

Leading Spirituality Groups in Multi-Faith Settings: Developing a Psychology and  
Theology through the Use of and Examples

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I have just three things to teach: simplicity, patience, compassion.

These three are your greatest treasures.

Simple in action and in thoughts, you return to the source of being.

Patient with both friends and enemies, you accept the way things are.

Compassionate toward yourself, you reunite all things in the world.

Tao Te Ching, Ch 67

Studies show that religion or spirituality is considered very important by people in general and by patients in particular. Providing spiritual care to the person in the hospital is at least as important as it has been in the past. With shifting understandings of religion and spirituality, it is even more important to offer patients the opportunity to articulate their beliefs and questions. Spirituality groups provide opportunities for patients to touch whatever their sense of inner being might be, to listen to and share with others the process of coming to accept a chronic illness, and to develop a sense of respect and compassion for themselves.

In *The Interpersonal World of the Infant*, Daniel Stern describes the steps in developing a cohesive sense of self that can engage with others and that includes a sense of ability to

direct the body's actions. Illness can disrupt that sense of self. This session will share comments from patients about the restoration of this sense of self in a Spiritual Resources Group in a psychiatric unit and in an oncology setting.

The presenters will describe and provide handouts for some of the activities we have found helpful in groups of people from different spiritual orientations. Those attending are invited to email examples of their groups activities to [Patricia.Murphy@rush.edu](mailto:Patricia.Murphy@rush.edu) so that they can also be distributed.

What we do as chaplains and pastoral care providers often is consistent with psychological theory. Richard Lazarus' understanding about coping with stress will give us the opportunity to gain a perspective on the role religion or spirituality might play for the patients. Albert Bandura's social learning theory will support the value of learning in a group of peers and his Self-Efficacy theory will inform the value patients find in being invited to use and share their own inner resources.

Wisdom about the self and about the role of community is shared in the writings and stories of many spiritual groups. We will offer some of our theological reflections on group activities and will invite participants to share reflections from their spiritual traditions.