

Spirituality and Well-being: Discussion Paper

Spirituality and Well-being Strategy Group ¹

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1. Executive Summary

This paper aims to generate discussion about how we understand and respond to the spirit / spirituality / wairua as an experiential aspect of being human. Discussion on the well-being of individuals, families, communities and environments often omits the dimension of spirituality, despite the evidence from people who claim to experience and value it.

The terms 'spirituality', 'spirit' or 'spirited' are used widely within New Zealand society, for example, the 'spirited' performance of teams, the 'human spirit', and 'spiritual experiences'. But what these terms actually mean and why they are important is not well understood or widely discussed. There is considerable research showing the attending to the spirit enhances quality of life when people are sick or recovering from an illness or disability (C. M. Puchalski, 2012).

Recent national and international disasters have challenged life's meaning for many: the Pike River Coal Mine disaster and the series of destructive earthquakes in Christchurch and recent tsunamis in Samoa and Japan. These events have led many people to seek spiritual comfort and to respond to the crises through spiritual activities and actions. Spirituality is considered a protective factor in these situations (Mcintosh, Poulin, Silver, & Holman, 2011).

There is no universal definition of spirituality for each of us understand, experience and express it differently. One common misunderstanding is to presume that a discussion about spirituality is a discussion about religion. Part of the reason for this is that much of the language of spirituality developed in religions. Religion may be defined as "an expression of spiritual belief through a framework of rituals, codes, and practices; the sense of otherness or

¹ The Spirituality and Well-being Strategy Group are interested in exploring the concept of spirituality and its link to well-being. Members include Dr Richard Egan, Lecturer, University of Otago; Dr Chris Perkins, Director Selwyn Centre for Ageing and Spirituality; Simon Cayley, CEO Bishop's Action Foundation; Charles Waldegrave, Family Centre Social Policy Research Unit, Dr Tess Moeke-Maxwell, and Dr Anna Holmes, Clinical Senior Lecturer, Department of General Practice, University of Otago.

a power being a deity or supreme being" (Speck, Higginson, & Addington-Hall, 2004). Many Māori observe strong traditional spiritual beliefs and practices ('wairuatanga') but may simultaneously identify with strong religious beliefs or hold eclectic spiritual beliefs. Religion is clearly spiritual in nature, but spirituality does not need to be religious. There are however some common elements that most people can probably agree on.

Four provisional definitions are offered below to help frame a national discussion about spirituality:

- Spirituality means different things to different people. It may include (a search for) one's ultimate beliefs and values; a sense of meaning and a purpose in life; a sense of connectedness; identity and awareness; and for some people, religion. It may be understood at an individual or population level. (Egan, et al., 2011)
- For Māori, the terms 'wairuatanga' or 'wairua' are used to speak of the spiritual dimension and things pertaining to the spirit of an individual or living being (as in the 'wairua' or spiritual essence of each living thing). However, whilst these terms are used by many Māori they are often not well understood by much of New Zealand society. Wairuatanga can be viewed as being interrelated to everything and as a fundamental aspect of health and wellbeing. Values, beliefs and practices related to wairua are considered an essential cornerstone of Māori health and well-being (Moeke-Maxwell, 2012).²
- Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred (Puchalski, et al., 2009).
- Spirituality can be considered as being essentially about primary relationships. In this regard there are at least four qualitative relationships that express spirituality, and these are the relationships between: people and their environment (land, mountains, sea, sky, etc); people and other people in terms of justice and love (families, communities, nations, etc); people and their and other persons' heritage (ancestry, culture, history, etc); and people and the numinous (that which is other, beyond the physical, transcendent, what some people refer to

² Traditional values, beliefs and practices (customs and rituals) associated with wairuatanga stem from te ao Maori (the Maori world) and related worldviews. Everything is viewed as interconnected. Everything has a whakapapa (origin or genealogy) which links the spiritual domain to the material world; the environment (land, seas, rivers, mountains and sky); people and every living and non-living thing in the world."

as God (Waldegrave, 2003).

Some people reject the term 'spirituality' or suggest that these broad definitions make it meaningless. However, we propose that the breadth of these definitions is relevant to our current society. It is helpful as a starting point from which to develop a conversation about what is often a 'forgotten factor'.

New Zealand seems to present a paradoxical stance. On the one hand it appears to see itself as largely secular, but on the other surveys show many people practice some form of spirituality. Spiritual responses are widely used quite publicly when crises occur (e.g. the Pike River Coal Mine disaster and the destructive earthquakes in Christchurch) and are usual in indigenous customary rituals of Māori (tangihanga for example). The 'human spirit' is referred to in many areas of human endeavour including sport, health, education and the arts.

Evidence suggests spiritual well-being is a dimension of overall well-being for many people (WHOQOL-SRPB Group, 2006). We believe it is valuable to encourage open exploration and debate on the role and significance of spirituality; without the discussion being limited to a focus on religion, or reserved solely to the realm of publically sanctioned indigenous customary rituals. More research is needed to understand how our society deals with that aspect of people which is referred to as 'spiritual'. The challenge is to set up an exploratory dialogue about spiritual well-being that accepts a diversity of understandings of the meaning of spirituality including secular spirituality and indigenous spirituality. Secular here means not religious. Dialogue on Māori spirituality will necessitate being inclusive of diversity among Māori and therefore may include, but will not be limited to, wairuatanga.

This paper looks at contemporary New Zealand spirituality, and considers some of the research. It suggests spirituality has a positive impact on other aspects of health and well-being, and goes on to ask what the practical implications of this might be for government, agencies, communities, families and society as a whole. It is important to see this process as a dialogue, which presumes equality of status for all viewpoints, not a debate in which there are always winners and losers.

2. Spirituality in New Zealand

Dr Andrew Hornblow, then the Dean of the Christchurch medical school, suggested "The most

basic and urgent challenges facing New Zealand society are not economic. They are to do with our values - those activities which give meaning and purpose in our society, our social ecology, spirituality in the broadest sense". (Hornblow, 1999). While over ten years old, Hornblow's comments are still relevant and challenging today New Zealand has many expressions of spirituality - from the natural wonder and awe of our environment, the 'religion' that for some is our national game, rugby, and the Churches that are crucial in providing an ethic of compassion to social services.

New Zealand is said to be a secular country, with only about 8-12 % of us going to church, synagogue or temple regularly (Ward, 2001), yet 55.6% still claim to be Christian (Statistics New Zealand Tatauranga Aotearoa, 2006). There has also been a rise in the number of people who claim 'no-religion', for example in New Zealand this, the fastest growing group, has grown to 32.2% or 1.3 million people (Statistics New Zealand Tatauranga Aotearoa, 2006). Census statistics do not tell the whole story, as many New Zealanders still claim to believe in some form of God (up to 50% (Vaccarino, Kavan, & Gendall, 2011)) and "30.5% agreed with the statement, "I don't follow a religion, but am a spiritual person interested in the sacred/supernatural." (Vaccarino et al., 2011). In 2006 Matheson wrote that it is a myth that New Zealand is a secular society: "Parallel with the collapse of Christendom, after all, there is a new quest for 'spirituality', and a stubborn refusal of religion to die out." (Matheson, 2006, p. 177).

Central to New Zealand understanding of spirituality is the Māori perspective. While acknowledging heterogeneity, the New Zealand indigenous voice adds something unique that affects all New Zealanders and is in part responsible for the inclusion of spirituality in current government policy. Successive governments have accepted Māori models of health and well-being: hauora (Ministry of Education., 1999), Te Whare Tapa Wha (Minister of Health., 2000), Te Wheke (pere, 1997), and Te Pae Mahu Tonga (Durie, 2004). Māori or tangata whenua have contributed to the spiritual discourse and significantly contributed to its renaissance.

Many prominent New Zealanders have commented on spirituality. Scholars such as Lineham and Geering have noted the demise of religion, and its replacement by spirituality (Geering, 1999; Harvey, 2005). Principal Youth Court Judge, Andrew Becroft, has noted the "spiritual vacuum" present in many of our most dysfunctional young men (Becroft, 2007). A former Mental Health Commissioner, Julia Leibrich, has argued that there is an "agonizing emptiness within our society that ... reflects a desperate need for meaning, relevance, something deeper

in life" (Leibrich, 2002).

Spirituality, despite this apparent vacuum or malaise, is named, explored and nurtured in range of New Zealand contexts, particularly in education and health. State schools have been mandated to teach about spirituality since the 1999 *Health and Physical Education Curriculum*. In this curriculum, the underlying concept of well-being/hauora is defined using Durie's Te Whare Tapa Wha model of health (Durie, 1998b), which includes: physical (te taha tinana), mental and emotional (te taha hinengaro), social (te taha whanau) and spiritual (te taha wairua) dimensions. Spirituality is defined in the curriculum broadly. In health, New Zealand has acknowledged spirituality when considering Māori issue (Minister of Health., 2000). NZ palliative care picked up both the international model of total care and Te Whare Tapa Wha when they included the previously named four dimensions (Ministry of Health, 2001). Further the Ministry of Health produced a cancer document with three pages on spirituality (Ministry of Health, 2010).

A New Zealand qualitative study, funded by the Presbyterian Church, interviewed 40 non-Church attendees, including parents and children. While this was solely Auckland based, the key themes may be relevant for all of New Zealand, particularly the finding that "People still believe that spirituality is important: there is something more to life than just existing" and "Church attendance is not necessary to express your spirituality: spirituality is personal and inward. (AC Nielsen, 2003). Further, a recent study of GPs in New Zealand found that the majority accepted spirituality as central to healing and hope. (Holmes, 2011).

New Zealand is a multi-cultural, multi-faith and broadly secular country in which spirituality has a place even though it is widely ignored or misunderstood. There may be ways of exploring it that could have a positive impact on well-being. Sir Mason Durie suggests, spirituality or wairua is central for Māori well-being (Durie, 1998), so failing to consider it could be a breach of the Treaty of Waitangi.³

3. What does the international research suggest?

³ Under the Treaty of Waitangi (1840), Article the Second guaranteed "te tino rangatiratanga" the unqualified exercise of their (tangata whenua) chieftainship over their lands "wenua", villages, "kainga", and all their property/treasures "taonga katoa" of which wairuatanga is fundamental across all areas.

In the last 20 years there has been a steady growth of cross-disciplinary peer reviewed publications showing the value, importance and contribution of spirituality in health (Whitford & Olver, 2012; Williams, 2006), education (Fraser, 2004), business (Lips-Wiersma & Mills, 2002) and social work (Sullivan, 2009).

Spirituality is increasingly understood as having an important impact on our health and well-being (Puchalski, 2012). This evidence has informed policy, such as the Scottish National Health Service, who note "spiritual care in the NHS must be both inclusive and accepting of human difference" (NHS Education Scotland, 2009). The NHS suggest four reasons that spirituality needs to be considered: it is ethical, it is mandated as part of their regulatory framework, it is financially sensible as there will be better outcomes for patients and happier staff, and clinically it improves outcomes (NHS Education Scotland, 2009)

The evidence, while not without problems (Sloan et al., 2000), is such that 75 % US medical schools now teach compulsory courses on spiritual care (Puchalski, 2006) and in education spirituality is part of the compulsory State school curricula in New Zealand (Ministry of Education., 1999). A senior Māori academic suggests "Taha wairua is generally felt by Māori to be the most essential requirement for health" (Durie, 1998, p. 72). Valentine's (2009) research endorses this: "Through wairua Māori identity is expressed, relationships are forged, balance is maintained, restrictions and safety are adhered to, healing is transmitted, and the connection between te ao wairua and te ao Māori are maintained. These aspects of Māori reality are inclusive and interconnected (p.iii)."

There is also some evidence that suggests people want their spiritual needs met by healthcare providers. In a Scottish qualitative study, Murray et al. (2004) interviewed 40 patients with terminal illness and their carers every three months over a year, resulting in 149 interviews. They concluded that "Spiritual concerns were important for many patients ... both early and later in the illness progression." (Murray, Kendall, Boyd, Worth, & Benton, 2004). In a US quantitative study, 921 participants were asked when it was appropriate for doctors to ask about spirituality, found 83% wanted "physicians to ask about beliefs in at least some circumstances." (McCord et al., 2004). A recent mixed methods New Zealand study of those affected by terminal illness showed 69% of participants wanted spiritual care (Egan et al., 2010). Tacey calls this a "client led recovery of spirituality" (Tacey, 2003).

From the 1990s forward a growing body of research began to suggest a positive relationships between religiosity/spirituality and various health outcomes (Berry, 2005; Sinclair, Pereira, & Raffin, 2006). Some of the most convincing studies have come out of those focus on quality of life (QOL). A large Australian quantitative study (n=999) showed the importance of spiritual well-being to overall quality of life among cancer patients, suggesting spirituality was "a significant, unique contributor to QOL beyond the core domains of physical, social/family, and emotional wellbeing" (Whitford & Olver, 2012).

Qualitative studies, some argue the best method to examine spirituality, are almost unanimous confirming the "fundamental importance of spirituality at the end of life" (Williams, 2006). There are some negative aspects related to spirituality and health however, these are mostly related to negative religious coping styles, for instance feeling guilt and subsequent punishment from God in the form of ill-health (Hills, Paice, Cameron, & Shott, 2005; Holmes 2011).

In 2010 Perkins identified a total of 239 published papers, books, chapters, theses and conference presentations on spirituality authored by New Zealanders. The themes were: education / youth (27 papers), gender/ sexuality (8), Māori / other cultures (54), disability / ageing (21), religion in New Zealand (21), nature/ *art!* alternative spirituality (16), health, particularly palliative care and mental health (46), business/law/government, including policy documents (46). Although this is unlikely to be a complete list it shows the breadth of interest in spirituality. Further, the Health Research Council has funded 5 projects incorporating spirituality (mainly related to Māori and Pacific issues) since the year 2000. (Personal Communication, Dr. Katie Evans 25.7.2011).

The weight of evidence is growing to show the importance of spirituality in society. This include healthcare, the community, the workplace and as a protective factor against a range of life challenges. It is also a central component of quality of life and resilience. Despite these development, spirituality is still the 'forgotten factor' in most of New Zealand contexts, with some exceptions such as hospice care (Egan, et al. 2011) and some Māori and Pacifica approaches (Durie 1998; Capstick, Norris et al. 2009).

4. What are the implications?

This paper proposes there is a need to consider the positive effects of an open discussion in New Zealand about spirituality. Such a discussion requires respect for all viewpoints. Only then can the benefits of an understanding of the relationship between spirituality and wellbeing and its implications for public policy and place in society be explored.

As well-being and quality of life are the primary goals of social policy and significant goals in economic policy, it is important they can be explored in all their dimensions. For a considerable number of New Zealanders spirituality is an important dimension of their individual and community well-being. This being so, consideration of spirituality could offer an important contribution to research projects, needs analyses, policy development and various aspects of healthcare, education and social service provision.

Spirituality has a further advantage in that it can raise serious questions about what we value, like the environment, and who and how we care for people in need. It could help temper the fiscal and physical functional approach so common and ineffective in many of our organisations and institutions. The spiritual impulse can challenge and question how human, effective and fair organisations and policies really are.

This paper looks at the importance and place of spirituality and its implications for wellbeing in the lives of New Zealanders. It offers evidence of the value of the spiritual in many spheres of life. It seeks to encourage further discussion on the place and understanding of spirituality at all levels in New Zealand. In the interests of national well-being a respectful conversation is needed between those who understand spirituality in many different ways.

Acknowledgements

Who we are

The Spirituality and Well-being Strategy Group are interested in exploring the concept of spirituality and its link to well-being. Members are:

Simon Cayley, CEO Bishop's Action Foundation

Simon is currently Chief Executive Officer of the Bishop's Acton Foundation which works as a catalyst for change supporting communities and organisations to address as yet unmet needs. He has extensive experience in community development, capacity building, social research, governance and management. Simon has an MPhil with a research thesis that examined governance in community sector organisations and has completed Post-Graduate

Diplomas in Development Studies and Public Health. He is President of Social Development Partners, one of the community sector's umbrella organisations, is an accredited business mentor with Business Mentors New Zealand and a coach of junior level cricket.

Dr Richard Egan, Lecturer, Department of Preventive & Social Medicine, University of Otago

Richard work has focused on researching 'spirituality' on and off for 30 years. In 2010 he finished a PhD looking at spirituality in end-of-life care in New Zealand hospices. His Master's thesis examined spirituality in New Zealand State schools, and he has academic qualifications in theology, english literature, religious studies, and public health. Richard has worked as a secondary school teacher, a health promoter and is currently a lecturer in health promotion in the Department of Preventive & Social Medicine at the Dunedin School of Medicine, University of Otago, with research interests in spirituality in healthcare, psycho-social-spiritual supportive care in cancer, and health promotion.

Dr Anna Holmes, Clinical Senior Lecturer, Department of General Practice, University of Otago.

Anna been a General Practitioner in Africa, the Chatham Islands, Kaitaia, Lincoln, Diamond Harbour and Mosgiel. She worked as Assistant Medical Superintendent in Chief for the Canterbury Hospital and Area Health Boards. She spent ten years working as a medical officer in the Otago Community Hospice. A lifelong interest in spirituality in human development, health and healing led to a PhD in Spirituality in General Practice in completed at Otago in 2012. She is currently pursuing an interest in spirituality and ageing and the place of spirituality in community.

Dr Tess Moeke-Maxwell (PhD), Research Fellow, School of Nursing, Faculty of Medical and Health Science, Auckland University.

Tess (Ngai Tai ki Tamaki and Ngati Pukeko) is a qualitative researcher who specialises in Māori palliative care, death, dying and bereavement. She has previously worked as an ACC registered sexual abuse therapist and Problem Gambling counsellor in the Bay of Plenty region. Tess has contributed to two Hospice NZ Governance Boards and she sits on the ACC Sensitive Claims Advisory Board and the Māori Working Group. Tess is currently a co-applicant and lead researcher on the Te Pākeketanga Study (a sub-study of LiLACS NZ; a longitudinal study on successful ageing for people of advanced age). Te Pākeketanga investigates the end of life preferences and experiences of older people and their whānau and families at the end of life within 5 geographical areas. Previous to this, Tess won an HRC post-doctoral grant to lead the Kia Ngawari study (2010-2012). Kia Ngawari investigated the end of life experiences and cultural needs of adult Maori who had a life limiting illness, and their whānau (family).

Dr Chris Perkins, Director Selwyn Centre for Ageing and Spirituality

Chris Perkins is an old-age psychiatrist. Since 2008 she has been director of the Selwyn Centre for Ageing and Spirituality (The Selwyn Foundation). The Centre promotes spirituality as part of holistic care for older people through research, education and advocacy. She is also the chair of the steering group of the National Dementia Cooperative and a member of the Board of Alzheimer's NZ. She has a special interest in spirituality in dementia.

Charles Waldegrave, Family Centre Social Policy Research Unit

Charles Waldegrave, Coordinator Family Centre, Anglican Social Services, Hutt Valley.

Charles Waldegrave is a psychologist, a family therapist, an Anglican priest, a social policy analyst and researcher. He is a Coordinator of the Family Centre in Lower Hutt, Wellington and he leads the Social Policy Research Unit there. He is a joint leader of two large research programmes: the New Zealand Poverty Measurement Project (NZPMP) and the New Zealand Longitudinal Study on Ageing (NZLSA). With his colleagues, he has also helped develop an internationally recognised approach to contextualizing therapeutic work around cultural, gender and socio-economic equity, known as 'Just therapy'. He has published extensively in social policy and therapeutic journals in New Zealand and internationally.

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