

Editor's Note: This is the first of a three-part series.

Abstract

Professional chaplains need education and humility to provide skillful and sensitive spiritual support to the growing numbers of nonreligious persons – the so-called “spiritual but not religious,” unaffiliated, agnostics, and atheists – in their institutions. Training should encourage increased awareness of why persons are nonreligious, a clear understanding of the chaplain’s role as a caregiver of all, inclusive assessment tools, and an enlarged toolkit of spiritual care interventions. Because professional chaplains are often socialized and trained in religious settings, the spiritual care of nonreligious persons requires intentional cultural humility.

Keywords: spiritual care, spiritual but not religious, nonreligious, spiritual assessment, something greater than oneself

In 2007, the [Pew Research Institute](#) began a landmark study of the American religious landscape in the U.S. By 2014, 22.8 percent of Americans surveyed by Pew were religiously unaffiliated, up from 16.1 percent seven years earlier (Pew, 2014). The unaffiliated were the fastest growing “religious” group of all. Fifty-six million strong, they are now more numerous in America than either Catholics or mainline Protestants (Pew, 2014).

Today, new titles hit the bookshelves regularly describing who these people are, why and how one might give up religion, and how to get the benefits of religion without religion. Still, there are very few resources tailored to the *spiritual assessment* and *spiritual care* of the *nonreligious*, and to the best of our knowledge, no research about best practices when serving these individuals. Meanwhile, chaplains can expect to have significant and growing numbers of the nonreligious in their care.

Here, in the first article, we want to focus on some of the surprises of this growing demographic, and to offer some ideas to guide us in providing spiritual care to the nonreligious. The second will focus on teaching chaplains and chaplain interns to care for this group. The third, co-written with Rabbi Chaplain Sara Paasche-Orlow, will focus on these themes as they pertain to a particular population, contemporary American Jews.

Methods

Our study took us to diverse disciplines and types of resources. The 2007 and 2014 Pew studies on religion in America were touchstones, as well as Pew’s 2013 International Study of Patterns of Religiosity. We read in sociology of religion, New Atheist writings, psychology and religion, theology, interfaith chaplaincy, ethics, history, and spiritual direction. Reading narratives was a particular pleasure. We reviewed many spirituality websites. We interviewed several scholars, as well as humanist chaplains working in both university and health care settings. Attendance at a number of workshops, and leading a number ourselves, contributed to our learning. For all the growth in writing about the “spiritual but not religious,” there is no central resource on providing spiritual care to this group.

Results

The American demographic of those with no religious affiliation is quite diverse and paradoxical. Of the 22.8 percent of the general American population with no religious affiliation, 31 percent self-identify as atheist or agnostic. The majority, 69 percent, describe themselves as “nothing in particular.” Strikingly, 30 percent of these “nothing in particulars” consider religion important in their lives. Ninety-two percent believe in God, and 44 percent pray daily (Pew, 2014). Thus, they have earned the title “spiritual but not religious” (SBNR). They have a high retention rate, so that 53 percent of those raised without religious affiliation continue in that path into adulthood (Pew, 2014). These religiously unaffiliated are increasing in reverse proportion to age (PRRI, 2013). The LGBTQ demographic is less religiously affiliated than the general population (Pew, 2013a). American Jews

are less likely than other Americans to believe in God, although many atheist Jews remain strongly identified as Jews (Pew, 2013b). Atheists themselves show great diversity in approach (Hafiz, 2013).

Discussion

Spirituality and religion can be thought of as a Venn diagram of two differently sized, intersecting ovals, the larger oval representing spirituality, and the smaller oval, religion.

Although no consensus definition of spirituality exists, we suggest “the personal search for meaning and purpose, and relationship with and trust of ‘*Something Greater Than Oneself*’ (SGTO) that is personally meaningful.” Important themes here are meaning, relationship, and Something Greater Than Oneself. We find helpful Sam Keen’s observation that we are in the presence of the spiritual whenever the following feelings arise: wonder, awe, gratitude, anxiety, joy, grief, reverence, fascination, empowerment, vocation, compassion, outrage, hope, humility, trust, and absolute dependency (Keen, 2010).

Religion, similarly, has no consensus definition. For the purposes of this article, we suggest “the beliefs, practices, and attitudes associated with an organized group or community that usually has a common authoritative text or narrative that mediates the community’s relationship with a commonly agreed upon Something Greater Than Oneself.”

The word “religion” is so charged that many people now define themselves by exclusion, as in “no religious affiliation” or “spiritual but not religious.” Yet, what does it mean when so many from this group do believe in God, pray, and consider religion important?

Our chaplaincy skills can help us here. Many people have stories to tell about their negative or ambivalent experience of “religion,” just as others have stories about how positive “religion” has been in their lives. It is our discipline’s approach to honor the truth in a person’s narrative even when that person’s experience is different than our own. Compassionate curiosity and humility can help us offer hospitality to those who have been hurt, rejected, or have chosen to leave their religion behind.

The Table of Contents of a book published by Zondervan last year – entitled [*Forgive Us: Confessions of a Compromised Faith*](#) (Cannon, 2014) -- reads like a list of legitimate reasons some people might self identify as *not* religious:

1. Sins against God’s Creation
2. Sins against Indigenous People
3. Sins against African Americans and People of Color
4. Sins against Women
5. Sins against the LGBTQ Community
6. Sins against Immigrants
7. Sins against Jews and Muslims.

Whether the problem lies with religion itself, or the distortion of religion, is irrelevant to the person who has been harmed or excluded. Religion has come to carry a negative valence for that person. When a chaplain walks into a room, humility about their own religious affiliation is necessary if there is to be any chance of the chaplain assisting the patient in identifying and drawing on their spiritual resources. If chaplains can face honestly the hurt done in the name of the religious traditions we represent, perhaps we can befriend the part of *us* that is “spiritual but not religious.” This self-awareness can help us welcome the spirituality of the nonreligious person before us.

American culture has deeply entrenched prejudice against atheism. The extent of this was a surprise for us. After much struggle, the Boy Scouts of America now allows gay boys into their membership. Atheists, however,

remain disqualified for membership, and no public outcry has motivated the organization to amend this categorical exclusion (Winston, 2013a). Bullying against atheists is well documented in our nation's high schools (Stewart, 2012). Last year both the US Navy and the House of Representatives refused to allow humanist chaplains into the military, despite more than 20 percent of the women and men in the armed forces being religiously unaffiliated (Banks, 2014; MAAF, 2012; and Winston, 2013b). Seven states still have laws on their books disqualifying atheists from running for public office (Goodstein, 2014). Nearly half of Americans would disapprove if a family member married an atheist, and more than half of Americans would view negatively the atheism of a presidential candidate (Goodstein, 2014).

Another surprise was learning that some nonreligious people resent the idea that they might be considered "spiritual" (Navarro, 2014). The allergy to "religion" sometimes spreads to rejection of "spirituality," too. Our training has led us to view every person as spiritual, yet it is our task as chaplains to engage with the patient using the patient's language of meaning. Chaplains can indeed do their work effectively without employing the language of religion or spirituality:

- What is important in your life?
- Where are your significant relationships?
- What values are most important to you?
- What gives you strength in challenging times?
- What is disrupting access to these resources right now?

What sociology of religion calls the skill of "code switching" (Cadge, 2013), or being able to converse in multiple vernaculars, is essential in skillful and inclusive chaplaincy.

When approaching a patient who registered in the hospital as "None" or "Unaffiliated," open-hearted inquiry regarding religious or spiritual identity can be saved until a positive relationship has been established or the patient has raised the topic. Our professional tasks can still be accomplished through focused conversation using secular language: assessment of the person's areas of spiritual distress, if any, identification of their spiritual resources, and intervention to help them ameliorate their distress and increase their well-being.

We must become ever more aware of our own religious and cultural specificity. Like the water that is invisible to the swimming fish, so often religious culture and language can be invisible to the chaplain who is immersed in them. A chaplain's use of his or her own religious/spiritual language in the context of another's nonreligious values is a micro-aggression, however unintentional, the harm is done by the chaplain's word choice. We chaplains must keep growing our hospitality to the nonreligious.

Codes of Ethics

The intention of our national chaplaincy organizations' codes of ethics is clear about this. The [APC Code of Ethics](#), for example, directs members to "affirm the religious and the spiritual freedom of all persons and refrain from imposing doctrinal positions or spiritual practices on persons whom they encounter in their professional role as chaplain" (APC, 2000). We chaplains have often understood this directive in the context of respecting another's religion, but we must appreciate its additional relevance to respecting the integrity of the meaning-making of the nonreligious and unaffiliated as well.

Two Inclusive Spiritual Assessment Models

It is important to have spiritual assessment models in our toolkits that work for the religious as well as models that work for the SBNR, agnostics, atheists, unaffiliated, and nonreligious. Spiritual care literature offers dozens of spiritual assessment tools. At Hebrew Senior Life where Rev. Thiel works, chaplains serve people in independent living, assisted living, rehabilitation, acute care, palliative care, hospice, and chronic hospital care. About 85 percent of the patients and residents are Jewish. Chaplains at Hebrew Senior Life generally use two

spiritual assessment tools to guide their work.

One spiritual assessment tool is the religious mapping model that originated in the work of [Mordechai Kaplan](#), the founder of the Reconstructionist movement of Judaism, and is now used widely by sociologists of religion. Kaplan offered three axes on which to consider a Jew's relationship to Judaism: belief, behavior, and belonging (Kaplan, 1948). This model allows for the wide diversity of ways in which a Jew can be Jewish. Certainly, some Jews hold strong religious beliefs, follow the *Mitzvot*, and have a strong bond of belonging to the Jewish people. At the same time, others may not "believe" in God, yet they attend synagogue (behavior), and understand their identity as deeply Jewish (belonging). Each individual will have a map unique to him or her. A chaplain will focus on helping the person access spiritual resources from whichever axes support the resident's needs during their current situation. We have found Kaplan's model to be applicable to non-Jews as well.

The second spiritual assessment tool considers seven themes (see [Appendix A](#)). It is designed to use language inclusive of both religious and secular worldviews. Each of the themes has its own continuum:

Love and Belonging (loneliness à feeling loved and secure)

Forgiveness (guilt or regret à reconciliation and peacefulness)

Trust (fear à confidence in someone/something of high reliability and veracity)

Hope (despair à a sense of positive possibility)

Meaning (ennui or boredom à a sense of congruence or purpose)

In an end-of-life context, we add:

Gratitude (bitterness à thankfulness)

In a context of dementia, we add:

Identity (loss of self-awareness à recognition of selfhood and uniqueness).

This model identifies areas of spiritual distress that might be ameliorated, and areas of strength that can be drawn on to increase spiritual well-being. In a different sort of setting, a chaplain might well add other themes to the model which are customized to that context.

Enhancing Our Toolkits to Serve the Nonreligious

As long as we are clear about our role and goals as chaplains, and understand the contexts in which we serve, we can confidently add many new tools to our toolkit. We can wholeheartedly assist a patient in strengthening their relationship with their SGTO's, be those God, family, friends, colleagues, students, nature, on-line communities, the arts, values, and/or other things important to them. We are accustomed as chaplains to arranging for access to religious rituals such as Shabbat services or the Eucharist. Arranging for a pet to visit may bring comparable comfort to a person whose most important relationship is with their pet. Phone calls, Skype, CaringBridge, and e-mail are hardly religious rites, yet in certain situations, they can each provide spiritual infusions. Ipads provide today's chaplains with amazing access to spiritual resources: prayers and inspirational readings, to be sure, but also the ability to help a patient see a current picture of their hometown or favorite place, to listen to a much-loved musical piece, to "go on a pilgrimage" to a meaningful site, or to spend time with their favorite glories of the natural world.

Photos in the patient's room can be understood as spiritual resources. For the nonreligious, photos may serve as "sacred text," recalling formative loved ones and defining moments of life. Cooking or talking about recipes can rekindle memories of love, family, and caring for others. Gardening taps into the mysteries of growth, beauty, and death, and can serve as something of a legacy for the one who plants knowing they may not live to see the blooming. Assisting a patient in doing acts of kindness (writing birthday cards to soldiers, for a patriotic veteran or a person concerned about a loved one serving overseas) or advocacy (writing letters about causes one cares about, signing e-mail petitions, voting in an important election) can support their spiritual well-being.

Helping a patient write an ethical will, which sums up their highest values and offers a moral legacy to those they love and will leave behind, can be of particular importance to those who lack a belief in an afterlife.

Watching or listening to a game played by the patient's favorite sports teams, reading familiar poetry, bringing knitting materials to a life-long knitter – any of these might be, for the appropriate person, a good fit for their own spiritual rituals and connections to their SGTO's.

“Open-eyed prayer” is a simple yet powerful tool for use with the nonreligious. The chaplain can express a wish at the close of a visit that sums up the content and deep feeling of the encounter, as a prayer would if prayer were part of the patient's language of spirituality:

- *I will be thinking of you tomorrow and hoping your surgery goes well.*
- *May you find clarity and peace as you consider your choices.*
- *I wonder what options might open that we haven't even thought of yet....*
- *I will carry your joy with me today!*

Such simple phrases punctuating the end of the visit, said with care, let the patient know they were heard, they are not alone in their situation, there is a possibility that things will not always feel as awful as they do now, and/or their joy does impact the world. Like a well-designed spontaneous prayer, a thoughtfully worded personalized blessing often brings a tear to a patient's eye.

Chaplains may benefit from some new resources. A therapy dog, with their chaplain in tow, can open many a door and relationship with a wary, nonreligious patient. Devotional materials for atheists (Kopitz, 1999), accessible poetry (McDargh, 2011), nature photography books, and ipads loaded with music likely to suit the demographics of the setting can be added to the department's library.

Chaplains can benefit from including verbatim learning in their professional continuing education. The presentation of a verbatim on a chaplain's visit with a nonreligious person, an atheist, or someone who self-identifies as SBNR could serve as a useful focus of a chaplaincy department's continuing education session.

[Appendix B](#) contains such a verbatim, with commentary, as an example of how a group of chaplain interns learned about staying within a patient's vocabulary of meaning to maximize the effectiveness of a spiritual care visit.

The Importance of Context

All good spiritual care must be contextualized to the setting as well as the person. Each chaplain must be conversant in the religious and spiritual patterns of the institution they serve. Regional variations in affiliation certainly exist in the US. The unaffiliated are now the predominant tradition in the West, and the second largest group in New England (Pew, 2015). Whites are more likely than both blacks and Hispanics to be unaffiliated, and men more likely than women (Pew, 2015). Hospitals serving primarily pediatric patients are apt to have a higher prevalence of pre-religious patients and unaffiliated family members. Geriatric settings may have a greater proportion of religiously affiliated patients than general hospitals do, and, at the same time, elders who have kept developing psychologically and spiritually may hold religious perspectives much broader and more universal than they did earlier in life (Chinen, 1989; Erikson and Erikson, 1998).

Our particular careers in Jewish and pediatric settings have helped us to learn some of the tools and approaches that are useful in serving the unaffiliated. We believe that all persons deserve skillful and sensitive spiritual care, incorporating cultural competence and religious/spiritual nuance appropriate to them. We are hopeful that our profession will grow to be as open and skilled in serving the nonreligious in our various settings as it has been in serving the religious.

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