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"I Lift Up My Eyes to the Mountains" Addressing the Spirituality of Cancer Patients

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Abstract

Spirituality is of growing interest in the field of health care and accordingly, several assessment tools and spiritual care guidelines and models are being developed. Creative bibliotherapy has a role in this field assessing and addressing the spiritual needs of patients at multiple moments during treatment. Stories of several religious traditions are known to be of use in psychotherapy and counselling. Here we focus on religious texts' potential to support the spiritual and psychological growth and well-being of cancer patients concerning their special needs. These texts may stimulate patients to find themselves in these stories, to construct their narratives in such a way as to cohere their present, make meaning of their past, and give hope and direction to their future.

Keywords: cancer patients; spirituality; sacred texts; retelling of sacred stories; artful adaptations of religious texts

Introduction

The Hungarian saying "let's start from the stove" implies the unexperienced dancer's safety point in space from where he or she can perform his or her dancing moves. Roland Acsai's contemporary Hungarian poem[1] builds on the image of the stove as a safety point in the hazards of life throughout a lifetime. It is not the stove per se but the warmth it produces that enlivens and supports human beings and their manifold connections, familial relationships and partnerships as well. So is spirituality the warmth of existence – regardless of springing from religion or not.

The aim of my essay is to draw attention to questions of spirituality as they emerge during the cancer experience, and provide ways and means of addressing them through bibliotherapy. The context is clinical, nevertheless, the ever changing limits between health and illness may yield outcomes worth considering outside the clinical context as well. I will provide some pieces of basic background information concerning different understandings of health and illness, and spirituality; the relationships between them. In my approach I will cover both evidences and problems.

My endevour as a bibliotherapist is to present texts that have been proved to be useful in the medical context, and contribute with more ideas for the extention of their list. The last part of my essay is dedicated to my experience on the field. I will evoke past group experience, present undertakings and my plans for the future. Hopefully, this timeline arrangement will also give a modest insight of how and for what end spirituality can be approached and discussed with patients.

[1] Available at https://doi.org/10.5281/zenodo.17507779

Evidences and problems regarding health, illness and spirituality

The human being is a multidimensional entity: biological, physical, chemical, psychological, social dimensions can be distinguished, but not separated as they are interwoven in one another. Health, illness and healing are also defined as multidimensional concepts (Hidvégi, 2015). The dimensions of health include biological health (the proper functioning of our bodies), psychological health (a sign of our personal worldview, our principles of behaviour, the calmness of mind, and being reconciled with ourselves), mental health (the ability to think clearly, consistently, reflectively), emotional health (the ability to recognise and express feelings appropriately), social health (the ability to build healthy relationships with others). What is more, illness is an existential concept as well, because the acknowledgement "I am ill" does not only mean that one detects his or her own physical symptoms, but also that one's whole being is changed, destabilised, perceiving oneself as different (Rütten, 2012; Tillich, 1961). There can be healing that produces improvement in one dimension but deterioration in another. If healing affects only one dimension, then we can speak of "unhealthy health" (Tillich, 1961). Partial cure is unavoidable, but it can cause illness in another dimension, and therefore different disciplines need to work together – this is comprised by the idea of the wholistic care. How is this relevant in the field of cancer? Treatments are long and difficult to endure, they are a constant challenge, or more severely, they may involve a recurrent traumatization.

The multidimensionality of the concept of health has been asserted in the definition of health by the World Health Organization as well (WHO, 1984). It is also widely accepted that health is not an end in itself or an ideal to be achieved, but a resource that enables living the everyday life and performing one's roles. A spiritual dimension of health was also debated as early as 1983, and the during the 37th World Health Assembly in 1984 member states were invited to include a spiritual dimension[2] in their healthcare policies.

I accept a dynamic conception of health (and illness as well) along a continuum, because health is unique to each person, it is constantly changing throughout life, the external and internal influences that affect it are only partially controllable in absolute terms. However, its unique manifestation can be accepted and integrated as part of life through one's adaptability, resilience and meaning-making, and much good can come from bad things (Antonovsky, 1982).

Ralph L. Piedmont's Big Five model of personality has been complemented by a sixth component of spirituality, which represents an additional level of personality development beyond the self, encompassing values such as altruism, humanity, the search for meaning and responsibility (not only for the self, but also for the other or the universe) (Piedmont, 1999; Rican & Janosova, 2010). Jungian analytical psychology and transpersonal psychology provide the theoretical background for the inclusion of spirituality into the multidimensional human entity.

Without recounting and comparing the numerous competing definitions of spirituality in health psychology, I refer only to two definitions here. The first is a narrow one defining spirituality as "the relationship to transcendence, to the non-material and/or perceived sacred aspects of existence and the universe" (Moreira-Almeida, Koenig & Lucchetti, 2014). This is free from the "contamination" of positive psychology concepts (Koenig, 2008). The second one merges different definitions so as to include as many aspects as possible, and states that "Spirituality is a personal

[2] "Understanding the spiritual dimension to imply a phenomenon that is not material in nature but belongs to the realm of ideas, beliefs, values and ethics that have arisen in the minds and conscience of human beings, particularly ennobling ideas" – World Health Organization, 'Thirty-Seventh World Health Assembly, Geneva, 7–17 May 1984: Summary Records of Committees', 82–3. quoted by Peng-Keller, Simon (2022).

search for meaning and purpose in life, which may or may not be related to religion. It entails connection to self-chosen and or religious beliefs, values, and practices that give meaning to life, thereby inspiring and motivating individuals to achieve their optimal being. This connection brings faith, hope, peace, and empowerment. The results are joy, forgiveness of oneself and others, awareness and acceptance of hardship and mortality, a heightened sense of physical and emotional well-being, and the ability to transcend beyond the infirmities of existence" (Tanyi, 2002, 506). I chose these two corresponding to Koenig's recommendations according to which an inclusive understanding of spirituality is to be used in the clinical setting to facilitate communication and avoid discrimination and exclusion of patients (Koenig, 2008).

As concerns the positive relationship between spirituality and health, a considerable literature is in favour. However, one must admit that spirituality (and religion) may have negative effects through negative religious coping (such as maladaptive religious behaviour, negative feelings of abandonment, remorse, a sense of punishment, etc.), or due to clinical symptoms having spiritual or religious etiologic components (Nagy D. S. et al., 2024; Josephson, 2004). What makes these finding difficult to adopt in the bibliotherapeutic sessions is that the geographical and sociological criteria are not taken into consideration in most of the research. The continents of the world are very different culturally in terms of secularity and/or religiosity. The extent to which world religions permeate societies is also very diverse. The publicity or privacy of spirituality and/or religion may highly differ. All these may affect the outcome of research, or at least they may hinder the reduplication and adaptability of their findings. Although spirituality is conceived as universal, its relationship to health and illness is culturally determined.

In the available literature spirituality is generally conceived as a larger concept than religion, which means that one may count as spiritual with or without being religious. This idea also has its cultural limits. Where religion is outward and permeates all areas of life, the relationship may be the reverse with religion being the larger concept. Indifferent of how we conceive spirituality – with or without any religious roots or aspects –, it is necessary both for a healthy living and a healthy dying. We may conceive religion as the stove of the introductory poem, and accordingly, spirituality as the warmth it produces. Unfortunately, there may be forms and practices of religion which lack this warmth. As in the case of health and illness, I also think of religion and spirituality as multidimensional, overlapping concepts, which may acquire healthy and unhealthy forms.

In medical care a large number of assessment tools have been developped since the early 1980-es, all of which underline the expectation of patients to have their spirituality addressed (Lucchetti, Giancarlo et al., 2013; Cadge & Bandini, 2015). But the question remains: who is in charge to address those needs and how to do it most effectively? Even if the expectation of patients to have their spiritual care delivered by the medical staff remains unmet for different reasons (lack of training, time, etc.), the harmonious or unisonant care of medical and supporting staff is of huge importance in spiritual issues as well.

As regards cancer, the new epidemic, it is difficult to state general rules regarding the effect of spirituality and/or religiosity on the prevalence, procession or outcome of the disease. If it appears in a smaller number within a culturally or religiously well defined population, it is due to the healthier lifestyle imposed by the particular community (Daniels et al., 2004; O'Reilly & Rosato, 2008). However, if the disease is already manifest, spirituality and/or religiosity can positively affect coping, lengthen life expectancy and raise overall quality of life due to an efficient functioning of the immune system in a number of cancer types (Sephton et al., 2001; Kinney et al.,

2003; Lissoni et al., 2008). It is to be underlined that both quality of life and personal fulfillment in life are serious and valuable results for patients and nonpatients alike.

What is good news in the bad news of the growing number of cancer patients is that a significant number of the disease may be tamed, controlled and increasingly transformed into a chronic disease. This is why and where the multidimensional care of patients is of outmost importance. In my experience, cancer patients have a great variety of religiosity and spirituality even though our rural society in Hungary is less multicultural than the Western European countries. Even people belonging to the same creed, may greatly differ in their spiritual values and practices. What is favourable in the different forms of reading therapies is that they may assess and also address the different spiritual needs as they evolve during the treatment and rehabilitation period (Bálint & Magyari, 2020).

Texts and effects

As a librarian working in an ecclesiastical library that supports theological training, I find our collection a source of inspiration and an inexhaustable fountain of knowledge and texts. Sacred texts may be used in bibliotherapy in clinical setting, or they can inspire choosing the appropiate texts. The excerpts of my essay originate from the Abrahamic religions (Judaism, Christianity and Islam).

Recent literature testifies the beneficial effects of "murottal therapy" of Islam. It consists of the regular chant or loud recitation of certain passages of the Quran. As a spiritual intervention it is used for reducing anxiety before surgery, or reducing pain during treatment, in post-operative and in terminal period, etc. with significant results. It is appreciated as a non-pharmaceutical means (Lismayanti, 2021, Sri Wahyuningsih, 2023). The passages often used are the first lines of the Quran, the so-called "essence" of the Quran, an introductory prayer, and chapter or Surah 55. In my therapeutic text inventory[3] containing textual appendices to this study I present two translations in paralel, the first one is eloquent, abundant in words and images, an elevated style very true to the artistic language of the original – as they say –, the second gives back the ideas in a simple wording. I set in bold the refrain of this prose to underline the rhythm of the text. In the 78 verses long passage the message implied is that God is in control of this beautiful world, and benevolent to the observant who will get their outmost reward in the afterlife. Its soothing effect originates in different aspects of the verses. As regards the content, it focuses on the good things of life and good deeds of God. As regards the form, the text exhibits undeniable artistic values (imagery, language and rhythm). As regards its status, it is regarded a highly sacred text. All three aspects contribute its soothing effects which is connected, paradoxically, to the idea that in Islam suffering brings patients closer to God, to their spiritual purpose in life and after.

A corresponding passage so well-known in Europe may be Psalm 23 of the Hebrew and Christian Bible. It incapsulates the same ideas of reassurance among the adversities of life, such as a serious illness like cancer is. But there are other outstanding passages as well religious people may identify with. (E. g. Psalm 90 for Reformed Christians.) It is worth exploring if patients have such texts they bond with or rely on, and explain the story of that bonding.

The refrain of the 55th chapter of the Quran may conjure up both the content and the rhytmical structure of a song from the Jewish Haggadah, the liturgical text read out by all families at the

[3] Available at https://doi.org/10.5281/zenodo.17508008

Jewish passover meal. After evoking the story of the exodus, the Haggadah continues with this song. To be noticed that the refrain again is about how much good and wonder the Israelites witnessed through the events of their deliverence when they left Egypt. The experience lived on the community level is completed by a custom among the Jews that whenever there is a person in the family on the threshold of dying, he or she is invited to ponder and enumerate all the good things he or she was bestowed on during his or her lifetime. This task may equal composing and making public a unique ransom song or a spiritual autobiography.

The Book of Job is one of the most profound and most poetic parts of the Bible. The central theme is the different phases of suffering with many insights into the psychology of the sufferer and its relationships. Called the oldest selfhelp book, a compass for the lost in the labirinth of pain, a medical compendium for aleviating the psychological effects of serious medical conditions, and an honest acknowledgement of the traumatizing effect of suffering by any cause (Oeming & Schmid, 2015). Portraying a whole array of negative emotions as anger, revolt, contempt, and actions like lamenting, scolding, cursing, resisting and protesting – allows the sufferer to go through all phases of emotional and mental suffering, and empowers honest self-reflection all along. Different types of counselling may also be identified in the text. However, is it appropriate for a bibliotherapy group? My last bibiotherapy group of cancer patients asked for a study of it in the near future, which I consider to be quite a challenge. It is always beneficial to find as many translations, and versions of canonical texts and extracanonical retellings of their story, because they can vary a lot in how they present different characters and their interrelations – one may find versions far more fair and supportive towards women for instance. They also help in expanding and contextualizing the text, due to the fact that they gained their different versions answering different contextual questions and challenges (Bálint, 2021). In fact, a similar contextualization and appropriation happens in literary adaptations, recreations of the book or the figure of Job. The contemporary Hungarian poem entitled "About God"[4] by Ágnes Nemes Nagy is a modern retelling of the Job-experience, even though it does not mention the hero's name. The closing line can be considered a quotation from the Book of Job – the silencing gesture is the same. Another exciting short story inspired by the biblical narrative is "Job's Jobs"[5] by Aimee Bender.

It is of utmost importance to link these old texts of the different religious traditions to contemporary experience expressed by contemporary pieces of written art. I consider the dialogue of the sacred and the secular an entry point into the world of these texts and into self-exploration as well. One important outcome is the realization that there is nothing new under the sun, and this may diminish the alienating effect of suffering and loneliness. I as a sufferer am one with all those who lived, loved and worked before me. One of my techniques in working with groups consists in this combination and correlation of texts.

My experience with groups

Working with texts of religious origin does not hinder my adherence to the inclusive definition of spirituality formulated and used by Jager Meezenbroek et al. (2012, 142): "one's striving for and experience of connection with the essence of life." This connection may be manifested in three

[4] Available at: https://web.archive.org/web/20251011143418/https://www.babelmatrix.org/works/hu/Nemes_Nagy_%C3%81gnes-1922/Istenr%C5%91l/en/50843-About_God (retrieved on 1st November 2025)

[5] Available at https://www.laweekly.com/jobs-jobs/ (retrieved on 14th December 2024)

relations: one's connectedness with oneself, with others and nature, and one's connectedness with the transcendent. This includes theistic and non-theistic understandings as well. The goal is to achieve one's optimal being that is unique and unrepeatable.

Our groups in the oncology setting were meant to be supportive groups with focus on self-exploration and self-knowledge in the context of illness so as to raise awareness of one's strengths and weaknesses, coping styles and means. Sessions were build in accordance to Hynes and Hynes-Berry's (2012) principles of interactive bibliotherapy transfused through and complemented by the Hungarian training course led by Judit Béres (Béres, 2018). We used different contemporary literary works, both poems and prose. Even though spirituality was not deliberately set in focus, lots of needs and problems, topics arose, such as the authenticity of one's life, living one's unique human lifestory, the true calling or purpose of one's life, the freedom of choice, questions of control over one's life. Patients' lifestories provided positive and negative examples and answers to these questions. Family appeared as a resource contrasting loneliness and isolation. The history of the larger family, transgenerational inheritence proved to be a source of strength and coping, a model to return to. Faith in God and/or afterlife proved to be a positive, empowering idea even without the support of a faith community. Prayer was also presented as a model of religious coping against the stress of clinical events during treatment. Sacred symbols formed a bond among patients of different levels of spirituality or religiosity. Questions of transcendence of reality evolved in connection with religious feast like Easter or Christmas. Patients were open and curious of how others think, feel and act, of how they process their lived experiences of spirituality and meaning-making. On the other hand, negative aspects have also emerged in the form of feelings of guilt, self-accusation, or inertness. Members of the group were able to share ways of reconciliation with self and others, and accepted and supported those who were stuck or in the middle of this process.

We also lead a group deliberately based on biblical texts. Interest was surprisingly high, the group was the quickest to form, patients of religious and atheist background have also answered the roll. I planned the series based on texts connected by the motifs of building, tearing down and rebuilding, with the same therapeutic purpose of self-knowledge and accomodation to treatment and life beyond. The fact that attendees were familiar with the stories made interpretations and connection more difficult in the beginning. What are we allowed or free from within to do with the text perceived or transmissed as sacred? Different attitudes emerged from all worldviews. We found that rigid religiosity hindered some in acquiring new meanings, the traditional theological interpretations were set, not leaving room for new insights. Agnostic worldview paired with an open personality was effective and fruitful in dealing with the texts and exercises built upon them, and it led to a positive group experience. Those with an intrinsic religiosity were free to make the extra mile beyond the traditional interpretations, and found new personal meaning and relevance, moreover they embraced their own and the world's vulnerability, not-so-perfect state as never before. Spirituality proved to be supported but also highly inhibited by religiosity.

As a result, I realized that literature and the therapeutic approach built on it may successfully address negative, rigid, frozen religious attitudes. As an experiment, I started a reading group for religious people outside the clinical context where biblical and literary texts are read in paralel. Contemporary works of literature introduce the biblical ones forming a bridge, a natural connection to everlasting existential questions the old texts address as well, but thus liberating them from long settled interpretations. Contemporary artistic texts help formulate the relevant problems and questions with which we can approach the old sacred texts. Sometimes a good, wellpointed question is better that many unaiming answers. And as it is realistic, members with serious health issues are also present in this group.

Future plans

Until now I summarized and addressed one layer of the many topics that have occured in my bibliotherapy sessions, namely spirituality, providing theoretical background and experience from practice. Concerning my future projects I plan to give spirituality a more prominent place in one of my forthcoming groups. Nicholas Mazza approaches spirituality as a special topic, but acknowledges that poetry has had a place in spirituality since the earliest times. Today we face different but equally harsh realities, this is why we should "support each other on practical, emotional, and spiritual levels through poetry and other forms of writing" (Mazza, 2022, 189). This approach blurs the difference between the healthy and the sick, since both face the danger of loosing their certainties, meaning, and sense of control in worldwide crises such as the recent COVID-19 pandemic, imminent war-threats, etc. I have found inspiration for my future plans in works about spiritual journalling and storytelling, plus a monography on therapeutic writing in the context of Christian counselling (Peace, 1995; Peace & Peace, 1996; Mikola, 2024).

The aim and undertaking of the group would be writing and sharing a spiritual autobiography, this special brand of autobiography which concentrates only on one aspect of someone's life. It might also be the description and evolution of a spiritual interest in order to raise awareness about its history and effect, its potential for helping, encouraging, and rebuilding of one's life.

Autobiographical writing has commenced with Saint Augustine who explored, recorded and made public his life events, his intellectual formation and personality development in the framework of the history of his position and relationship towards the God of the Christian tradition. Written in the form of a prayer, the prototype of autobiography writing was a spiritual autobiography nailing God an eternal point of reference. Outside the religious setting, all the events, personalities, places that affected and effectuated one's identity or character formation might form the topic of a spiritual autobiography. The basic question to be answered in a spiritual autobiography: "What makes me more me, or a better be, and how have I/can I surpass(ed) my actual being, and have realized/realize my potential?" There is always more comprised in this question than a mere physical, intellectual, emotional, or relational self-relfection and goalsetting – though all these subterritories are involved. Augustine's Confessions were able to capture all things, good and bad: errors and going astray, and finding peace and joy – in a well written spiritual autobiography all pieces of one's life puzzle may eventually find their fitting and meaningful place.

Writing a spiritual autobiography is an exercise in self-reflection from an eternal point of reference. It is beneficial for several reasons: it gives a larger frame for understanding and explaining or interpreting one's life's events; directs one's focus to the important as opposed to the ephemeral; it throws into relief the meaning of one's life, or stimulates one to find or clarify the meaning of life; it is purifying and perhaps even painful sometimes as it must clear away things that veil this layer of life.

How can one make a distinction between a normal autobiography and a spiritual autobiography? There is no need to press on dividing the ordinary everyday life from the extraordinary experience or dimension because life is complicated and vast, not fitting into neat categories. Moreover, the extraordinary is revealed or accessed through the ordinary, activities like eating, sleeping, making love, or events we live through and choices we make in our relationships. The spiritual realm pervades all nature, all activities, all places and all times. What makes an autobiography spiritual is its focus and the picking of events and the choice to include in our history and interpret them as such. It is simple to evoke life-altering events and experiences in their remoteness, but it is a

challenge to seize their longterm effects, the way in which they have already transformed one's attention, attitude, way of thinking, and purpose in life. If the spiritual may spring up anywhere, the task is to capture its appearance in concrete situations and times and activities.

Kathleen Norris's short essay entitled "The Garden" (Norris, 1996, 269-271) is an example of how an everyday activity like gardening may transcend the reality of plants and species. Through recalling older generations' attitude towards her little piece of land, gardening and reflection on this activity eventually turns into an exploration of self and purpose, and a spiritual description of what is "paradise lost and regained". In fact, all major images, topics or symbols of the religious spirituality can be used to sensitize people to the spiritual aspect of the quotidian – the garden is one of these as much as the feast, the journey, the exile, the desert, darkness and light, silence, up or height (McGrath, 1999) – just like my title goes: "I lift up my eyes to the mountains" (Psalm 121,1).

Conclusions

Spirituality is recognized and explored as part of the human personality and as a terrain for quest for meaning in life. Healthy living and dying may not be severed from spiritual issues of life. In the clinical context, an inclusive understanding of spirituality strengthens patients' modalities of accomodation, meaning-making, and coping with serious, life-threatening diseases like cancer. Bibliotherapeutic interventions are able to bring into focus spiritual needs and topics. In this essay I argued for the inclusion of sacred texts into the bibliotherapeutic process, since they have been proved efficient on many levels, and I offered insight into the dialogue these texts are having with contemporary works of literature.

For a summarized conclusion in an artistic form, I advert to another contemporary Hungarian poem. Péter Kántor's "What Should God Know?"[6] will prove how I conceive the idea that spirituality is a free, bold and inescapable bond with transcendence permeating the quotidian. It transubstantiates and elevates our human experiences during lifetime and across states of health and unhealth to provide solace, comfort and meaning in all circumstances.

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[6] Available at https://doi.org/10.5281/zenodo.17507934

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