Humanities: Art, Language, and Spirituality in Health Care
Series Editors: Christina M. Puchalski, MD, MS, and Charles G. Sasser, MD

Spirituality in Aotearoa, New Zealand: Personal Reflections From a Spirituality in Health Care Researcher

Check for updates

Richard Egan, PhD
Cancer Society Social & Behavioural Research Unit, Te Hunga Rangahau Arai Mate Pukupuku, Department of Preventive & Social Medicine, University of Otago Medical School, Dunedin, New Zealand

Abstract
Spirituality is about what is of utmost value; it is a values lens that asks "what really matters most to me, my family, our community, our country, and our world." This personal reflection comes from a New Zealand academic who works in the spirituality and health care research field. Although largely biographical, this reflection offers some insight into the New Zealand context and this emergent field. J Pain Symptom Manage 2019;57:1031−1034. © *2018 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.*

Key Words
Spirituality, New Zealand, personal reflection, spirituality research

Context

Often considered a secular country, New Zealand is a unique place, intellectually, culturally, and spiritually. It is more appropriate to talk about spiritualities in New Zealand, rather than spirituality in particular, especially in light of its increasing diversity, which results in growing ethnic and religious diversity and demographic changes. Leibrich argues that, in New Zealand, "There is agonizing emptiness within our society that I think reflects a desperate need for meaning, relevance, something deeper in life. Some people say there is a spiritual renaissance."[1] Paralleling this emptiness, Lineham argues that "Spirituality has replaced religion in our (New Zealand) society; formal religion is now seen as a very negative force by many in our society, but spirituality is seen as a way for people to connect with something deeper."[2] Contributing to this context, New Zealand has a unique cultural mix with its commitment to bicultural approaches with Māori (indigenous peoples of New Zealand) and non-Māori. With a population of 4,786,479 (15% Māori, 70% European, 9% Asian, 7% Pacific), NZ has an overall life expectancy of 79.5 years for men and 83.2 years for women, with significant inequities between ethnic groups with a 7.1-year difference between Māori and non-Māori New Zealanders, though this gap has shown some reduction in recent years.[3] We are a country of great natural beauty, of a healthy economy, and with wealth of many kinds, yet we still have important challenges that mar our clean green, peaceful image. Over 500 people kill themselves a year,[4] we have very high levels of domestic violence,[5] and mental illness is widespread.[6] Like equivalent countries, in New Zealand, there has been a growth of nonpracticing Christians (Taylor, 2007, p. 512), while approximately 8%−12% of the population attends church, temple, or synagogue regularly (Ward, 2001). It is in this postmodern New Zealand zeitgeist that this paper will consider spirituality in health care.

Spirituality in New Zealand is both old and new. Old, in the sense that our land is steeped in spiritual gravitas; for Māori the land is papatūānuku (earth mother figure), and for many of us a source of awe, environmental connectedness, and a place we walk, climb, surf, and fish. But this original spiritual space, the land, existed without humans for much longer

Address correspondence to: Richard Egan, PhD, Cancer Society Social & Behavioural Research Unit, Te Hunga Rangahau Arai Mate Pukupuku, Department of Preventive & Social Medicine, University of Otago Medical School, Dunedin, New Zealand. E-mail: richard.egan@otago.ac.nz
Accepted for publication: December 17, 2018.

© 2018 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.
0885-3924/$ - see front matter
https://doi.org/10.1016/j.jpainsymman.2018.12.331

than we have been here. It is New Zealand's old spiritual source. From the Pacific came the first people of Aotearoa, New Zealand. Māori brought with them a spirituality closely connected to the land and sea, named literally as atua or gods, Papa (land), and Tangaroa (sea), among other personifications that gave meaning to the seen and unseen worlds. This spirituality, really spiritualities, when acknowledging the often unique spirituality out of each iwi or tribe, has remained and in some cases resurfaced to add to today's New Zealand plurality. This Māori worldview is seeding and shaping many aspects of policy and practice in NZ; Māori wairuatanga (spirituality) has offered much to contemporary New Zealand, although we are yet to fully realize and accept these gifts. Less than 200 years ago the Irish, Scottish, and English started coming to NZ. Some came as colonizing "nobles," others were forced from their country of origin, while others had expectations of starting anew in a place of promise. These folk, mixed with others from places like China, European countries, and our Pacific neighbors like Samoa, helped to shape new spiritualities, often based on Christianity. All these developed into today's New Zealand society which is only nominally Christian, with the "nones" and other smaller belief systems when combined, out numbering the nominal Christians. So in a pluralist spiritual melting pot, influenced of course by globalized spiritual memes, and commercial, ideological, and ontological norms, we have in New Zealand a ripe opportunity to nurture spirituality across its many forms.

If one accepts that, like keeping physically fit, it is important to be spirituality fit, then creating an environment where this can be enabled may be one of the few new things we can try in a country and planet that is running out of answers, or at least keeps on doing the same old inane things (for the planet and the majority of animals on it). Fostering spiritual awareness, learning, needs, fitness, and so on must be considered at every level of society, from our political directions to our individual choices. Such a radical vision takes years of development, evidence gathering, and program evaluation, to get to a tipping point where the majority of the population is on the same "waka" (boat) as we say in New Zealand. There are some signs that we're going in the right direction—but is it enough? There are also signs of, at best, slow progress as seen in our justice and social contexts; for instance, we incarcerate huge numbers of people in New Zealand, and of that number, 50% are Māori. We create communities where family violence is acceptable and rife[5] and our environmental scorecard is poor, with, for example, many New Zealand rivers and lakes unsafe for swimming.[7] En masse, these spiritual distresses impede our collective spiritual growth.

Personal Development

Those who academically research spirituality often have a strong personal spirituality. For example, most of the leading U.S. spirituality researchers are actively, and in at least one case, evangelically, Christian. The challenge for an academic with a strong personal spirituality is to be mindful of how this influences one's work. It only becomes a problem when the researcher does not acknowledge their spiritual positioning as a potential personal subjective bias. Qualitative researchers have known and named this bias for a long time. The qualitative researcher is the instrument of the research, and his or her ontological and epistemological positions impact on the entire research process. While seldom expressed in qualitative research articles, in longer works such as Masters and PhD thesis, the researcher explicitly names these worldview influences. I think, when space allows, spirituality researchers do need to name such influences. I did this in my PhD using many 1000s of words but will summarize here with an overview of key personal and academic events that have shaped my interests, foci, approach, and advocacy impetus.

The first 2 decades of my life were infused with what I now look on as the best of Catholicism, a thirst for social justice, a reflective capacity, and a search for the transcendent. I call myself a cultural Catholic, with a panentheistic view of reality.[8] I am informed by a Buddhist meditation technique called Vipassana, conditioned by growing up in the U.S. for seven years and living in New Zealand for most of my life. My Irish Catholic family, on both my father and mother's sides, came to NZ in the mid-19th century. My immediate family is mostly in the health and well-being field, my wife Sarah Dolby is an artist, and I have one son, Benji. Family, walking, meditation, and surfing keep my soul singing. My early spiritual history was informed by liberal Catholicism, a range of public and Catholic schools, regular psychotherapeutic-like confession (i.e., the Catholic sacrament) throughout school and church, and two years of Catholic diocesan seminary training in the relatively liberal mid-1980s. Like many "kiwis" (New Zealanders), I traveled overseas in my early 20s and spent three years surfing in Europe and Africa, reading widely and exploring different "spiritualities," with Morocco a highlight with its Islamic culture so different to anything I had previously experienced. On my way back home from my "OE" (overseas experience), I spent some time in Sydney where I first encountered Vipassana meditation as taught by S. N. Goenka. This Buddhist-inspired practice is a technique rather than a belief system (well that's what they say, there is an inherent ideology), that those of any or no faith can practice. This was a revelation and gave me a practical spiritual

technique in the pursuit of enlightenment which replaced my earlier and lost pursuit for salvation. I came back to NZ and did a degree in English Literature and Religious Studies and gained a teaching qualification. I taught secondary school English for five years.

In 1999, the NZ Ministry of Education launched a new Health and Physical Education curriculum[9] that contained Te Whare Tapa Wha model. This model comprised four domains: physical, social, mental, and spiritual.[10] I was fascinated that the curriculum model included and defined spirituality, so much so, I took a break from teaching to do a Masters thesis examining spirituality in NZ State Schools.[11,12] This work confirmed two things: spirituality was important to education and health, was largely lacking in both, and I wanted to pursue study of it more formally, to try and build up evidence for its legitimacy. I had found what I wanted to do in life. Before I pursued further study in this area, I spent five years working as a mental health promoter in Public Health, which introduced me to the health system, its challenges, and potentials. Working with and learning from those who had experienced mental distress gave me a new insight into how spirituality, particularly through connectedness and integration, was critical to and well understood in the mental health worlds. During that time, a postgraduate diploma in Public Health showed me the value of epidemiology, community development, policy, and the importance of Māori aspirations through the Treaty of Waitangi (and the radically unjust inequities experienced by Māori and Pacific people in NZ). As a health promoter, I recognized the importance of working with communities (local naming of problems and strengths), but equally the importance of upstream change where policy can impact on whole populations. Spirituality was largely missing from public health, except in some Māori and Pacific worldview services,[13] although Te Whare Tapa Whā was nominally referred to in policy.

I met NZ's only Professor of Palliative Care, Rod MacLeod, incidentally one day, and we talked about spirituality. He invited me to do a PhD in this area. Four years later, we had talked to and surveyed dying people, their families, chaplains, staff, and Māori experts. As the first national study of spirituality in any field, we showed that although spiritual care was mandated, it was poorly attended to and could be improved.[14,15] The study raised the profile of spirituality across the hospice community who responded to our critique with a well-constructed professional development program for all hospice staff.[16] This was a triumph. Our research is still helping to change practice, improving spiritual care for those affected by terminal illness.

After my PhD, Dunedin Medical School's Department of Preventive & Social Medicine offered me a job teaching health promotion, where I have since continued to study various aspects of spirituality. Funding for this topic is difficult to secure, but I have found a home with the Cancer Society Social & Behavioural Research Unit where spirituality is welcome both in conversation and research.[17] Recently I have combined my interest in health promotion and spirituality in a new emergent area, spirituality in public health. To this end, I have been interviewing some of the world's leading thinkers in the spirituality and/or public health field to see what synergies and potential there might be for health and well-being improvements.

Along with many in the field,[18] I believe spirituality is a missing factor in the way we structure our society, from politics to health and education. Inclusion of spirituality, from my point of view, in no way implying a particular way or belief, is right, but rather an awareness or transparency of values and beliefs is needed. It is about making space for spirituality as a determinant and dimension of health and well-being. In our spirituality research and advocacy, we need to use the best of science and art to develop the field. Currently I try to explain spirituality through a fourfold framework: scope/definitional matters, principle/model matters, evidence-informed matters, and the zeitgeist. In short, the scope of spirituality, while contested, is well canvased by Puchalski's inclusive definition[19]; how we understand health and well-being is important and holistic models like Te Whare Tapa Whā and "total care" are increasingly being used that are inclusive of spirituality; spirituality in the health care evidence base is trending toward showing its relevance in care, such that policy is being influenced worldwide[20–23]; and finally, the zeitgeist calls for the explicit naming of spirituality in care, where once this was not needed, but ontic fragility is the experience *de jour*. I will continue to work in the field for as long as needed. I believe we cannot separate our professional and private lives, and for me, spirituality will continue to be important in both areas.

Like any journal article, even reflective offerings have limitations, like this selective rendering of the facts, memories, and events. However, whatever the take on history, what is true is that the study of spirituality is important as a field that contributes to positive human evolution and challenges many human practices, such as how we treat the world that hosts us.

References

1. Leibrich J. Making space: spirituality and mental health. Mental Health Relig Cult 2002;5:143–162.

2. Harvey C. Soul Searching. Auckland: Weekend Herald, 2005:B1–B4.

3. Stats NZ. Current life expectancy 2015. Available from https://www.stats.govt.nz/search?Search=current%20life%20expectancy. Accessed June 4, 2018.

4. Stats NZ. Suicide 2017. Available from http://archive.stats.govt.nz/browse_for_stats/snapshots-of-nz/nz-social-indicators/Home/Health/suicide.aspx. Accessed June 4, 2018.

5. Ministry of Social Development. Family violence and sexual violence initiatives 2018. Available from http://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/. Accessed June 4, 2018.

6. Mental Health Foundation of New Zealand. Mental Health Foundation: Quick Facts and Stats 2014 2014. Available from https://www.mentalhealth.org.nz/assets/Uploads/MHF-Quick-facts-and-stats-FINAL.pdf. Accessed June 4, 2018.

7. Proffitt F. How clearn are our rivers? 2010. Available from https://www.niwa.co.nz/publications/wa/water-atmosphere-1-july-2010/how-clean-are-our-rivers. Accessed June 4, 2018.

8. Fox M. Original Blessing a Primer in Creation Spirituality: Presented in Four Paths, Twenty-Six Themes, and Four Questions. New York: Bear & Company, Inc, 1983.

9. Ministry of Education. Health and Physical Education in New Zealand Curriculum. Wellington: Ministry of Education, 1999.

10. Durie M. A Maori perspective of health. Soc Sci Med 1985;20:483–486.

11. Egan R. Spirituality well-being/Taha Wairua in New Zealand state schools. In: Religious Studies. Palmerston North: Massey University, 2000.

12. Egan R. Spirituality in New Zealand education. In: Ross B, Burrows L, eds. It takes two feet : teaching physical education and health in Aotearoa New Zealand. Palmerston North: Dunmore Press, 2003.

13. Capstick S, Norris P, Sopoaga F, Tobata W. Relationships between health and culture in Polynesia - a review. Soc Sci Med 2009;68:1341–1348.

14. Egan R, MacLeod R, Jaye C, et al. Spiritual beliefs, practices, and needs at the end of life: results from a New Zealand national hospice study. Palliat Support Care 2017;15:223–230.

15. Egan R, MacLeod R, Jaye C, et al. What is spirituality? Evidence from a New Zealand hospice study. Mortality 2011;16:307–324.

16. Morgan A, MacLeod R, Schumacher M. How do we best meet the spiritual needs of people we care for? Eur J Palliat Care 2015;22:130–132.

17. Richards R, Egan R. Reflections: spirituality and cancer researchers. J Cancer Educ 2016;33:1–3.

18. Swinton J. Spirituality and Mental Health Care: Rediscovering a 'Forgotten' Dimension. London: Jessica Kingsley Publishers, 2001.

19. Puchalski CM, Vitillo R, Hull SK, Reller N. Improving the spiritual dimension of whole person care: reaching national and international consensus. J Palliat Med 2014;17:642–656.

20. Joint Commission on Accreditation of Healthcare Associations. The Source: Evaluating your spiritual assessment process. Washington: Joint Commission on Accreditation of Healthcare Organisations, 2005:6–7.

21. WHO National cancer control programmes: policies and managerial guidelines. Geneva: WHO Definition of Palliative Care, 2011. Available from http://www.who.int/cancer/palliative/definition/en/. Accessed June 4, 2018.

22. Ministry of Health. Guidance for Improving Supportive Care for Adults with Cancer in New Zealand. Wellington: Ministry of Health, 2010.

23. NHS Education Scotland. Spiritual Care Matters: An Introductory Resource for all NHS Scotland Staff. Edinburgh: NHS Education for Scotland, 2009.