the tops of some trees; it was a sunny morning.

'After a little while I got the impression that the light towards the left hand side of the window was unnaturally bright as if there was some powerful source of light nearby but out of my field of vision.

'As I looked I began to realize that what I was seeing was something beyond any experience I had ever had and while I lay there I felt I was shedding all pain and worries and I was overcome by a sense of profound peace and happiness; nothing seemed to matter any more.'²⁹

It is well known that religious experiences are frequent in **psychiatric** patients, and indeed they often appear to have insights denied to us 'sane' people. For the purpose of this paper I have chosen some patients whose cognitive function was not impaired.

During a bad bout of depression and insomnia, a patient saw a blue light accompanied by an indescribable sense of peace and wholeness which, if she lives to be 100, she will never forget; she knew she would never be alone again.³⁰ A teenager suffering from a depressive psychosis felt she had come to the end of her strength; she had prayed for help before, but at the climax of her illness, feeling desperate, she prayed for God's strength. She felt, almost physically, strength flowing into her from outside and she *knew* it was not simply more of her own strength. When she was 33, being in despair about a problem, she half-formulated a request for help; comfort came immediately. She felt bands of warmth across her back as though being held by giant hands.³¹

An experience which gave **comfort to relatives** is described by the mother:

Suddenly my 17 year old daughter took ill and after 6 agonising months of ups and downs, died. ... My husband and I had been at the gates of hell these months, how could one describe it – yet strangely in the hospital cubicle in the minutes following her death, though she lay there a lovely 17 year old cold and still, I felt a warmth. Just a warmth. It surprised me. I remember though I said nothing to anyone at the time.

'I couldn't get away from the feeling that somewhere in all our grief was this feeling of warmth, even happiness. I mentioned the feeling of "warmth" in the hospital when she died to my husband. "That's odd," he said, "I felt a warmth too." That was it. My husband wasn't religious either but he too had sensed something other than cold death.'³²

I found one account of **presence of the dead**: a woman looking after her dying mother was visited several times by her father who had died many years before. After her mother died, the woman was in a very poor state of health, but was comforted by feeling the presence of her mother for 5 months.³³ One **negative experience** occurred, surprisingly after an experience of a state of bliss: the patient was in a convalescent home with a chronic illness and on praying to see the truth, she was immediately transported into a most glorious and indescribable light and was told that one day she would be in a state of utterly selfless bliss. Then she was suddenly flung into blackness and depression.³⁴

Finally, there are some **out of body** and **near-death experiences**. A young man suffering from concussion after a road accident entered an entirely new dimension in which time and space were insignificant and there was a sense of unity with some transcendent force.³⁵ A man who was clinically dead for five minutes following a heart attack, had the experience of seeing a bright light, warmth and benevolence, shaped like a crucifix. He had no fear, only tranquillity, and did not think of his relatives; he relaxed into ecstasy and hearing footsteps, thought he was about to meet God, who would judge him correctly. He awoke to find his wife and a nurse beside him.³⁶

Another account of a lady's childhood says:

When 10 years old and recovering from mumps, I floated to the ceiling and then part way round the room, when realizing what had happened I decided that I had got very near the gas light, which was lit, and that it was dangerous, so I floated back to the bed, looked down and found myself back in bed.³⁷

Discussion of Patients' Experiences

To summarise the experiences of patients: the great variety found mirrors the differing types of experience found in general studies, such as those given by Alister Hardy in *The Spiritual Nature of Man*.³⁸ They were by no means confined to people belonging to religious institutions. On the whole the experiences were positive, generating a feeling of well-being and in some cases associated with healing. From these observations, the importance of health professionals being able to recognise and, as far as possible, understand such experiences can be seen. The patient may need reassurance that such feelings can and do happen and are valid; the person to whom he or she may turn is more likely to be the person who is there – nurse, doctor, or health care assistant – rather than a minister of religion, especially with patients who are agnostic.

I have not been able to find a study of patients' reactions to their religious experiences, such as those done by Lewis, and by Waugh on nurses, although Bowman carried out a study which found that while professional staff thought patients' religious needs were being met, patients themselves found this area to be one of the most neglected elements in their care.³⁹ Hay pointed out the lack of systematic research on the nature or function of spiritual experience of patients.⁴⁰ Such a study would be valuable to raise professionals' awareness and to demonstrate effective ways of helping patients. In their study of near-death experiences, the Fenwicks stated that professionals who have an awareness of what NDE involves should be sensitive to the needs of patients who perhaps want to talk about what has happened to them, but are unsure of how their disclosures might be received.⁴¹ The same could be said of all religious experiences.

SPIRITUAL CARE IN THE HEALTH SERVICE

In this study of the experiences of health professionals and patients, no attempt has been made to analyze the causes of the experiences, whether they be physiological, psychological or indeed a sign of the existence of a higher power or a universal consciousness. All the experiences illustrate characteristics of religious experience described by William James and other authors.⁴² It is sometimes questioned why some experiences should be called "religious", for example out of body experiences or experiences of synchronicity; one reason given for this is that they are "religious" because the people who have the experiences think they are!

Other points of discussion are whether the experiences would better be called "spiritual" and what is meant by "spirituality". It will be noted that the word "spiritual" occurs in the heading of this section, and that is because it is the term which has come to be used in the Health Service to denote care given not only to the religious needs of staff and patients but also to holistic care aimed at their emotional and psychological needs. In fact, the distinction between spiritual care and counselling is very blurred. A Humanist described the following as a "spiritual" need: she had longed for someone who would just listen to her as she was

about to undergo a serious operation; she had felt panic rising as she faced the fact that she might be separated for ever from her children, and talking it over would have been of enormous help to her. Spirituality is more than religion; it includes the human dimensions of personal morals, values and beliefs, and a relationship with the transcendent.⁴³ Everyone has spiritual needs, whether they follow a religion or not.

The care of the sick was traditionally a function of religious foundations. It became secularised at the time of Florence Nightingale, although her purpose remained the fulfillment of the spiritual values embodied in a tradition.⁴⁴ Medical philosophy tended to separate the bodily illness from the needs of the soul from the nineteenth century onwards, due to advances in medical research and treatment, followed by "medicalisation" of society in which the medical model looked at the process of diseases rather than at the underlying causes. A more holistic approach recently has meant that there has been an attempt in the last fifteen years to introduce spiritual care into the National Health Service. This is based on a concept of spirituality as a personal and psychological search for meaning.⁴⁵

The standard was set in the *Patient's Charter* of 1991, stating "The Charter Standard is that all health services should make provision so that proper personal consideration is shown to you, for example by ensuring that your privacy, dignity and religious and cultural beliefs are respected." Spiritual care is now part of nurses' and health care assistants' training. The importance of making time to ask about the patients' feelings, fears and needs is emphasized, as well as guidance on the needs of the different faiths.

CONCLUSION

Alister Hardy included in his definition of religious experience a continuing sense of spiritual awareness, which many people feel makes a difference to their lives.⁴⁶ Harold Koenig of the Duke University Medical Center has written prolifically on the benefits to health of being affiliated to a religious tradition and attending acts of worship regularly.⁴⁷ Many patients find that spiritual or religious meaning, is the key to accepting and coping with the situation in times of sickness. It has been shown that loss of hope leads to impaired recovery from illness or even to premature death. Hay found a link between reports of religious experience and personal wholeness.⁴⁸ Lewis also reported that a high frequency of religious experience is associated with higher than average levels of psychological wellbeing.⁴⁹

In the book of Proverbs we read,

A man's spirit may sustain him in sickness, but if the spirit is wounded, who can mend it?⁵⁰

The crisis of illness often stimulates a search for spiritual meaning and it is important that health workers are aware of this and equipped to help patients who are facing the need to make sense of their lives and to find meaning in their suffering. Members of the medical professions may feel they do not know anything about spirituality and so are not comfortable discussing spiritual needs with the patients, but professionals would be more effective if they understood the spiritual aspect of humankind. Such an understanding also benefits the professionals themselves as they deal with demanding situations.

I hope I have shown that the study of religious experience in the context of health care helps us to recognise the spiritual needs of patients and staff, and enables a full response to the whole person.

I would like to thank Peggy Morgan, who encouraged and inspired me to write this paper. The study has enabled me to work with the local hospital chaplaincy team in producing a directory of spiritual care in the Health Services.

NOTES

1. G. Grubb, 'The Pastor's Role in Visiting the Sick', in *Nursing Mirror*, vol 144, 33.
2. A. Hardy, *The Spiritual Nature of Man*, (Oxford University Press, 1979) 87, 88. Quoting Archive number 628.
3. RERC archive 9. Male doctor, at age of 27.
4. RERC archive 1891. Male doctor aged 42.
5. RERC archive 1448. Date of experience 1947.
6. RERC archive 24.
7. RERC archive 196. Female SRN aged 23 at time of experience. The baby was suffering from Fallot's tetralogy.
8. RERC archive 1651. Female, in ?late teens. The investigation was a pyelogram. The surgeon inserted dye in theatre, and she had to take a series of Xrays of the kidneys.
9. RERC archive 687. Female aged 28 at time of experience, during second World War. Jewish, later becoming High Anglican.
10. RERC archive 1441. Female aged 28 at time of experience. Following it she stopped worrying about religion, and appreciates the oneness which all religions have in common.
11. RERC archive 917. Female aged 29.
12. RERC archive 1679. Female, no indication of age.
13. This contrasts with the findings of David Lewis who found that out of 107 nurses studied, 87 had had religious experiences of which at least 4 were unpleasant or frightening. (Lewis, *The Spiritual Side of Nursing*, 1987. unpublished, held at RERC) 8, 9. M Jakobsen's study, *Negative Spiritual Experiences* (RERC Occasional Paper, 1999), 33-35, describes some experiences associated with depression, and one during an asthma attack. A study of religious experience in London also found that some of the experiences had negative effects. (O. Pupyin and S. Brodbeck, *Religious Experience in London*, Presentation to AHS, 1999. Occasional Paper 27, 2000 RERC, Lampeter) However, negative characteristics do not appear in Michael Argyle's table of eight features of religious experience, based on W. T. Stace. M. Argyle, *The Psychological Perspective On Religious Experience*, (RERC Occasional Paper, 1997) table 2, p 3. 5% of the accounts in the archives of RERC are of negative experiences. (Oliver Knowles, personal communication).
14. D. Lewis, *The Spiritual Side of Nursing*, 6 (op cit).
15. P. Burnard, 'Searching for Meaning' in *Nursing Times*, 1988, vol 84, no 37, 34-36.
16. T. Durgahee, 'Facilitating Reflection' in *Nurse Education Today*, 1998, vol 18, 158-164.
17. Pauline Turner, 'Caring More, Doing Less', in *Nursing Times*, 1996, vol 92, no 34, 59-61.

18. L. Freeman, *A Short Span of Days: meditation and care for the dying patient, family and care giver*, 46. (London, Novalis and Medio Media, 1996).
19. L. Waugh, *Spiritual Aspects of Nursing: A Descriptive Study of Nurses' Perception*, PhD thesis, Queen Margaret College, Edinburgh, 1992, vi.
20. RERC archive 88. Female, age not given.
21. RERC archive 370. Female aged 60. She also describes how she felt her heart move as though someone took it away and replaced it.
22. RERC archive 389. Female aged 30.
23. RERC archive 69. Female, age not given.
24. RERC archive 536. He was 33 at the time of the experience. Unfortunately, soon after sending in his account, he was himself admitted to a psycho-geriatric unit.
25. RERC archive 333. Female aged 43. She was relieved from caring for her aunt by a cousin arriving from abroad, by which time her own operation was urgent, but the outcome was successful.
26. RERC archive 725.
27. RERC archive 231. Male aged 33.
28. RERC archive 1736. She was 64 when she gave this account, and stated she was a Christian, but not very religious.
29. RERC archive 1406. Male, had the experience in 1940. It fortified his belief in God; it was a vivid impression, never repeated.
30. RERC archive 228. Female aged 63.
31. RERC archive 648. She has a BSc in psychology. Brought up as a Welsh Methodist, now a contemplative.
32. RERC archive 1688. The mother was later inspired to become a nurse.
33. RERC archive 475. Female aged 58.
34. RERC archive 683. Female, aged 49 at time of experience. In her experience, "my clothes fell off me on the right side and on the left, leaving me naked, utterly selfless and in a state of bliss. I was conscious of a very tall figure standing above me to my right. I did not see Him. I was told, without any words being spoken, that I would never be well in this life, but one day it would be like this, ie: I should be in a state of utterly selfless bliss."
35. RERC archive 266. Male aged 21.
36. RERC archive 427. Male aged 48 at time of experience.
37. RERC archive 725.
38. Hardy, *The Spiritual Nature of Man*, 25 ff. His provisional classification of experiences in the RERC archives shows the great variety of types of experience, and the variety of their effects and their triggers.
39. M. Bowman, *The Professional Nurse*, Chapman and Hill, London, 1995, 364. The needs of religions and other faith groups in the context of health care have been documented in *To Comfort Always*, a directory of inter-cultural spiritual care in the health services, obtainable from me on hilaryhones@hotmail.com
40. D. Hay, *Religious Experience Today: studying the facts*, Mowbray, London, 1990, 106.

41. P. Fenwick and E. Fenwick, *The Truth in the Light: An Investigation of Over 300 Near- Death Experiences*, 241.
42. William James, *The Varieties of Religious Experience*, 380-382. Features of religious experience are discussed by Michael Argyle in *The Psychological Perspective of Religious Experience*.
43. Anna Menon, lecturer/practitioner at the Nightingale Institute of Nursing and Midwifery, Kings College, London, speaking at a seminar in November 2002.
44. Ann Bradshaw, "The Spiritual Dimension of Hospice: the secularization of an ideal," 413.
45. Ibid, 415.
46. A. Hardy, *The Spiritual Nature of Man*, OUP, New York, 1979, 18.
47. McCullough, Koenig et al, 'Religious Involvement and Mortality: a meta-analytic review' in *Health Psychology* 2000, vol 19, no 3, 211-222. H G Koenig has also written, for lay readers: *The Healing Power of Faith: Science Explores Medicine's Last Frontier* Simon and Schuster 2000, and *Is Religion Good for your Health?* Haworth Press 1997.
48. David Hay, *Religious Experience Today: Studying the Facts*, 90.
49. D. Lewis, *The Religious Experience of Nurses*, 7.
50. Proverbs 18 v 14. New English Bible.

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