## **Table of Contents**

## List of Tables --- IX

1	Introduction —— 1		
1.1	Link to contemporary culture —— 2		
1.2	A health-based logic —— 3		
1.3	Spirituality, public use of reason, secularization — 5		
1.4	Place in institutions —— 6		
1.5	Questions — 7		
1.6	Objectives — 7		
Part I. Order, or the sapientialization of the spiritual			
	experience		
2	About wisdom —— 11		
2.1	The hypothesis of sapientialisation —— 14		
3	A new biomedical order? —— 16		
3.1	Health 18		
3.2	Death —— 22		
3.2.1	Death: clinical aspects —— 22		
3.2.2	Death: symbolic aspects —— 23		
3.3	Intermediate conclusion —— 25		
3.4	The quest for order and harmony —— 25		
3.5	From auxiliary to auxiliatory medicine —— 28		
4	Sapientialization of the spiritual question —— 30		
4.1	Preliminary remarks —— 30		
4.1.1	Institutionalization —— 30		
4.1.2	The spiritual experience during illness —— 31		
4.2	Conditions for a possible sapientialization of spirituality —— 3!		
4.2.1	The "invention" of spiritual needs —— 35		
4.2.2	The institutionalization of palliative care —— 36		
4.2.3	A new proposal for a clinical approach to illness —— 37		
4.3	Definitions of spirituality —— 39		

Universality and naturality --- 41

A personal, dynamic and authentic quest — 42

4.3.1

4.3.2

4.3.3	Freedom —— 42
4.3.4	Relationality —— 43
4.3.5	Harmony —— 43
5	Pragmatic approaches to sapientialization —— 45
5.1	The spiritual experience as a direct focus of care — 45
5.1.1	Clinical language about patients' spiritual experience. — 46
5.1.1.1	Naming the gap —— 47
5.1.1.2	Critique of the terms of need and distress —— 51
5.1.2	Tools —— 54
5.1.2.1	Spiritual anamnesis —— 55
5.1.2.2	Spiritual evaluation —— 58
5.1.2.3	Overview of evaluation tools —— 62
5.1.2.4	Spiritual intervention —— 64
5.1.2.5	Who is responsible for spiritual intervention? — 66
5.2	The spiritual experience as a care adjuvant —— 69
5.2.1	Spirituality in the field of nephrology — 70
5.2.1.1	Perception of satisfaction with life —— 71
5.2.1.2	Spirituality and patients' satisfaction with the care received — 71
5.2.1.3	Spirituality and social support —— 71
5.2.1.4	Spirituality and psychological wellbeing — 72
5.2.1.5	Spirituality and the feeling of controlling one's life — 72
5.2.2	Spirituality and pain medicine — 72
5.3	Conclusion to chapter five —— 74
6	Challenges to sapientialization —— 77
6.1	Some questions — 77
6.2	Spirituality, wellbeing and ethics — 80
6.3	Spirituality or ethics? Spirituality or pragmatics? —— 82
6.4	Spirituality and virtue — 82
6.5	Both ethical and pragmatic —— 83
6.6	Criticism of the identification of spirituality with ethics — 84
6.7	A proposal for articulation —— 86
6.7.1	Recent history — 87
6.7.2	The articulation inherent in the nature of the care provided for the sick —— 89
6.8	Conclusion to chapter six —— 92

## Part II. The "subversive" nature of spirituality in healthcare

7	Questions relating to spiritual anthropology —— 97
7.1	Language —— 98
7.2	Tradition —— 103
7.3	The group —— 105
7.4	The "materiality" of spiritual life —— 107
7.5	Conclusion to chapter seven —— 110
8	The spiritual experience as a response to an event —— 111
8.1	Contribution of the theological discourse to present-day
	discussions of spirituality —— 111
8.2	Theology of the event —— 113
8.2.1	The event is "uncontainable" —— 115
8.2.2	The event cannot be seized by traditional metaphysical
	thought <b>—— 115</b>
8.2.3	Excess —— 116
8.2.4	The event as a promise —— 116
8.2.5	Time —— 117
8.2.6	Desire —— <b>117</b>
8.3	Methodological explanation —— 118
8.3.1	Displacement —— 119
8.3.2	Affirmation —— 121
8.4	The event and the spiritual experience —— 122
8.4.1	The axis of contextualization —— 123
8.4.2	The axis of alterity —— 125
8.5	Addressing the articulation between ethics and
	spirituality —— 127
8.6	Spirituality and the event —— 128
8.7	Conclusion to chapter eight —— 130
9	Spiritual life and traditions during illness —— 132
9.1	Illness and the event —— 132
9.1.1	Meaning —— 132
9.1.2	Time —— 133
9.1.3	The call —— <b>133</b>
9.2	The spiritual traditions and responses to the call — 134
9.3	Spiritual traditions in the healthcare world —— 136
9.3.1	Biomedical and clinical discourses —— 137
9.3.1.1	Wellbeing as a call requiring a spiritual response —— 137

## VIII — Table of Contents

9.3.1.2	Presuppositions —— 137		
9.3.2	Traditional discourses —— 139		
9.3.2.1	The call of salvation, in the form of an analogy $$ 140		
9.3.2.2	Diversity of experiences and traditions —— 140		
9.3.2.3	The diversity of institutional forms —— 141		
9.3.2.4	A question of recognition —— 141		
9.4	Consequences for clinical practice —— 142		
9.4.1	Professional caregivers —— 142		
9.4.2	Researchers —— 143		
9.4.3	Chaplains —— 144		
9.5	Conclusion to chapter nine —— 144		
10 Con	clusion —— 146		
Credits — 148			
	Acknowledgments —— 148		
Bibliography —— 149			
Index nominum —— 166			
Index rerum —— 170			