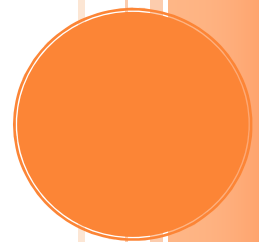


# OUVERTURES

*Revue internationale de philosophie, théologie et  
psychanalyse*

31-09-2014



## *Spiritus, Fundamentum, Credere*

### **Spirituality and Philosophy of *Spiritus* in Hospitals and Dementia Health Care Centers**

**Sébastien Falardeau**

Sébastien Falardeau

L'auteur est intervenant en soins spirituels au CSSS de Rouyn-Noranda, Vice-Président et chercheur au CÉINR.

“What is spirituality?” It is a complex question. One thing we can say is that spirituality is present in the life of human beings: “The wind blows where it wills” (Jn 3: 8). Spirituality is rooted in today's world. Indeed, spirituality is not limited to academics and practitioners in the field of spiritual care. We find the theme of spirituality in many preferred books written for small children: for example, think of *Dora the Explorer*, *Merry Christmas* (2012). They are various shows in which young children listen to religiously or, should I rather say, spiritually, such as *The Simpsons*: “The Father, the Son, and the Holy Guest Star” (06/15/2005); “Homer the Heretic” (10/08/1992) ; “Missionary Impossible” (2/20/2000) “Simpsons Roasting on an Open Fire” (12/17/1989), not forgetting Homer’s Spirit Guide, the Space Coyote alias Wolfy. *Achille Talon* and *Spirou*, exceptional comics, also evoke spirituality. Worth mentioning are also popular magazines such as *Spirituality & Health*; *Soul & Spirit*; *Body, Soul & Spirit*; *Spiritual Wisdom*. The cartoonist *Loren Fishman* and his drawing on spirituality *Ifin 439* “Make me one with everything” depicts a Buddhist who request the hot dog seller to give him a hot dog with all the ingredients available. Another design 115027 (8-23) of *Rina Piccolo* “Credit Rating Bureau. For an additional fifteen dollars you can have your karma checked as well” evokes the economical aspect of spirituality as does the Canadian court: *Spirit Drinks Trade Act*, S.C. 2005, c.39. Spirituality today also inspires musicians like reggeeman *Mike Love* and the death metal group *Death* and their album “Spiritual Healing”. Radio, magazines, comic books, novels, TV shows, economics<sup>1</sup>, politics and law: spirituality is at the rendez-vous in your life.

---

<sup>1</sup> *Jeremy Carrette & Richard King, Selling Spirituality. The Silent Takeover of Religion*, London/New York, Routledge, 2005.

Why so many evocations of spirituality in this scientific era, an era centered on empiricism? “Notre époque est celle du rejet ou de l’oubli de l’*a priori*”<sup>2</sup> note Jean Grondin. What characterizes our time can be a “cécité métaphysique qui nous empêche d’intuitionner quelque *a priori* que ce soit”<sup>3</sup>. As in Kant’s century, one could argue that today we also discredit (or, at best, show an indifference towards) metaphysics (Kant, AK, IV, 8; XI A). Have we really lost “the sense of *a priori*”<sup>4</sup>? Should we restore metaphysics at all costs in spiritual care?

Reminiscent to Kant’s reflection in his own time, our goal is to share some thoughts on the meaning of “spirituality” in today’s spiritual care. Throughout the course of this article, we will show that the importance of the breath has not been lost and that our century remains basically philosophical with regard to three key concepts: *spiritus*, *fundamentum* and the *credere*.

Some time ago, we did write and lecture on the topic of listening, based on metaphysics of *credere* and philosophical *a prioris*, laying the foundations of listening in a metaphysical perspective. The present article will focus on the listening of *spiritus*, a new concept that emerges from our experience in clinical spiritual care. How can we integrate listening to *spiritus* in clinical spiritual care? We believe that from listening to *spiritus*, we can open new horizons in the field of listening in spiritual care, which will have an impact in other areas of listening.

Our thesis does not deal with the philosophical debate between metaphysics and physics or the debate between spirituality and neurosciences. Indeed, the originality of our posture is to present an inclusive rather than an exclusive thesis: we do not oppose metaphysics to physics, or spirituality to neurosciences, for example. The novelty of the notion of listening to *credere* is significant, but it may sometimes fall into a dualistic logic (*credere* or truth) or, at the opposite, take for itself all the meaning of the life into *credere*. The assumption that we put forward, the listening to *spiritus*, helps weave together both physical and metaphysical aspects: the listening to *spiritus* belongs to the dimension of the unseizable (*insaisissable*).

We shall start with an overview of the definitions in contemporary spirituality before proposing a return to the etymology of the term *spiritus* which will form the

---

<sup>2</sup> Jean Grondin, *Kant et le problème de la philosophie : l’a priori*, Paris, Vrin, 1989, p.12.

<sup>3</sup> Grondin, *Kant et le problème de la philosophie : l’a priori*, p.12.

<sup>4</sup> Grondin, *Kant et le problème de la philosophie : l’a priori*, p.12.

basis for listening to *spiritus* in health care centers; and this notion will be grafted to the *fundamentum* and the *credere* in the field of listening in spiritual care.

## I. The Conceptual Psychic Foundations for a Clinic of Philosophy in Hospitals and Health Care Centers

### 1. Philosophy of *Spiritus*

#### 1.1. Definition of Spiritualities

Today, as well as in the 20th century, there has been effervescence (and flaws) in the scientific literature on secular (or lay) spirituality, particularly in hospitals and health care centers. Indeed, a simple quick look on studies in spirituality is sufficient to note that specialists such as Sandra M. Estanek, W. McSherry & K. Cash, Michael B. King & Harold G. Koenig, view spirituality as an independent field of religion. Spirituality would be, then, a new emerging discipline, a secular spirituality that is no longer under the tutelage of theology and religion, as underlined by Philip Shelldrake. In this regard, Jinpa remarks that contemporary definitions of spirituality are strictly secular, thus opening the way to the advent of spiritual anthropology in the medical field in hospitals and health care centers, for example. We will present here some definitions of spirituality that seems to be the most representative of this era:

1) “Spirituality is the personal quest for understanding answers to ultimate questions about life, about meaning and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community”<sup>5</sup>.

2) “Everyone embodies a spirituality, even if it be a nihilistic or materialistic spirituality...Spirituality refers to a person’s ultimate values and commitments, regardless of their content”<sup>6</sup>.

---

<sup>5</sup> Harold G. Koenig & al., *Handbook of Religion and Health*, Oxford/New York, Oxford University Press, 2001, p.18. See also, R.A. Tabyi, “Towards Clarification of the Meaning of Spirituality”, *Journal of Advanced Nursing*, 39/5 (2002) 500-509: For Tabyi, spirituality is “a personal search for meaning and purpose in life, which may or may not be related to religion”.

<sup>6</sup> D. R. Griffin, *Spirituality and Society. Postmodern Visions*, New York, State University of New York Press, 1988, p.1.

3) “(...) the experience of conscious involvement in the project of life integration through self-transcendence toward the ultimate value one perceives”<sup>7</sup>.

That said, despite the secularization of the notion of spirituality and the strictly rational turn made by anthropology and the medical sciences in the realm of spirituality, the fact remains that, even among specialists, major problems arise concerning the definitions of spirituality<sup>8</sup>. In this regard, as argued by Van Ness, contemporary notions of spirituality are applicable to both the secular and the religious sphere. Indeed, Kourie rightly observes that spirituality is a concept that applies to and is used in many professions: “The present era is witnessing an ever-increasing interest in the phenomenon of spirituality, not only among religious persons, but from all quarters of society. In fact, the term “*spirituality*” has become something of a “buzz” word, used, inter alia, by medical doctors, psychologists, psychiatrists, political scientists, business women and men, ecologists, sociologists, human rights activists, anthropologists, literature scholars, artists, as well as theologians”<sup>9</sup>.

At first glance, the availability of a universal concept of spirituality, a tailored concept ready-to-wear, does not seem to be a problem. But a closer look at it led Sandra M. Estanek<sup>10</sup> to bring two interesting arguments: first, in agreement with Philip Sheldrake<sup>11</sup>, she emphasizes the fact that there is no consensus on the definition of spirituality; in addition, there are several definitions of spirituality which appear too vague, even if we can draw some similarities between them.

In fact, W. McSherry, K. Cash, Michael B. King and Harold G. Koenig observe that too many definitions of spirituality may cause a loss of its significance when devoid

---

<sup>7</sup> Sandra Schneiders, “Religion and Spirituality: Strangers, Rivals, or Partners”, *The Santa Clara Lectures*, 6/2 (2000), p.4. For Schneiders, spirituality: “(...) is the capacity of persons to transcend themselves through knowledge and love (...) and become more than self-enclosed material monads”. “Religion vs. Spirituality: a Contemporary Conundrum”, *Spiritus: A Journal of Christian Spirituality*, 3 (2003), p.165. S. Kappen, “Spirituality in the New Age of Recolonization”, in: C. Duquoc & G. Gutiérrez (eds.), *Mysticism and the Institutional Crisis*, London, SCM, 1994, p.33: For Kappen, the spirituality is: “(...) the manners in which human transcend themselves and reach out to the ultimate possibilities of their existence. As such spirituality entails both an understanding of the deepest meaning of the human existence and a commitment to realizing the same”.

<sup>8</sup> These contemporary definitions have their merit but they are philosophically questionable with regard to dementia and autism, for example. Such definitions of spirituality are certainly not inclusive since human spirituality is defined in terms of consciousness and cognition. Such a definition of spirituality does not seem to apply to people with dementia who have lost much of their awareness and cognitive functions.

<sup>9</sup> C. Kourie, “The ‘Turn’ to Spirituality”, *Acta Theologica Supplementum*, 8 (2006), p.19.

<sup>10</sup> Sandra M. Estanek, “Redefining Spirituality: A New Discourse”, *College Student Journal*, 40/2 (2006) 270-281.

<sup>11</sup> Philip Sheldrake, “Spirituality and Theology”, in: Peter Byrne & Leslie Houlden (Ed.), *Companion Encyclopedia of Theology*, London/New York, Routledge, 1995, 514-535.

of any reference to specific traditions or a to the specificity of some professions: “(...) when almost any experience can be called spiritual any attempt at definition risks becoming for all practical purposes useless (...) this can also mean that if spirituality is everything then it is also nothing”<sup>12</sup>. In sum, according to Kourie:

The persistent interest in the phenomenon of spirituality is all the more remarkable given the fact that there is no clear, unequivocal definition of the concept that is acceptable to all interested in the field. In fact, in many circles there is widespread confusion regarding the very meaning of spirituality, and its use has become “fluid”. In certain quarters, spirituality denotes escapism, inactivity, and irrelevance while in other quarters it refers to full human maturation. It is an umbrella term which covers a myriad of activities ranging from the deeply creative to the distinctively bizarre. Its popular usage covers all sorts of beliefs and values, and its usage is often imprecise. The amorphous nature of the term thus contributes to the fact that it is resistant to a concise definition. It has been described as an “applause-word”<sup>13</sup>.

## 1.2. Problematic Definitions of Spirituality in Health Care Center

We would like to make a few remarks about contemporary spirituality in Quebec hospitals and health care centers. Recently, steered by the Health Ministry, there has been a transition from the traditional confessional approach to a non-denominational approach for the delivery of spiritual care in hospitals and health care centers. The result of this noble “revolution”: spiritual care is no more relies on Christian theological concepts. However, spiritual care that relies only on the anthropological and the secular definitions of contemporary spirituality, without theological references, faces crucial problems: not only does it loose its specificity and its theological roots, but its role in hospitals and health care centers becomes so vague that it seems to be the apanage of almost all professions. Indeed, health professionals of various fields work with essentially the same indefinite, all-inclusive definitions of spirituality. They also employ, not always soundly, the concepts of spirituality used to define the particular meaning of life<sup>14</sup>, daily life, identity, transcendence, values<sup>15</sup> and beliefs; all concepts that were before the

---

<sup>12</sup> Michael B. King & Harold G. Koenig, “Conceptualising Spirituality for Medical Research and Health Service Provision”, *BMC Health Services Research*, 9 (2009).

<sup>13</sup> Kourie, “The ‘Turn’ to Spirituality”, p.22.

<sup>14</sup> Cf. P.H. Van Ness, *Spirituality and the Secular Quest*, London, SCM Press, 1996, p.2 “Being spiritual is an attribute of the way one experience the world and lives one’s life (...) it signifies what one attend to and acts upon in daily experience”.

<sup>15</sup> Cf. Kourie, “The ‘Turn’ to Spirituality”, p.26: “By way of summary therefore, spirituality in general refers to the values to which we subscribe which give meaning and orientation to our lives. Spirituality

specific field of philosophers and theologians. Although contemporary definitions of spirituality do have the merit of providing a “middle field”, appealing for different specialists in hospitals and health care centers, the fact remains that their blurred edges bring more confusion than clarity. In this regard, we note that doctors, nurses, social workers, psychologists, as well as “spiritual stake-holders”, do rely on the same vague definitions. How, then, can we characterize the concepts of values, meaning of life, beliefs, among others?

It is not uncommon to hear spiritual care professionals define their role as “psychologists”, while social workers argue that they do the same type of work. This tendency to sanitize and uproot the concept of spirituality from its two basic traditions, philosophy and theology, in order to obtain a neutral, objective concept suitable for all situations is counterproductive. Although a strictly anthropological position is a relevant field to deepen, it should be supported by a philosophical concept, the transcendental dialectic, as we shall see. It is by rediscovering the philosophical and theological definition of spirituality that spiritual care will be able to fulfill its very specific role in hospitals and health care centers.

It is true that many scholars have made a radical distinction between spirituality and theology. That said, there are erudite studies that question this radical separation between spirituality and theology: for example, the works of Jean-Claude Breton<sup>16</sup>, C. Kourie, and K. Waaijman<sup>17</sup>. These well-documented studies (although not referring to the Greek philosophical heritage of *pneuma*) explicitly show that spirituality is closely linked to Christianity, is rooted in the Bible with St. Paul<sup>18</sup>, and extends into the patristic current<sup>19</sup>. Despite an effort to reinstate the concept of spirituality within biblical theology, the fact remains that these researches emphasize the primacy of spiritual anthropology; at any time, it has priority over theology and religion<sup>20</sup>.

---

entails the ongoing harmonious integration of the whole human person. Whereas ‘religion’ has connotations of institution, ritual, articulation of doctrine, etc., spirituality refers to something which is deeply personal, inward, experiential and authentic in the lives of its practitioners”.

<sup>16</sup> Jean-Claude Breton, « Retrouvez les assises anthropologiques de la vie spirituelle », *Studies in religion/Science religieuses*, 17/1 (1998) 97-105.

<sup>17</sup> K. Waaijman, “Spirituality as Theology”, *Studies in Spirituality*, 21 (2011) 1-43.

<sup>18</sup> Saint Paul (1 Cor.2:10; 1 Cor. 12:13; Ep 1:3 and Rom 15:27). Sheldrake, “Spirituality and Theology”, p.515. Schneiders, “Religion and Spirituality: Strangers, Rivals, or Partners”, p. 4.

<sup>19</sup> Anthony Meredith, “Patristic Spirituality”, in: Peter Byrne & Leslie Houlden (Ed.), *Companion Encyclopedia of Theology*, London/New York, Routledge, 1995, p.536-557.

<sup>20</sup> Breton, « Retrouvez les assises anthropologiques de la vie spirituelle », p. 103.

### 1.3. Towards a Return to the Etymology of *Spiritus* in Hospitals and Health Care Centers

Unlike Quebec spiritual care professionals who built their practice in hospital and health care centers on the basis of contemporary definitions of spirituality, we propose a revolution in spiritual care by putting forward a definition of spirituality grounded on philosophy and theology. The major change involves a return to the etymology of *pneuma*, *ruach* and *spiritus*. This means for us to draw in philosophical sources.

We will see that the concepts of *pneuma*, *ruach* and *spiritus* are not secondary concepts: on the contrary, they are at the center and at the source of the philosophical and the theological arsenal. It is imperative to study the etymology of *pneuma*, *ruach* and *spiritus* in order to define as much as possible our clinical hypothesis and avoid unfortunate interpretations and misinterpretations that could obscure rather than clarify the definition of the *spiritus*.

Our primary goal is not to make a detailed historical exegesis of the philosophical notions of *pneuma* (as presented by Presocratics, Plato, Aristotle<sup>21</sup>, Plotinus, Porphyry, Stoics and others) nor of the biblical definitions of *ruach/pneuma* or the theology of *spiritus* as found in the works of the Fathers of the Church. A detailed analysis of these notions can be found in the scholarly work of G. Verbeke<sup>22</sup> and the excellent study of Richard Bodéüs<sup>23</sup>, the works of Jean-Claude Breton<sup>24</sup>, Odette Mainville and André Myre (which yield an exceptional panorama of biblical citations) and the semantic maps of breath by Alexandre François<sup>25</sup>.

The etymology of *pneuma* (πνεῦμα), whether philosophical or theological, refers exactly to the same thing: the breath. The biblical etymology of *ruach* in the Old Testament in Hebrew also relates to the breath, literally: breathing, wind, concept closely related to Nephesh, נְפֶשׁ which is quite often translated as: being alive, the principle which makes the living body, soul and flesh, ie the whole person<sup>26</sup>.

---

<sup>21</sup> Aristotle, *History of animals*, J, 17, 496b.

<sup>22</sup> G. Verbeke, *L'évolution de la doctrine de pneuma du stoïcisme à S. Augustin*, Paris-Louvain, Desclée de Brouwer, 1945.

<sup>23</sup> Richard Bodéüs, « Conception et représentation fondamentales de l'esprit: une mise au point », *Théologiques*, 2/2 (1994) 7-20.

<sup>24</sup> Jean-Claude Breton, *Approche contemporaine de la vie spirituelle*, Montréal, Bellarmin, 1990. Odette Mainville, « De la ruah hébraïque au pneuma chrétien : le langage descriptif de l'agir de l'esprit de Dieu », *Théologiques*, 2/2 (1994) 21-39. André Myre, « L'esprit dans quelques textes magistériaux : point de vue exégétique », *Théologiques*, 2/2 (1994) 63-71.

<sup>25</sup> Alexandre François, "Semantic Maps and the Typology of Colexification. Intertwining Polysemous Networks across Languages".

<sup>26</sup> Ethelbert William Bullinger, *The Companion Bible*, Kregel Publication, 1990.



It is the Hebrew word *ruach* of the Old Testament, translated as the Greek word *pneuma* found in the New Testament, which yields the notion of breath. In the Latin Christian tradition, the equivalent word for *pneuma* and *ruach*, is the term *spiritus*. The legacy of *spiritus* according to Richard Bodéüs is twofold: the *pneuma* of the Greek philosophers and the *pneuma* of the evangelists. The words *spiritus*, *spiritulis* and *spiritualis* are formed from the Latin root “*spir*” which means “breath” or “breathing”. To this root, one can add the suffix – *tus* to form names such as *spiritus*, meaning “the breath”. One can also add the suffix *-alis* (suffix used to form adjectives in English -al composed of, for example, spiritual), to form *spiritualis*, meaning relating to the breath or the mind; and finally, there is also the suffix *-itas* as in *spiritualitas*, defined as the life of the mind or soul.

The study by Richard Bodéüs is essential for understanding the concept of *pneuma* among Greek philosophers and among evangelists. It is true, he notes, that philosophers, biblical scholars and theologians oppose the immaterial to the material, the intangible to the tangible or, if one prefers, the intangible to biology or the unmeasurable to what can be measured empirically. Although the patristic writers and modern philosophers have developed an immaterial or metaphysical conceptions of breath in order to get the breath oppose matter, this is a late semantic evolution:

Il en est résulté des conséquences pour les questions à débattre, si l'on ose dire, en aval et en amont. En aval, depuis les Temps Modernes et jusqu'à nos jours, les questions philosophiques ont engagé l'esprit dans un dilemme où il s'oppose non seulement au saisissable, mais à la matière: “Au regard de tous les phénomènes matériels, l'esprit c'est *l'autre*. Autre que tout ce qui peut être mesuré, observé, compté, vérifié”. Dès lors, tout se passe comme si la matière pouvait être réduite à l'épaisseur du saisissable, et comme si l'immatériel devait échapper à l'intelligible. Ce genre de conviction consacre, maintenant encore, le divorce malheureux entre une science “dure”, conspuée pour ses certitudes massives, et une pensée “légère”, non scientifique, décriée pour son inintelligibilité éthérée<sup>27</sup>.

In this regard, it is worth emphasizing those philosophers (Plato and Aristotle, among others) and biblical authors who do not refer to a concept of opposition when they discuss the notion of breath. It is an exegetical mistake to oppose the breath to matter by allocating an immaterial or a material component to breath. The distinction of epistemology, ontology, philosophy, theology and physics as separate fields is a construct of the human mind based on the concept of duality/opposition: metaphysics and physics, being and non-being, intangible and tangible, etc.

---

<sup>27</sup> Bodéüs, « Conception et représentation fondamentales de l'esprit: une mise au point », p.15-16.

What is important to understand in our argument is that, even within the being, there is a certain duality/opposition inherent to its ontological structure; the breath refers strictly to the elusive aspects of the being, both material and immaterial: “the part of the being escaped”<sup>28</sup>. In other words, the breath does not belong to a logic of either metaphysics or physics, material or immaterial, because it is in the realm of the unseizable (“*l’insaisissable*”, “what cannot be grasped”). Like the ancient philosophers (Plato, Aristotle), the biblical authors use the notion of *ruach* and *pneuma* to talk about the elusive subtlety of the immateriality, underlining also, at the same time, the elusive subtlety of matter.

In this sense, the essential aspect of the breath is that it cannot be reduced to one of two dualities or oppositions. The essence of the breath encompasses both dualities and cannot be grasped in either one or in between<sup>29</sup>. Indeed, the breath highlights both the part of immateriality and of materiality that escapes human beings at both the epistemological and the moral levels, as underlined by Richard Bodéüs. The pleading for the concept of breath does not revolve around the debate between the intangible and the tangible, but on the aspects of the unseizable, bearing that way some analogy with the debate over divinity:

Non seulement le souffle divin n'a pas de forme (permanente ou consistante) qui se laisserait appréhender ou connaître, mais cela même qui le rend perpétuellement insaisissable (dans son perpétuel changement) est commandé par sa propre volonté: lui seul a les secrets de son être. On voit ici à quel point, en conférant à Dieu la nature de l'esprit, le philosophe grec (Posidonios) répond à une question étrangère à celle de savoir s'il est corporel ou non, et dans quel sens assez précis va la question à laquelle il s'efforce de répondre en affirmant que Dieu est d'une subtilité insaisissable: il s'agit de savoir s'il est de nature telle que nous puissions le concevoir et percer son secret, la réponse suggérée étant négative<sup>30</sup>.

The situation is essentially the same in the biblical texts dealing with the notion of breath. When discussing the nature of God, John the Evangelist does not speak about the materiality or the immateriality of God, but rather on its unseizable aspect (Jn 3:8). The episode of the disciples of Emmaus (Luke 24:13-37) is another excellent example of the unseizable aspects of the breath: Jesus appears as a physical entity, so corporal, but remains at the same time intangible. In this setting, the breath emphasizes the elusiveness of the body of Jesus and the intangibility of the bodily resurrection of Christ.

---

<sup>28</sup> Bodéüs, « Conception et représentation fondamentales de l'esprit: une mise au point », p.10.

<sup>29</sup> Bodéüs, « Conception et représentation fondamentales de l'esprit: une mise au point », p.10.

<sup>30</sup> Bodéüs, « Conception et représentation fondamentales de l'esprit: une mise au point », p.13.

In summary, the concern of philosophers, theologians and biblical scholars treating of the breath, the *spiritus*, is not really to settle the debate over its materiality or its immateriality, but rather to emphasize the fact that these entities are unseizable to human's mind.

#### 1.4. Opening perspectives in clinical spiritual care

In contemporary hospitals and health care centers, spiritual care places itself, albeit unconsciously, in an ambiguous and rather vague posture. Indeed, following the scientific discoveries in psychology, in social work, and in medicine, the mainstream in spiritual care in Quebec is to create tools or clinical instruments to achieve a "spiritual diagnosis". The goal is to find ways to measure spiritual symptoms. This is quite different from our proposal which is to listen to the *spiritus*. Our position does not settle for one side or the other of the transcendental dialectic. In this sense, as we shall see, listening to the *spiritus* is listening to the elusive part that we can not control or can not calculate in the spiritual experience of patients and residents with or without dementia. "Listening in spiritual care" is structured around the *spiritus*. Indeed, the empirical neurological hypothesis of dementia, for example, remains a mystery even now, since the cause is not yet fully known, as pointed out by many scientific studies<sup>31</sup>.

---

<sup>31</sup> Contemporary North American medicine is at the opposite of the assumptions of Dr. Alois Alzheimer who argued that psychic causes were at the root of dementias and preceded the observed neurological defects (Gzil, « Problèmes philosophiques soulevés par la maladie d'Alzheimer. Histoire, épistémologie, éthique », *European Journal of Disability Research*, 2/2 (2008), p.186). The medical literature postulates that Alzheimer's results from a degeneration of cells and neurons and that this neuronal degeneration (due to premature aging or not) causes all mental disorders seen in people with dementia. However, it is important to emphasize that no study has managed to establish, beyond any doubt, a cause and effect relationship between the neuronal degeneration and the manifestations of the disease in the person with dementia (A.C. Homer & al., "Diagnosing Dementia: Do We Get it Right?", *British Medical Journal*, 297 (1998) 894-896). Uncertainties exist in these diseases which can be grasped mostly by their symptoms and it is important to take this into account before closing the debate and conclude that dementias are solely the results of neuroanatomical or neurophysiological abnormalities. We are not the first to point out the limits of a strictly neurological understanding of dementia. Indeed, many scholars and more and more researchers question the basic premise of neurologists on the anteriority neurological pathologies over the psychical problems in dementias (Homer & al., "Diagnosing Dementia: Do We Get it Right?", p. 894-896; C. Baldwin & A. Capstick, *Tom Kitwood on Dementia, Maidenhead*, Open University Press, 2007; Tom Kitwood, *Dementia Reconsidered: The Person Comes First*, Buckingham, Open University Press, 1997. A. Sixsmith, J. Stilwell & J. Copeland, "'Dementia': Challenging the Limits of Dementia Care", *International Journal of Geriatric Psychiatry*, 12/8 (1993) 993-1000. D. Greenwood, "A Review of 'Dementia Reconsidered: The Person Comes First'", *European Journal of Psychotherapy and Counselling*, 1/1 (1988) 154-157). Another limitation to the exclusively neurological approach for characterizing a specific type of dementia in a patient is that it proceeds from an algorithm based on neurological symptoms shared by various types of dementias and some psychiatric diseases. This

## 2. Philosophy of *Fundamentum*

In our path to lay a psychic foundation for spiritual care, we will look at the philosophical notion of *a priori*. We will see later how the notion of *spiritus* is linked to the *a priori* and *a posteriori* in spiritual care. It may seem odd to return to the primary interest of philosophy: the *a priori*. Philosophy focuses on the root cause (or root causes), the principles, the *a priori*, on what precedes the experience, the contingency, the mutability, the ephemeral, as noted by Jean Grondin in a master study:

Depuis Parménide et Platon, la réflexion qu'on appelle philosophie a toujours aspiré à une connaissance *a priori*, c'est-à-dire un savoir qui ne dépende pas de l'expérience et qui soit, par conséquent, nécessaire et universel. De Parménide à Wolff, le domaine de l'*a priori* est celui des vérités immuables et éternelles que peut atteindre le vous, la raison, l'organe divin en nous<sup>32</sup>.

In this definition of philosophy, we can see that the *a priori* is present and is independent from the experience, a strictly pure knowledge *a priori*, as amply discussed by Kant. The area of interest and the specificity of philosophy is the field of anteriority, of metaphysics, of ontology as well as the field of phenomenology. The scholar Jean Grondin goes on to note that the *a priori* would be the domain of the foundation of everything else:

Tout dictionnaire de la philosophie signalera qu'*a priori* vient du grec πρότερον, ce qui est 'antérieur' ou 'premier', par suite ce qui est 'fondamental'. Le πρότερον est un concept de relation, plus exactement un comparatif (que marque – τερον en grec) : il désigne un rapport de plus grande antériorité en regard de ce qui est postérieur, ύστερον, c'est-à-dire *a posteriori*. Philosophiquement, le πρότερον, le 'plus antérieur', c'est le rapport du πρώτον, du principe, à ce qu'il fonde, à ce qui en dérive<sup>33</sup>.

---

neuroanatomical and neurophysiological approach is not without difficulty, to the extent that it is unsuccessful even in differentiating senile neuropathological lesions that are also present with normal aging (O. Guard & B. Michel, *La maladie d'Alzheimer*, Paris, MEDSI/ Mc Graw-Hill, 1989). In addition, our own clinical experience can raise the question: what happens with this approach, to the signs and symptoms that do not fall into the basic categories?

<sup>32</sup> Grondin, *Kant et le problème de la philosophie : l'a priori*, p.13.

<sup>33</sup> Grondin, *Kant et le problème de la philosophie : l'a priori*, p.22.

Now, rightly, Jean Grondin points out that it would be surprising that a theory, no matter which one, can be built without a philosophical *a priori*:

Quelle que soit la forme qu'elle (la philosophie) emprunte, la recherche *a priori* détermine en son essence l'interrogation philosophique. Il ne sera à coup sûr jamais possible, ni même souhaitable, de trouver une caractérisation du travail philosophique qui satisfasse tous les philosophes et toutes les tendances. Mais si un consensus très général peut être établi, il gravitera sans doute autour de l'idée de la philosophie comprise comme réflexion fondamentale. Pour la pensée classique, cette conception désignait automatiquement l'*objet* de la recherche philosophique : la philosophie doit porter sur les fondements (du réel, de la connaissance, de l'agir, etc.), les principes, les causes premières, en un mot l'*a priori*, ce qui est premier, antérieur et fondateur de tout le reste. Pour nous, cette idée de la philosophie caractérise peut-être moins l'objet que l'élan ou l'accomplissement, existentiellement enraciné, de l'activité philosophante : la philosophie se comprend aujourd'hui comme la discipline sur des questions fondamentales ou réflexion sur les problèmes fondamentaux (le langage, la vérité, la praxis, l'*epistèmè* qui nous détermine, etc.). L'approche et le thème de la réflexion varient selon les écoles, mais chaque philosophie élève la prétention d'être une méditation fondamentale. La réflexion sur le langage, l'être social ou la volonté de puissance, par exemple, devient philosophique dès l'instant où elle s'impose comme incontournable. L'interrogation sur l'être social peut paisiblement relever de la sociologie comme celle sur le langage de la linguistique si ces dimensions ne sont envisagées que comme des aspects de la réalité qui cohabitent avec d'autres, sans se déclarer plus fondamentales. Mais dès que le sociologue entreprend de démontrer que l'homme n'est dans son essence (*a priori*) rien d'autre qu'un rouage de sa classe sociale ou de la lutte des classes et que cette détermination sociale fonde tout le reste (l'idéologie, l'agir, la connaissance, la religion), il s'aventure sur le terrain de la réflexion philosophique, d'une théorie *a priori*<sup>34</sup>.

In this regard, nursing and social services venture out, blindly, on the ground of philosophy, in strictly developing *a priori* theories. For example, according to Dezerotes, some major studies in social work define spirituality in terms of strength of relationship and unity between the subject and its social environment, this unification allowing the restoration of the social health of the person<sup>35</sup>. Canda and Furman define, in turn, spirituality in social services as a healthy spirituality as

---

<sup>34</sup> Grondin, *Kant et le problème de la philosophie : l'a priori*, p.15-16.

<sup>35</sup> D.S. Dezerotes, *Spirituality Oriented Social Work Practice*, Boston, Pearson, 2005, p.3.

opposed to a negative spirituality with false beliefs<sup>36</sup>. St-Amand is also trying to establish a social theory on the laws governing the social world, values and the Other.

In turn, nursing, according to the scholarly research of Taylor, argues that spirituality is an essential and basic need of human nature, fulfilling at least three basic needs: needs related to the self and other needs linked to transcendence<sup>37</sup>. There is nothing new in such *a priori* theories of social sciences and nursing. In fact, both enroll in the current empiricism or idealism. Idealism, as underlined by Kant, presupposes the existence of an *a priori* concept, whereas empiricism, founded by Francis Bacon and his successors, Thomas Hobbes, John Locke and David Hume, considers that the foundation and the first principle of knowledge reside in the sensory experience, thus in the matter.

## 2.1 The Transcendental Dialectic

However, the question of the *a priori* can not be separated from the problematic of transcendental dialectic. In the *Critique of Pure Reason*, the aim of Kant was to question harshly the function, the constitution and the internal limits of pure reason in the field of the *a priori* in metaphysics, psychology, cosmology as well as ethics. Briefly, Kant argues in metaphysics that the principle inherent in pure reason, which is to seek the unconditioned from the conditioned, leads to an infinite regression, precluding the possibility of ever reaching a final conclusion. In addition, going back from the effect to the cause results in an infinite movement since it is impossible to reach and prove a first principle. In this sense, the syllogism is then the key to the logical and rigorous support of both aspects of the thesis and the antithesis. Thus, even though the syllogism remains the basis for reasoning, the first principles themselves cannot be proved. This phenomenon has been clearly identified by Kant who calls it “transcendental dialectic” or questions that can be argued endlessly.

Consequently, with regard to speculative and theoretical psychology, pure reason is also in an uneasy position, one of “transcendental illusion”, in Kantian terminology<sup>38</sup>. Far from being a scientific evidence of the nature of the soul and the transcendental ideas, psychology is rather the result of human subjectivity<sup>39</sup>. This is a major consideration, from which it can be assumed that, at the level of rational

---

<sup>36</sup> E.R. Canda & L.D. Furman, *Spiritual Diversity in Social Work Practice. The Heart of Helping*, Oxford, Oxford University Press, 2010, p.75-76.

<sup>37</sup> E.J. Taylor, *Spiritual Care. Nursing Theory, Research, and Practice*, Upper Saddle River NJ, Prentice Hall, 2002, p.17-20.

<sup>38</sup> Kant, *Critique of Pure Reason*: B 352, A 297, B 354.

<sup>39</sup> Kant, *Critique of Pure Reason*: B 351, A 298, AK, IV, 191.

psychology, a demonstration of the “thinking soul” or of the “I” is impossible since the subject cannot get rid of his subjectivity in order to achieve pure objectivity. According to Kant, then, pure reason is forever sentenced to believe in the *a priori* or the constitutive principles of the soul, with no possibility to overcome the necessity of the belief. Why? Unable to grasp a canonical proof of the *a priori* by pure introspection (a non-sensible intuition), pure reason is challenged by paradoxes (antinomies) and is forced, by the very nature of its subjective position in the psyche, in a relation to believe. In this regard, we should recall that the objective of Kant is not limited to the plain elaboration of a “transcendental grammar that contains the foundation of human language”<sup>40</sup> nor to the introduction of the “the only text of rational psychology”<sup>41</sup>. Kant also uses psychology to show that the belief is right at the heart of the psyche of the transcendental subject and metaphysical questions are inherent to the pure reason<sup>42</sup>. According to Kant, the psychic structure is built upon the logic of an *a priori* error inherent to and constitutive of the reason<sup>43</sup>; and psychic structure inevitably leads to a dialectical illusion, falsely claiming the knowledge of objects outside the scope of the experience.

This affirmation is important because it helps to understand why, in the first preface of *Critique of Pure Reason*, Kant cautions readers about metaphysics being in “anarchy”<sup>44</sup>. And, with regard to first principles, this statement does not only apply to metaphysics but also to psychology which, unable to provide a proof by concept or by syllogism, is as much in anarchy as is metaphysics (i.e. without principles) due the fact that it focuses on, and cannot solve, problems and paradoxes (aporias) beyond the scope of empirical experience and subjectivity<sup>45</sup>. In fact, the Kantian revolution is a radical demarcation from the Cartesian postulate of *Cogito ergo sum* as well as the *res cogitans* and from Locke’s “self of consciousness”<sup>46</sup> (a direct access to oneself). The hypothesis that we can access our own thoughts is no more tenable after Kant refutation of the paralogsms of rational psychology.

In contemporary hospitals and health care centers, spiritual care and neurology (and psychiatry) have the same metaphysical and empirical debate. Currently, spiritual care bends on the side of metaphysics while neurology and psychiatry promote an empirical thesis of neurological and psychiatric diseases. Psychologists

<sup>40</sup> Kant, *Critique of Pure Reason*: AK, XXVIII, II/1.

<sup>41</sup> Kant, *Critique of Pure Reason*: A 343 / B 401.

<sup>42</sup> Kant, *Critique of Pure reason*: A VII; AK, IV, 7.

<sup>43</sup> Kant, *Critique of Pure Reason*: A VIII.

<sup>44</sup> Kant, *Critique of Pure Reason*: A IX.

<sup>45</sup> Kant, *Critique of Pure Reason*: A VII-VIII; AK, III, 245, B 368.

<sup>46</sup> John Locke, *An Essay Concerning Human Understanding*, II, XXVII, 9.

and social workers also discuss the dimension of spirituality from an empirical point of view, trying to use some scientific tools and measurable parameters to assess “spiritual diseases” and the delivery of spiritual care in hospitals and health care centers. However, it is important to emphasize that transcendental dialectic teaches us that, whatever the position taken, one is forced to start his demonstration from an *a priori* which cannot be proved. For example, at the beginning of the 21<sup>st</sup> century, it could be equally appropriate to support a strictly scientific (neurological) theory of dementia as well as, conversely, a metaphysical thesis of dementia, considering the actual impossibility to prove the first principles. That said, in spiritual care, the transcendental dialectic posture can not decide between idealism versus empiricism: listening to *spiritus* is certainly linked in a transcendental dialectic, but at no time listening to *spiritus* is directed toward either *a priori* or *a posteriori*. Instead, listening moves towards the *fundamentum*, to the unseizable, to the first foundation (first principle), but without taking a position for, or against, metaphysics or physics, for or against a metaphysical or an anthropological definition of spiritual care. The transcendental dialectic approach to spiritual care has the merit of dual stand allowing for a sound intervention based on both the anthropological and metaphysical aspects of spirituality. Whatever the position, be it empirical or transcendental, adopted by the neurologists, psychiatrists, the social workers, the nurses or the spiritual care professionals, it will be impossible to ignore transcendental dialectic, which is an inherent part of the psychic dimension of the transcendental subject<sup>47</sup>.

---

<sup>47</sup>There is a (pseudo?) “scientific” prevailing current, unfortunately also observed in spiritual care, that tries to develop a “spiritualo-metry” in order to quantitatively evaluate spirituality and its “pathology”! (Eltica de Jager Meezenbroek & al., “Measuring Spirituality as a Universal Human Experience: A Review of Spirituality Questionnaires”, *Journal of Religion and Health*, 51 (2012) 336-354. The search for quantification and intervention models of spiritual development (influenced by religious and scale models of Maslow) raises two major problems: they impose a hierarchy in spirituality, distinguishing spiritual truth and spiritual beliefs (spiritual illusion) and they favor a certain ideal for achieving a spiritual good.

The problem does not lay in the assessment and intervention models of spiritual care (depending on the model of course), but in the application of such preset data collecting and diagnostic models as the numeric rating scales in spiritual care Self-Transcendence Scale (STS), the spiritual subscale of the Functional Assessment of Chronic Illness Therapy Scale Spirituality (FACIT-SP) and the Idler Index of Religiosity (IIR). FICA is recommended by the Canadian Virtual Hospice. Following the measurement of the intelligence quotient (IQ) and the emotional quotient Intelligent (EQ), the researcher D. Zohar created a complementary test to measure the Spiritual Quotient (SQ). (Maria Wasner, Christine Longaker, Martin Johannes Fegg & Gian Domenico Borasio, “Effects of Spiritual Care Training for Palliative Care Professionals”, *Palliative Medicine*, 19/2 (2005) 99-104. Danah Zohar, *Rewriting the Corporate Brain: Using the New Science to Rethink How We Structure and Lead Organizations*, San Francisco, Berrett-Koehler Publishers, 1997. Other investigators also followed the path of Zohar: Cindy Wigglesworth, *SQ 21: The 21 Skills of Spiritual Intelligence*, New York, Select Books, 2012. Stephen Covey, *The 8th Habit: From Effectiveness to Greatness*, New York/London, Free Press, 2004. H.G. Koenig, M. McCullough & D.B. Larson, *The Handbook of religion and health*, New York, Oxford University Press, 2000. Danah Zohar, *SQ: Connecting with Our Spiritual Intelligence*, London, Bloomsbury, 2000. R.A. Emmons, “Is Spirituality



### 3. Philosophy of *Credere*

This operation of the mind, which forms the belief of any matter of fact, seems hitherto to have been one of the greatest mysteries of philosophy; though no one has so much as suspected that there was any difficulty in the case; and that even when I think I understand the subject perfectly, I am at a loss for terms to express my meaning<sup>48</sup>.

---

an Intelligence?”, *The International Journal for the Psychology of Religion*, 10 (2000) 27-34. F. Vaughan, “What is Spiritual Intelligence?”, *Journal of Humanistic Psychology*, 42/2 (2002) 16-33. Cindy Wigglesworth, “Why Spiritual Intelligence is Essential to Mature Leadership”, *Integral Leadership Review*, VI/3 (2006). David B. King & Teresa L. DeCicco, “A Viable Model and Self-Report Measure of Spiritual Intelligence”, *The International Journal of Transpersonal Studies*, 28 (2009) 68-85. Vineeth.V. Kumar & Manju Mehta, *Scale for Spiritual Intelligence*, 2011. T. Kumar & S. Pragadeeswaran, “Effects of Occupational Stress on Spiritual Quotient Among Executives”, *International Journal of Trade, Economics and Finance*, 2/4 (2011) 288-292. T. Ravikumar & Dr. Dhamodharan, “Impact of Spiritual Intelligence on Organizational Commitment and Job Satisfaction of Employees in Banking Sector”, *The International Journal's. Research Journal of Economics & Business Studies*, 3/5 (2014) 1-9).

Certainly, in clinical spiritual care, there are models of intervention, objectives and plans of care, but they are “unqualified” models (i.e. they are not a conditioned response and are not determined by railings or steps, as the Kubler-Ross model, for example, in order to tackle the meaning of the words of patients). They do constitute a predetermined action to plan and determine spiritual care. On the other hand, they are certainly not mere improvisations, since the listening is built from the word of the person. Indeed, although the specific intervention in spiritual care cannot handle the transfer, it remains that the procedure can take the transfer into account: in a certain way, it replaces the process of transference by the biblical concept of forgiveness. Could indeed the process of forgiveness be the real pivot of an efficient intervention in spiritual care?

The interest of spiritual care is not to find the Truth but, rather, to reach the subjective truth of the individual, by listening to the half-said. Indeed, it seems to be the only profession in health care settings which does not hold the truth. Our work in spiritual care is to accompany the patient in his own way, to create opportunities for voicing, without attempting to normalize his word, his life story or imposing our truth. The subject is always caught in dialectic choices. Spiritual care focuses on existential drama, on what is unseizable in the lives of patients. Acceptance of choice does not remove the drama about the *spiritus*: the existential drama will always be there. In fact, the profession of spiritual care, by not proposing a choice, is the only profession in health care centers who cares and is interested in the dimension of drama and over the loss that will play in the drama logic.

<sup>48</sup> David Hume, *A Treatise of Human Nature*, London, Penguin Books, 1985, (1739), p.82.

We now reach the third concept, *credere*<sup>49</sup>, which we want to include in our approach to clinical spiritual care<sup>50</sup>. In transcendental dialectic, *credere* is closely linked to the *spiritus*. In fact, *credere* is inherent to the structure of the subject of *spiritus*. *Credere*, as an act of trust, directly involves the “talking”. According to Algirdas Julien Greimas :

Le latin “credere” couvrait en même temps les champs de signification, aujourd’hui séparés, de croyance et de confiance ; la confiance entre les hommes, établie et

---

<sup>49</sup> To move forward on the issue of degenerative dementias, to build the foundations of listening to believe in health care settings, it is worth paying special attention to the layout of the concept of belief in the works of David Hume and Immanuel Kant, to be able to situate Kant's project on the importance of the concept of *Glauben*. One of the main guidelines in Kant's works, unfortunately too often forgotten, yet clearly identified and ardently defended in the *Critique of Pure Reason*, is to save at least the metaphysics of empirical science, namely: “I had to put aside (or remove) knowledge so that there is space for the *Glauben*”. Here there is a great difficulty in translating *zum Glauben* in the words of Kant. The classic philological translation of *zum Glauben* proposes the term “belief” or “faith” instead of “believe” which is more an hermeneutical than a strictly grammatical and linguistic interpretation of *zum Glauben* (as we have discussed in our article “Parler, c’est croire”). We can try to clarify the explanation of this linguistic twist at the end *Glauben*. Clearly, *Glauben*, in this way, is supposed to be a name, so the more accurate translation would be either belief or faith, and translating *Glauben* by believe would not be appropriate since “believe” is a verb. That said, the work of Kant, in this case, the *Critique of Pure Reason*, does not take the word belief as an object of knowledge, but as a movement, a psychic act of the transcendental subject: it is why it seems more appropriate to translate *zum Glauben* by a term (a verb) that relays the movement, the act of the transcendental subject. Whereas “faith” is built on the slope of the having and “belief” does involve a revelation. The belief is in an objective sense, a content that can be analyzed sociologically as the Catholic, Christian, Muslim, Jewish faith, for example. In this sense, we think that Kant was misdirected in using the names instead of the verb *Glauben*, since either name remains in the field of a divine revelation of belief. However, Kant does not want to deal with the belief as content, as content as do science and sociologists of religion, for example. Indeed, it is an act of transcendental topic, a subject of transcendental ethics. Interest in the belief and *Glauben* is not limited to Hume and Kant. Indeed, such an investigation of *pistis* is found right at the beginnings of Greek philosophy, with the pre-Socratics Heraclitus (frag 33; B2, v.5-9; B21, v.1-6), Empedocles (frag. 114) and Parmenides (BI, v.30, v.52, BII, v.4; v.7; BVIII, v.12; v.50). Iribarren, Leopoldo, « Rationalisations de la croyance : la construction de la *pistis* comme philosophème chez Parménide et Empédocle », *Revue de philosophie ancienne*, 24 (2006), p.63-82. And, at the root of the *pistis*, commonly translated as “belief” or “faith” in the field of philosophy, is the question of confidence in our desire, our speech, and the movement of our soul towards the truth, the universe and our desire to be with the One. Pierre, Destrée, “La confiance au monde: de l’Ur-doxa husserlienne à la PISTIS des PRÉSOCRATIQUES”, in : R. Brisart and R. Célis (éd.), *La voix des phénomènes*, Bruxelles, Universitaires Saint-Louis, 1995. Certainly, the hermeneutic interpretation that philosophers give to the term belief is substantially similar to the definition we give to the verb believe, an act of trust in our own words and speeches

<sup>50</sup> Here, we shall discuss briefly the notion of *credere* in spiritual care. For more details, one should refer to the brilliant and meticulous scholarly thesis of Marie-Eve Garand, *Sectaire et « inter-dit »*. *Introduction de la dimension du croire dans l’écoute du dire des personnes ayant vécu une expérience sectaire*, Thèse de doctorat, Université de Montréal, 2013.

maintenue, fondait la confiance dans leur dire sur les choses et, finalement, dans les choses elles-mêmes<sup>51</sup>.

We see clearly in the definition of Greimas, that *credere* (believe) covers both the field of belief and the field of trust. In this regard, one of the errors of modernity is to associate too quickly believe, belief and faith with the religious field. It is true that believing, defined as an “acte de confiance (en un dieu) impliquant restitution sous forme de faveur divine accordée au fidèle”<sup>52</sup> has a religious connotation. However believing is also given an analogous definition in the economic domain: “confier une chose avec certitude de la récupérer”<sup>53</sup>. So there is a credit in the act of exchange, for a return<sup>54</sup>.

There is not an absolute correspondence between theories and objects. When the first principles cannot be proved, a relationship of trust, or believe, between theories and objects must intervene. But we often forget that this philosophical quest for principles arises from hypotheses whose etymology is very significant because it involves a lack, a deficiency, an opinion, an assertion. The building of knowledge blossoms on the mere existence of a lack. However, the building of knowledge would be impossible without the intervention of *credere* in the first principles. The philosophical quest is done from various approaches: the unconscious, the consciousness, the reason, and the soul for example. In this article, we base our quest for truth, the origins, the beginnings, among others, on the central concept of *credere*. From the point of view of the subject of *credere*, this certainly has to do with the truth, but in the sense of “holding-for-true” (*Fürwahrhalten*).

The assertion that *credere* is experienced from, and within, the psyche implies that we have to rely trustfully upon language<sup>55</sup>, even though networks of significant dynamic differentials interact and contribute to structure our soul without our knowledge<sup>56</sup>. Thus, the introduction of a new variable in our psyche and our network of signifiers is sufficient to bring about a change in our relation to *credere* and to induce changes modifying the interrelations and interactions of the structuring elements of the psyche and the signifiers<sup>57</sup>. Indeed, it is the *credere* which allows for the movement, not only of variables, but also of the structures,

---

<sup>51</sup> Algirdas Julien Greimas, *Du sens II. Essai sémiotique*, Paris, Seuil, 1983, p.47.

<sup>52</sup> Émile Benveniste, *Dictionnaire des institutions Indo-Européenne*, Paris, Les éditions de Minuit, 1969, p.172.

<sup>53</sup> Émile Benveniste, *Dictionnaire des institutions Indo-Européenne*, p.171.

<sup>54</sup> Didier Marteau. « Le rôle des croyances collectives dans la crise financière », dans : *Le monde*, 21 mars 2008.

<sup>55</sup> Prior to and above its religious connotation, the *credere* is first of all concerned with the spoken word, the trust and the hope.

<sup>56</sup> Claude Lévi-Strauss, *Anthropologie structurale* (Paris: Plon, 1974), 226.

<sup>57</sup> Émile Benveniste, *Problèmes de linguistique générale 1* (Paris: Gallimard, 1966), 54.

either by introducing new elements or by modifying the signifier structure. Experiencing the believe starts from the articulation of signifiers. The listening to *credere* is a movement of the human being who, by her words, constructs himself as a speaking and a desiring subject. In fact, *credere* can propel us in another scene and another dimension of love.

Nonetheless, believe provides opportunities for knowledge by uncovering new paths to knowledge. Our knowledge, which hopefully points to the truth, is based on believe. There is no prior knowledge about and science regarding pre archetypes. In clinical spiritual care, when patients talk about their experience of *credere*, they do not express certainty, but a sense of lack, doubt, and uncertainty. In other words, the immediacy of *credere* is not given in direct relation to the object. How then can we listen to a patient by taking into account his relation to *credere* without reducing his belief to a scientifically analyzable object? In this sense, in the clinical field, listening to the *credere* takes into account the relation of a person to *credere* without reducing the *credere* neither to the sole subjective dimension nor to the simple empirical analysis of an object.

Unlike in spiritual care, other professionals in health care centers address *credere* on the side of the imaginary, the conscious self, although *credere* belongs to the field of the *spiritus*. For example, in a classic case, when a person from a sect is hospitalized, the primary objective of other professionals is to bring the patient to reality. The goal is to have the patient get rid of his beliefs, his imaginary world, and find the truth, the reality as seen by “normal” people. On the other hand, spiritual care does not lie on the imaginary side, but on the symbolic side of the act of the subject. For other health professionals, these beliefs are a cognitive distortion, something that opposes reality, an intellectual aberration that should be corrected. Spiritual care does not put the emphasis on reality, since it is not the content of the beliefs that seems fundamental, but the relation to *credere* that puts the subject in a movement.

If we stay in the sphere of the mere beliefs, we risk harming the patient by wanting to change his belief in order to reach our truth. Listening to *credere*, the act of believing of the subject, allows us to stand on the slope of *credere* of the *spiritus* and share the moment when the transcendental subject is concerned with identity, with something that transcends the symbols of his beliefs. Spiritual care is not a therapeutical relationship: such an approach implies that the person is sick and needs treatment (helping relationship and helping alliance)<sup>58</sup> : spiritual care is rather the art of listening to the subject, to the *credere* itself, in order to intervene in spiritual crisis.

---

<sup>58</sup> Jack M. Thompson, “The Relationship between Carl Rogers' Helping Relationship Concept and Teacher Behaviour”, *California Journal of Education Research*, 20/4 (1969) 151-161.

## CONCLUSION

Throughout this article, we did try to identify the essence and the uniqueness of spiritual care starting from three major concepts: *spiritus*, *fundamentum* and *credere*. Based on the concept of *spiritus*, we fundamentally challenge the definitions of contemporary spirituality. Our objective is to go back to the etymology of *spiritus* in order to make a turn from the current dilute definitions previously proposed and provide an original approach which, we think, is crucial for the future of clinical spiritual care research. The major contribution of our thesis is that listening to the *spiritus* in spiritual care, which differs from listening to the *credere*, can not be described in terms of opposition. We want to emphasize that the notion of *spiritus* is a *hyphen* notion of metaphysics and physics. Listening to the *spiritus* does not belong to the dichotomy of immateriality and materiality, of belief and truth, but to the realm of the unseizable.

Although other health care professions such as psychology, sociology, psychiatry, for example, may claim that they tackle objectively the phenomenon (“what can be grasped” empirically), they nonetheless have to refer (consciously or not), as do philosophers and theologians, to a first principle, to a *fundamentum* which cannot be proved but from which they have to start in order to elaborate their thesis. In so doing, they have to rely on *credere*, they have to believe that the first principles are true.