CHAPTER EIGHT

MOMENTS OF GRACE AND BLESSING:
RITES AND RITUALS IN THE PROCESS OF HEALING¹

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In his poem, *Healing* D. H. Lawrence says:

I am not a mechanism, an assembly of various sections
And it is not because the mechanism is working wrongly, that I am ill.
I am ill because of wounds to the soul, to the deep emotional self
And the wounds to the soul take a long, long time,
Only time will help.²

Lawrence recognises the significance of respecting the spiritual aspects of people in healing, and the necessity of including such needs in an integrated protocol of caring for people. Human illness and disease is not just a physiological problem that can be fixed technologically like a machine that has broken down. Nor is it just an imbalance in human chemistry that can be restored through pharmacology. Illness is ‘wounds to the soul, to the deep emotional self’. Among medical professionals there is an increasing recognition that ‘spiritual distress’ is a part of the experience of illness and is in as much need of ‘healing’ as is the physiological, the psychological, or the emotional. No amount of pharmacology can impact on unease of soul. On the other hand, research is confirming what has really been known since the foundation of medicine. Religious faith and/or the practice of a personal spirituality does impact on the emotional and physical well being of


individuals and families and, ‘during illness or other painful experiences, people do turn to their spiritual resources finding them helpful’. In different traditions, rites and rituals, or various ways of connecting to the sacred, are the expressions of these spiritual resources, demonstrating in mythic ways what is beyond the concepts of ordinary words, no matter how consoling.

Health care exits at the juncture of human suffering and spiritual searching. Harold Koenig, one of the founders of research into spirituality and health, says: ‘When physical or emotional illness strikes, spiritual issues become even more important, as issues of meaning and purpose become relevant’. Health care attends to people when they are suffering, and a time of suffering is often when people re-evaluate their lifestyle and ask significant questions about what is ultimate and how it is to be included at this moment. Thomas Moore comments that:

during illness the soul comes out of hiding, and shows itself in fresh realizations and new priorities... It is a mistake to think of illness only as an affliction of the body. Not only is the ‘whole person’ involved, but so is the family, and the sick person’s life and world. Serious illness is often a dark night of the soul. As such, it requires soul doctors as well as body experts... You deal with issues of life and death, and you discover the importance of love and caring from family and from skilled strangers.

Unfortunately, the predominant biomedical mindset within the health professionals often sees health care, with its intense emphasis on scientific diagnosis and its immense dependence on technological means, as in opposition to the spiritual dimension of humanity. Gerald May, a priest and medical practitioner, says: ‘This is the curse of a health-care

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3 Larry VandeCreek and Laurel A. Burton, ‘Professional chaplaincy: Its role and importance in healthcare’, 2001, <http://www.healthcarechaplaincy.org>. For a detailed examination of the research literature supporting these contentions, see J. Cohen, Report on Spirituality, Health and Healing in South Eastern Sydney, Sydney: South East Sydney Area Health Service, 2002. The major conclusion of this report is that there was a general consensus that spirituality, beyond religion, was an important component in health care. Those interviewed who had come through Nursing were more comfortable with 'spiritual distress' as part of the nursing taxonomy. Others recognized its importance, at least intellectually, even though they themselves may or may not be connected with an organized faith community.
