

Different Dimensions of Spirituality in European Health Care Chaplaincy

“Entreat God to give you to feel spiritual aspiration and yearning. For whenever this yearning of spirit comes upon you, you will stand aloof from the world and the world will stand aloof from you. It is, however, impossible to experience this without stillness, ascetic endeavor, and the converse of reading devoted to the same. Without the latter, do not seek the former (i.e. the yearning of the spirit); for if you seek after it, it will gradually be altered and become corporeal. Let him who has understanding understand.

For every virtue is the mother of a second. If, then, you abandon the mother which gives birth to the virtues and go out to seek the daughters before you have acquired their mother, those virtues will be vipers to your soul, and if you do not hurl them away from you, speedily you will die.”

St. Isaac the Syrian¹

It is not at all coincidental that in an era in which the free expression of spiritual and religious life is being put into public restraints that the yearning for spirituality has increased. One cannot put limits on the search for meaning and values that are associated with immortality and eternity, whether it is in the name of atheism, secular religious equality, or absolutism. In each case, the yearning for spirituality will try to be satisfied. If each of these cases persists in combating the expression of this yearning, they will inevitably breed a dangerous fundamentalism that will, in turn, stifle any sense of spiritual growth. Instead of cultivating a way of life that faces the realities of life and death in a positive way, a corporeal spirituality will develop which will cause much anguish, without providing essentially any means of salvation and any hope for our immortality.

Those of us who are caregivers know that when one comes face to face with the reality of death, one is faced with the reality of the “Other”. The meetings of these two realities form the foundations of spirituality. Both of these realities bring us in touch with our finiteness and with our weaknesses. At the same time, both of these realities bring us before the possibilities of life and eternity. Therefore, the yearning for spirituality is both a source of joy and a source of pain.²

¹ St. Isaac the Syrian, “On Guarding the heart and on Subtler Divine Vision (Homily 34)”, *The Ascetical Homilies of Saint Isaac the Syrian*, Translated by the Holy Transfiguration Monastery, Boston, Massachusetts, 1984, p. 156.

² “Very truly, I tell you, you will weep and mourn, but the world will rejoice; you will have pain, but your pain will turn into joy” (John 17:20).

In the area of health care, the person that personifies the impact of this meeting is the chaplain³. Amidst the white gowns of doctors, nurses, social workers and lab technicians, which represent a totally rational scientific and technological approach to health care, the chaplain's presence is a quiet reminder that there is something beyond the medical world, that there is a world beyond the world of the hospital, a cosmic reality which is beyond the world in which we live. If chaplains totally associate themselves with the medical-scientific world, their identity will be so altered, and they will no longer be a lighthouse for spiritual growth. If they decide to remain in a totally impermeable type of religiosity, choosing not to associate themselves with this world at all, they will live in total isolation, unable to provide the care which so many seek.

It is within the dichotomy of the world that we can discern the depth and width of the spirituality as expressed in the person of the chaplain. Although living and interacting with those of this world, the chaplain is a living expression of a yearning to be united with the Heavenly Father.

“But now I am coming to you, and I have given them your word, and the world has hated them because they do not belong to the world, just as I do not belong to the world. I am not asking you to take them out of the world, but I ask you to protect them from the evil one. They do not belong to the world, just as I do not belong to the world. Sanctify them in the truth; your word is truth. As you have sent me into the world, so I have sent them into the world. And for their sakes I sanctify myself, so that they also may be sanctified in truth” (John 17:13-18).

The chaplain's message is a message of joy. The presence of the chaplain is a reminder that those who live a spiritual life do not belong to the world just as the chaplain does not belong to the world. Spiritual life does not demand that that we forsake the medical world but that this world is cleansed of all evil so that it may be sanctified in His truth. Thus, the chaplain's main task is that of sanctification.

As basic as this main task may seem to be, it hides much diversity. This became apparent when representatives of European Chaplaincies gathered in Crete in the year 2000 to discuss the possibilities of forming a European Network of Health Care Chaplaincy. What seemed to be an easy formality, based on a 10-year period of five consultations and the maturation of the European Union, turned out to be a clash between the different approaches of chaplaincy and the diversity in the spiritualities which these approaches are based on. These differences and diversities exist on two levels. The first level lies in the conflict between a secular and a faith-centered

³ “Chaplain” is widely used for the religious caregiver who is present in all areas of health care setting. It is not limited to someone who is employed by a health care system, but one who has been designated by a specific religion or faith to care for and minister to the sick.

understanding of spirituality. The second level of diversity lies in the sub levels of what is understood as a “faith-centered” spirituality. In viewing and understanding these differences, we will be able to see why spirituality today is surprisingly considered a “forgotten dimension” in religious life and health care.

I

We are living at a very crucial time in history in which the cultural life of peoples and nations are struggling with their identity in direct relationship to what is termed as “religious life”. Most intellectual circles in Western Societies have come to the conclusion that Christianity no longer plays a vital role in shaping the governmental policies that designate how post-modern societies regulate our lives. Not even health care policies, which were founded on faith-centered philanthropy, have direct reference to any sense of religious orientation. This has caused a problem of “meaningfulness,⁴ even for what use to be some of the most “meaningful” ministries in life such as healthcare. To fill the gap of emptiness, we place our priorities on economic gains, but even a well-structured economy needs a sense of coherence. Coherence today is sought in achieving a sense of universality through a secular type of spirituality.

Secular spirituality though faces some major difficulties. In an effort to achieve a sense of universality in a world that is technologically coming closer and closer together, there is an effort in combating pluralism with an impersonal form of uniformity, a uniformity that is relatively superficial in overcoming the cultural differences that separate us. This faces Western Societies with a dilemma; if one tries to implement uniformity in order to attain a sense of universality despite the diversity of existing faith-centered spiritualities, one loses content of moral life as related to spiritual life. If one seeks to gain content in understanding and living the essence of spiritual life, not every one will agree. If universality is sought strictly on secular terms, grounded in a procedure for collaboration, secularism in itself does not have the content in quenching the thirst of spiritual yearning. A secular spirituality will have to depend on science and philosophy to provide for content, but science and philosophy cannot provide for transcendence and sanctification, which compose the basis of a spiritual life. The meaning of “well-being” will remain confusing and ambiguous. What is even more confusing in providing a sense of meaningfulness and continuity is the liberal cosmopolitanism that has developed. Liberal

⁴ Peter Berger, *The Social Reality of Religion* (London: Penguin, 1969), p. 130. See also: Peter Berger, “The Desecularization of the World: An Overview,” in *The Desecularization of the World* (Washington, DC: Ethics and Public Policy Center, 1999), p.6.

cosmopolitanism “involves no particular ranking of values. It does not offer a content-full vision of human flourishing or good life... (Its) ethos requires that people decide to be autonomous, self-determining individuals... The good life is not found in submitting to and being determined by the good and the true. Autonomy instead becomes integral to the good.”⁵ It seeks to liberate morality from its religious and cultural content. Instead of endorsing humility, submission, and hierarchies of authority as a way of spirituality, liberal cosmopolitanism seeks at re-education, liberalism, and the psychological restructuring of consciousness. Its ethos seeks to broaden one’s vision of the world by freeing oneself from the superstitions and illiberal attitudes of the past.⁶ Essentially, secular spirituality and its liberal cosmopolitanism break the lemma of history.

The breaking of the lemma of history constitutes the basic difference between secular spirituality and a faith-centered spirituality, and, as we will soon see, forms the wide diversity in the way chaplaincy and pastoral health care is practiced. Faith-centered spirituality is based on historical continuity. According to St. Symeon the New Theologian, faith-centered spirituality is founded on the “lemma” and the “rib” which unites every person into one link, from Adam to Christ. The history of faith, which is the lemma of the grace of the Holy Spirit, unites all who have been separated from God, uniting all in to one generation, a generation that has been born from the “rib” of Adam.⁷ For St. Symeon, faith-centered spirituality cannot be associated with decay, which is caused by sin and evil. It is uncreated, beyond human limits and understanding. Thus, spirituality is nothing less than a life in the Holy Spirit, which grants the knowledge of the True God. Spirituality is not a means in attaining this knowledge. It is a way of life imbedded in grace through ascetic life.⁸ Living in this world, you are not of this world, in that you belong in the age to come.

“Having reached this state, you will no longer be living for yourself. You will see that you have become dead to the world by the fact that the flesh you wear has become, for sin, utterly inert and dead, and that you will live for God alone because you are effectively moved by Him. Henceforth you will not distinguish between man and woman and you will have nothing to fear about the matter since you have already received that state which conforms to nature, and you will not look upon God’s creature contrary to nature. In fact, while living with men and women, talking to them and embracing and kissing them, you will not loose your steadfastness and your state of accordance with nature. You will view

⁵ H Tritram Engelhardt, Jr., *The Foundations of Christian Bioethics*, (Lisse: Swets & Zeitlinger Publishers 2000), p.43.

⁶ *Ibid.* p.44.

⁷ Σταμάτης Πορτελάνος, *Η Πνευματική Τελείωση του Ανθρώπου – Στάδια Πνευματικών Μεθελικιώσεων κατά τον Άγιο Συμεών τον Νέο Θεολόγο*, (Θεσσαλονίκη: Εκδόσεις Πουνάρα 1998) p.43-46.

⁸ For the meaning of ascetic life see, Archbishop Basil Krivocheine, *In the Light of Christ, Saint Symeon the New Theologian: Life-Spirituality-Doctrine*, Translated from the French by Anthony P. Gythiel, (Crestwood, New York: St. Vladimir’s Seminary Press 1986), p. 354.

them and care for them as you would care for the precious Body of Christ or the temples of God.”⁹

St. Symeon’s words mean that if we as health care professionals live a life in the Spirit, we are constantly aware that in our hands are entrusted the temples of the living God. If we realize this fact, then our main vocation is catharsis in the hope of holiness (2 Corinthians: 6:16-7:1).¹⁰ “Be holy because I am holy” (1 Peter 1:16).

The differences between secular and faith-centered spirituality are expressed in two different types of chaplaincy that face many of the same dilemmas that have been stated. Secular chaplaincy or post-traditional chaplaincy, is basically concerned with the patient’s psychological needs in light of the vulnerability faced in relationship to suffering and death. Suffering and death are thus seen as a natural process of life. It sets a high value on one’s ability and individual right to choose one’s care and make life decisions. It aids patients in developing “an authentic” spirituality apart from the expectations placed by a specific tradition of faith. At the same time, it tries to protect the equality of all religions by protecting the patient from exploitation, particularly in face of the vulnerability due to illness. In many instances, as in France, this measure prohibits even traditional chaplains from wearing any sort of religious dress or symbol while in the hospital. Religious worship and beliefs are seen as something positive as long as they coincide with the standards of health care, whose aim is the pursuit of good health. Therefore, spirituality is only a means in achieving this aim. Being a chaplain is only a profession. His/her professionalism is based on the fact that his or her approach to faith is based on scientific terms, and, depending on this scientific proof, he/she is considered part of the medical team. This type of spirituality fully supports a generic chaplaincy in which all religious ministers, regardless of confession of faith, are able to care for the spiritual well being of patients within the pluralistic healthcare setting of today’s society. Their charity is based on social or humanistic service rather than that of a theological framework.

Faith-centered chaplaincy cannot be placed outside of a clear theological perspective. The breath of life is life in God’s Holy Spirit, which is the basis of spiritual life. Such a spiritual life is cultivated within the prism of repentance because suffering and death is seen as a consequence of evil and sin, a result of man’s defying independence from God’s grace. Illness is seen as the opportunity to re-establish the life lost, the life within God’s community of divine grace. Therefore, the authenticity

⁹ Krivocheine, *op cite*, St. Symeon the New Theologian, *Ethica* 6: 454-469, p.356.

¹⁰ “What agreement has the temple of God with idols? For we are the temple of the living God; as God said, “I will live in them and walk among them, and I will be their God, and they shall be my people. Therefore come out from them, and be separate from them, says the Lord, and touch nothing unclean; then I will welcome you, and I will be your father, and you shall be my sons and daughters, says the Lord Almighty.” Since we have these promises, beloved, let us cleanse ourselves from every defilement of body and of spirit, making holiness perfect in the fear of God. ” 2 Corinthians: 6:16-7:1.

of chaplaincy cannot be separated from the authenticity found in the history of this community of faith and grace, as expressed throughout the ages in Holy Tradition. Participation in worship is participation in this community, which goes beyond the wards of the healthcare facility. It is within the realm of this community of faith that all in the health care setting are called together, not as co-workers but as brothers and sisters who have responded to the common calling to be united and to unite all into God's Kingdom. They share a common vocation based on their faith in God rather than their scientific proofs. Good health is not the only goal of life. *Good health (spiritual, psychological and physical health) cannot be achieved outside the perspective of eternity.*

II

As solid and coherent as this all may sound, there are distinctions in the approaches to a faith-centered chaplaincy that bring on inter-tension and conflict, particularly within the Christian Faith. These distinctions run somewhat parallel to one another. First we can note that there is a distinction between an ecclesiological approach to spirituality and pastoral care as opposed to an individual centered spirituality. The second distinction is that between spirituality lived through the life of asceticism, and that which is cultivated by way of esotericism. It is necessary for us to briefly define these conflicting tendencies because they are the basis for a contrasting image of what the Church's identity is, not only in the area of health care chaplaincy, but in its mission at large.

The fact that spirituality today is considered a "forgotten dimension", both in the many Christian faiths and in health care, is based on a misunderstanding of ecclesiology. In the New Testament there are two identities of Church life: mission and eschatology.¹¹ These two identities cannot be separated from one another because they both express life in the Holy Spirit, which is the essence of spirituality. The Church is not a people which is scattered, but a people which is gathered together and united. The Holy Spirit is not a power that helps certain individuals in certain situations (such as mission work), but is the spring of communion that composes the community of faithful in which the faithful, as one body, are sanctified. The Church is not a gathering of individuals. It is only through life in the Spirit, which is the life of the Church, that one finds personhood and personal variation. Life in the Spirit brings together the past, the present and the future within Eucharistic expression in

¹¹ See Μητροπολίτου Περγάμου Ιωάννου (Ζηζιούλα), «Πνευματολογία και Εκκλησιολογία – Εκκλησιολογικές Συνέπειες δύο τύπων Πνευματολογίας», Σύναξης Ευχαριστίας – Χαριστήρια εις τιμην του Γέροντος Αιμιλιανού, (Αθήνα: Ινδικτος 2003).

which we participate in the Kingdom that has been inaugurated, which exists and will be completed. The core of spiritual life is an expression of thanksgiving for all blessings “known and unknown, manifest and hidden, that have been bestowed upon us”¹² and the hope that we will be received in the Kingdom, making us children of light and sons and daughters of the day, that we be given God’s love and peace, who has given us everything.¹³ Therefore the “mission” of the Church is eschatological in nature because it lives, not only in the hope of Christ’s second coming, but in the hope of the Kingdom in which all will be united as one with the Only.

The fact that mission and eschatology, as expressed through Eucharist, have been disassociated from one another has caused serious problems in the way spirituality has formulated and how pastoral health care is practiced. First of all, the mission of the Church, and consequently the identity of the pastor, has been narrowed down to a functional role in helping those who are in need. Christ’s command ‘to heal the sick, raise the dead, cleanse lepers and cast out demons’ has been disconnected from its former command to “preach as you go saying “the kingdom of heaven is at hand” (Matthew 10:7). Such a functional role of ministry narrows the perspective of spirituality, making it only a means in achieving a goal far from that of its eschatological perspective. This means that one ministers to the needs of the individual without the perspective of the transcendent community that lives in holiness through sanctification. The question that arises is whether one can find his or her health on an individual basis, separating one from a personal ontological hypostasis. The danger in doing this is that we will not only lose the presence of God but that we will also lose the meaning of what constitutes well being and our ultimate humanness. The other danger that arises is if pastoral health care and chaplaincy is separated from their ecclesiological dimensions, then chaplaincy associations and organizations will essentially lose their “spiritual” content, reducing them to social organizations that provide a type of social support system that cannot easily be defined. The third danger is that pastoral health care and chaplaincy will lose its historical content, its sense of “apostolic succession”, feeding into the existing confusion of one’s spiritual identity.

The confusion of spiritual identity has to do with the distinction between spirituality lived through the life of asceticism and that which is cultivated by way of esotericism. The point of reference of Christian asceticism is God-centered. It consists of an inner struggle which St. Paul describes when saying: “ For I delight in the law of God in my inmost self, but I see in my members another law at war with the law of my mind, making me captive to the law of sin that dwells in my members”

¹² Liturgy of St. John Chrysostom

¹³ Liturgy of St. Basil the Great

(Romans 7:22-23). It does not see the body in a dualistic way, separate from the soul. The body signifies the totality of the human person which is a temple of God's Spirit and which will be transformed from a physical form into a celestial form in the resurrection (I Corinthians 15:42-49).¹⁴ In this type of spirituality, one does not develop a spiritual relationship with himself but with God, who is the Last and First Other. The objective of prayer, worship and fasting is not to provide a means of establishing a cultivation of the inner self. It is a way of life of communion and identification with the One who gives Himself for the life of the world. Through ascetic life one allows God to transform one's whole self (body and soul) into a spiritual being and to live God's sacrificial love in the light of the Resurrection.

A spirituality based on esotericism is man-centered. Through isolation of the self, it aims at cultivating the cognitive and psychological aspects of human nature so as to reach a self-fulfilled state of self-knowledge and individual autarchy. Its roots are found in Gnosticism and a Manichean – dualistic approach. Although such spirituality seeks a type of transcendence of the self, it essentially lacks theological content. It seeks to reunite the soul to the body, and in many ways makes the physical body, the mind or the psychic its source of reference. Spiritual exercises are thus means in establishing a higher level of intellectual and psychological existence. This type of “spiritual life takes place within the heart of the faithful, within the inner depth of the soul, in which all are revealed and are accompanied with psychic exaltations and ecstasies and inner uplifting which reconfirm the supernatural experience of a mystical, personal meeting with a god that remains mysterious and unknown, and who is revealed only to those who have been raised into the steps of spiritual esotericism.”¹⁵

III

Concluding, we must ask ourselves: can the differences and variations presented in this paper be overcome? The initial differences posed at the consultation of Crete in the year 2000 were overcome. The Network of European Health Care Chaplaincy was formed, consisting of representatives from Churches, Faiths and

¹⁴ “So it is with the resurrection of the dead. What is sown is perishable, what is raised is imperishable. It is sown in dishonor, it is raised in glory. It is sown in weakness, it is raised in power. It is sown a physical body, it is raised a spiritual body. If there is a physical body, there is also a spiritual body. Thus it is written, “The first man, Adam, became a living being”; the last Adam became a life-giving spirit. But it is not the spiritual that is first, but the physical, and then the spiritual. The first man was from the earth, a man of dust; the second man is from heaven. As was the man of dust, so are those who are of the dust; and as is the man of heaven, so are those who are of heaven. Just as we have borne the image of the man of dust, we will also bear the image of the man of heaven.

¹⁵ Λάμπρου Καμπερίδη, Πρωτοπρεσβυτέρου, Εσωτερισμός Μυστικής Ζωής και Πνευματικότητας, Σύναξης Ευχαριστίας – Χαριστήρια εις τιμήν του Γέροντος Αιμιλιανού (Αθήνα: Ινδικτος 2003) p.547.

National Associations, which are rooted in Christianity, as expressed in European Cultures. At the following consultation, which took place in Turku, Finland in 2002, the European Standards for Health Care Chaplaincy were adopted, providing for a language we can all begin to speak. In the upcoming consultation in Dublin Ireland this coming fall, we will discuss the tensions that we face on an ecumenical, cultural, and governmental-political level. Along the same line, conferences on spirituality in health care are becoming a new trend in the medical field. This is truly a sign of hope in forming a more rounded and wholesome approach to medical care. In these attempts, we must keep certain things in mind in defining spirituality – life in the Spirit.

The crisis that both pastoral care and healthcare face today is that it lacks clear sense of anthropology and cosmology.¹⁶ In trying to fill the gaps caused by an individual-centered religiosity and scholastic and legalistic theology, we have now turned to spirituality. Today, in an attempt to try to quench the thirst for the yearning for spiritual life, we are developing a new type of “*devotio moderna*” spirituality¹⁷ that tries to succumb a theological understanding of mankind, associating itself with a spirituality that is identified with psychological and philosophical-existential terminology and meanings. Modern psychological thought appeared in a time of history when modern society had been robbed by philosophy and ethics of a clear theological understanding of human existence. Psychological thought attempted to give meaning to the confusing perplexities of human behavior. It was in psychology that pastoral care found a resource to combat scholastic and legalistic theology. In relying on psychology, in many ways pastoral care abandoned a theological understanding of anthropology.

This new “*devotio moderna*” type of spirituality also tries to face another perplexing reality: how people of different cultural and religious backgrounds can live together in harmony and peace. It is an attempt to address the issue of cosmology and it tries to answer the problem of isolation and the conflicts of identity resulting from diversity on a personal and universal level.

If we do not address these two basic issues, that of anthropology and cosmology, we will not be able to place spirituality in its proper perspective. We,

¹⁶ In theological thought, “cosmology” means the way we see the universe.

¹⁷ “*Devotio moderna*” is a movement that started in the 13th Century in the Western Church which based itself on a mystical tradition. It essentially was a reaction to the scholastic theological climate that was shaping Western thought at the time. See: ILuigi Borriello, O.C.D., “Spirituality in Modern Times”, *Compendium of Spirituality*, Translated and adopted by Jordan Aumann, OP, (New York: Alba House 1995) p.47.

who serve the area of healthcare, are in a vital position in addressing these issues because we are constantly faced with the issues of life and death. If we try to answer these issues by way of a secular spirituality, our spirituality will remain man centered, with pure humanistic and realistic principles. This, though, will not give any a new perspective in the predicament in which the human race finds itself, and it will not offer hope and redemption in the face of death. Neither can it achieve a true sense of universality.

If we accept a healthy diversity or a union in diversity as an end, then we will lose sight of the whole and never reach a true union of faith.¹⁸ If we ignore our differences or consign to them hastily, we will ultimately discard theology (which relates the presence and vision of God) as a reality, and this will ultimately forfeit the opportunity of salvation found in transcendence and sanctification. If we view our spiritual life and our professions on a functional level, we will not experience God's catholic love and the feast of His Kingdom, where there is no loneliness, suffering sorrow, pain or grieving. If we limit ourselves to the language of psychology, we will not be able to communicate, with fiery tongues of love and peace, the Word which is granted by the Spirit. Finally, if we are to answer the issues of anthropology and cosmology as related to our life in the Spirit, we need to respect our differences and be honest about who each of us are, what we believe and what our faith is. Until we respect these differences, we will never treat them responsibly and our spirituality will remain fragile and incomplete. We must all keep in mind though that wholeness and unity, on all levels of existence and as expressed in the life of the Spirit, will ultimately take place in the *eschaton*, in "the fullness of time" (cf. Eph.1: 9-10), when He will gather up all things, things in heaven and on earth, in Him.

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¹⁸ Anna Marie Aagaard, Peter Bouteneff, *Beyond East and West Divided – The World Council of Churches and “the Orthodox Problem”*, (Geneva, Switzerland: WCC Publications 2001) p. 45-48.

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