"Entreat God to give you to feel spiritual aspiration and yearning. For whenever this yearning of spirit comes upon you, you will stand aloof from the world and the world will stand aloof from you. It is, however, impossible to experience this without stillness, ascetic endeavor, and the converse of reading devoted to the same. Without the latter, do not seek the former (i.e. the yearning of the spirit); for if you seek after it, it will gradually be altered and become corporeal. Let him who has understanding understand.

For every virtue is the mother of a second. If, then, you abandon the mother which gives birth to the virtues and go out to seek the daughters before you have acquired their mother, those virtues will be vipers to your soul, and if you do not hurl them away from you, speedily you will die."

St. Isaac the Syrian

In a recent European conference that I attended regarding pastoral care and counseling, a group of us attending the conference went out for dinner. In conversing with one another, I told those in the group that I was going to come to London to speak on the topic of Spirituality and Health Care, and a spontaneous discussion arose concerning the topic. We all agreed that, the way the meaning of spirituality is developing today in various circles is a major concern and a central issue to be examined. After discussion about what is spiritual care, there was a brief pause. Then, one of the members of the group stated: “we as Christian pastors can only speak of spirituality within a Christian context. There was again a brief pause and then I asked: and what is Christian spirituality? One person responded that Christian spirituality is about life. Another said that it was about God, and the discussed started from where it set out, trying to determine the meaning of spiritual care.

It is not at all coincidental that in the era in which we live, that “spirituality” has become a term that is widely used, a word that has acquired various meanings. Likewise, there is no wonder that there has been such an interest in what is
spiritual. Over the past century, religious life has slowly been put into public restraints and misunderstood. In Western society, this is done in the name of multiculturalism, “religious equality” and “freedom of religious expression”. In other cultures, which are totalitarian and absolute in their view of religion, either from a positive or negative perspective, varieties of religious expression have been even more closely censored, often to the point of not being allowed. In reality, there is a variable that cannot be denied: that one cannot really put limits on a person’s search for meaning and values as they are related to immortality and eternity, whether it is in the name of atheism, secular religious equality, or absolutism. In any case, the yearning for the metaphysical will eventually be sought after. The only thing that will be achieved in combating the expression of this yearning will be some type of rebellion. It will either breed a dangerous type of religious fundamentalism or form a corporeal – “worldly” type of spirituality. In the long run, both of these forms of “spiritual” expression will eventually lead man to a psychological and spiritual despair. For these forms of “spiritual” expression do not provide a positive way of facing life or death in light of immortality.

Here, we must recognize a basic reality: that most people do not want to recognize they are being brought face to face with the “spiritual”-”existential” center of their being. What they would prefer is to be ridded of their painful situation so as to continue to live as before, without any real alteration to their life-style. This is in fact what they really want when they pray for healing. Even if cure is achieved to a certain point, ultimately, one knows, on a subconscious level, that death cannot be avoided and subsequently an encounter with the “Other”. As caregivers, we know that when one comes to face the reality of death, one cannot escape being faced with the reality of the “Other”. It is the meeting of these two realities, death and the “Other”, that form the foundations of spirituality. Both of these realities bring us in touch with our finiteness and with our weaknesses. At the same time, both of these realities bring us before the possibilities of life and eternity. Therefore, the yearning for spirituality is both a source of pain and a source of joy. Thus Christ states that “Very truly, I tell you, you will weep and mourn, but the world will rejoice; you will have pain, but your pain will turn into joy” (John 17:20). The dichotomy between the physical, the created, the rational and the “existential”, uncreated, metaphysical hides a deeper conflict. This dichotomy is the basis of one’s struggle to form a sense of identity and wholeness within a world that is in total conflict within itself, a struggle to find a sense of meaning in life situations that often do not “make sense” in a world that seeks to find fulfillment in itself. We are told by Christ to remain in the world but not to be of the world, to be protected from the evil one and to be vessels of sanctification and bears of truth (see
In the area of health care, the person that personifies this confrontation between life, death and the “Other” is the chaplain and it is within this confrontation that the pastor’s identity is shaped. Amidst the white gowns of doctors, nurses, social workers and lab technicians, which represent a totally rational scientific and technological approach to the physical as expressed in health care, the chaplain’s presence is a quiet reminder that there is something beyond the medical world, that there is a world beyond the world of the hospital, a cosmic reality which is beyond a world which we assure to be rational in its developmental process. If chaplains totally associate themselves with the medical-scientific world, their identity will be so altered, that they will no longer be a lighthouse for spiritual growth; yet, if they decide to remain in a totally impermeable type of religiosity, choosing not to associate themselves with this world at all, they will live in total isolation, unable to provide the care which so many seek. The chaplain’s message is a message of joy within a world that cannot avoid suffering and pain. The presence of the chaplain is a reminder that those who seek this joy must live a spiritual life, a life that does not belong to the world, just as the chaplain does not belong to the world. Spiritual life does not demand that we forsake the world but that this world be cleansed of all evil so that it may be sanctified in His truth. Thus, the chaplain’s main task, that which expresses his and her identity, is that of sanctification.

This statement though immediately brings on a clash of opinions that predominate in the area of health care chaplaincy and pastoral health care in a whole. The first level lays in the conflict between a secular and a faith-centered understanding of spirituality. The second level concerns itself with the meaning of “faith-centered” spirituality itself. I would like to examine these aspects of spirituality with the hope that in doing so, we can comprehend why spirituality today is surprisingly considered as a “forgotten dimension” in both religious life and health care, while being so misinterpreted.

I

Secular and Faith Centered Spirituality

We are living at a very crucial time in history in which the cultural life of peoples and nations are struggling with their identity, particularly in direct relationship to what is termed as “religious life”. Most intellectual circles in Western Societies have come to the conclusion that Christianity no longer plays a vital role in shaping the governmental and institutional policies that designate how
post-modern societies regulate our lives. Even health care policies, which were founded on faith-centered philanthropy, do not have direct reference to any sense of religious orientation. This has caused a sense of lack of meaning and emptiness in most facets of life, even in what use to be some of the most “meaningful” ministries in life such as healthcare. To fill the gap of emptiness, we place our priorities on economic gains. But in this all, there still remains a need for a sense of coherence. On a personal level, there is a need to maintain a coherent sense of psychological stability and continuity. On a socio-economic level, there is a need to maintain a well structured industry that can provide for the coherence needed to increase economic gains. Today, this coherence is sought in achieving a sense of universality through a secular type of spirituality.

Secular spirituality seeks to achieve a universal coherence through globalization. It tries to maintain a “cherry picking” type of synchronization. In doing this, the determining factors of such spirituality are relativity and preserving individual “rights”. Rooted in relativism and the age of enlightenment, it does not concern itself with historical continuity in its efforts to form a sense of community. Secular spirituality though faces some major difficulties. In an effort to achieve a sense of universality in a world that is technologically coming closer and closer together, there is an effort in combating our differences with an impersonal form of uniformity, a uniformity that is relatively superficial in relation to the cultural differences that separate us. This has brought Western Societies before a dilemma: in trying to implement a superficial uniformity in order to attain a sense of universality, it has lost its content of values and “ethos” as related to spiritual life. We must recognize that a secular universality, sought strictly on secular terms and grounded in a procedure for collaboration, does not have the content in quenching the thirst of spiritual yearning. Secular spirituality depends on science, technology and an epicurean philosophy to acquire meaning and content, but science and philosophy cannot provide for transcendence and sanctification, which compose the basis of a spiritual life. It cultivates a cosmos consciousness which declares that God is everything and everything is God, establishing a pantheistic spirituality based on peace, unity and bliss.” Its ethos requires that people be autonomous and self-determined, with the promise that they can satisfy their “inner desires” in order to find “self-actualization”. It forms and perpetuates a type of ranking value system which ultimately does not exceed the needs of the individual. Thus, the meaning of “well-being” and health is confusing and ambiguous in that it is synonymous with “being well” in relation to comfort and pleasure. This is very much evident in the holistic movements and many schools of modern psychology, which remain to be anthropocentric. Such an anthropocentric meaning of “well-being” forms a liberal type of cosmopolitanism, which has no particular ranking of
values. It does not offer a content in which life is seen in light of a relational other, particularly in a transcendent way. Its ethos requires that people be autonomous, self-determining individuals. Good life is not found in submitting to and being determined by the good and the true. Autonomy instead becomes synonymous to the good. It seeks to liberate morality from its religious and cultural content through a sense of relativism. Instead of endorsing humility, submission, and hierarchies of authority as a way of spirituality, liberal cosmopolitanism seeks at re-education, liberalism, and the psychological restructuring of consciousness. Its ethos seeks to broaden one’s vision of the world by freeing oneself from the superstitions and illiberal attitudes of the past. Essentially, secular spirituality and its liberal cosmopolitanism break the lemma of history. This is indeed that greatest danger! This is extremely threatening to one’s psychological and spiritual maturity. As Jung well states, we cannot reach a higher stratum of consciousness if we do not have a sense of continuity in relation to the history of human culture. He describes modern man as being “unhistorical”, standing in a void which does not allow for growth.” Here we must recognize that, in many ways, modern pastoral care has dismissed itself from its classical and theological roots, taking on many of the traits of secular spirituality and adhering modern scientific investigation in order to prove its worth by way of reason. This though, eliminates its greatest asset, which is faith.

The breaking of the lemma of history constitutes the basic difference between secular spirituality and a faith-centered spirituality and forms the wide diversity in the way chaplaincy and pastoral health care is practiced. Faith-centered spirituality is based on historical continuity in a relational way. According to St. Symeon the New Theologian, faith-centered spirituality is founded on the “lemma” and the “rib” which unites every person into one link, from Adam to Christ. The history of faith, which is the lemma of the grace of the Holy Spirit, unites all who have been separated from God, uniting all into one generation, a generation that has been born from the “rib” of Adam. For St. Symeon, faith-centered spirituality cannot be associated with decay, which is caused by sin and evil. It is uncreated, beyond human limits and understanding. Thus, spirituality is nothing less than a life in the Holy Spirit, which grants the knowledge of the True God. Spirituality is not a means in attaining this knowledge. It is a way of life imbedded in grace through ascetic life. Living in this world, you are not of this world, in that you belong in the age to come.

“Having reached this state, you will no longer be living for yourself. You will see that you have become dead to the world by the fact that the flesh you wear has become, for sin, utterly inert and dead, and that you will live for God alone because you are effectively moved by Him. Henceforth you will
not distinguish between man and woman and you will have nothing to fear about the matter since you have already received that state which conforms to nature, and you will not look upon God’s creature contrary to nature. In fact, while living with men and women, talking to them and embracing and kissing them, you will not loose your steadfastness and your state of accordance with nature. You will view them and care for them as you would care for the precious Body of Christ or the temples of God.”

St. Symeon’s words mean that if we as health care professionals live a life in the Spirit, we are constantly aware that in our hands are entrusted the temples of the living God. If we realize this fact, then our main vocation is catharsis in the hope of holiness (2 Corinthians: 6:16-7:1). “Be holy because I am holy” (1 Peter 1:16).

The differences between secular and faith-centered spirituality is expressed in two different types of chaplaincy. Secular chaplaincy or post-traditional chaplaincy is basically concerned with the patient’s psychological needs in light of the vulnerability faced in relationship to suffering and death. Suffering and death are thus seen as a natural process of life. It sets a high value on one’s ability and individual right to choose one’s care and make life decisions. It aids patients in developing “an authentic” spirituality apart from the expectations placed by a specific tradition of faith. At the same time, it tries to protect the equality of all religions by protecting the patient from exploitation, particularly in face of the vulnerability due to illness. In many instances, as in France, this measure prohibits even traditional chaplains from wearing any sort of religious dress or symbol while in the hospital. Religious worship and beliefs are seen as something positive as long as they coincide with the aim to pursue good health. Therefore, spirituality is only a means in achieving this aim. Being a chaplain is only a profession. His/her professionalism is based on the fact that his or her approach to faith is based on scientific terms, and, depending on this scientific proof, he/she is considered part of the medical team. This type of spirituality fully supports a generic chaplaincy in which all religious ministers, regardless of confession of faith, are able to care for the spiritual well being of patients within the pluralistic healthcare setting of today’s society. Their charity is based on social or humanistic service rather within a theological framework.

Faith-centered chaplaincy cannot be placed outside of a clear theological perspective. The breath of life is life in God’s Holy Spirit, which is the basis of spiritual life. Such a spiritual life is cultivated within the prism of repentance because suffering and death is seen as a consequence of evil and sin, a result of man’s defying independence from God’s grace. Illness is seen as the opportunity to
re-establish life that has been lost, the life within God’s community of divine grace. Therefore, the authenticity of chaplaincy cannot be separated from the authenticity found in the history of this community of faith and grace, as expressed throughout the ages in Holy Tradition. Participation in worship is participation in the community of faith, which goes beyond the wards of the healthcare facility. It is within the realm of this community of faith that all those in health care settings are called together, not as co-workers but as brothers and sisters who have responded to the common calling to be united and to unite all into God’s Kingdom. They share a common vocation based on their faith in God rather than their scientific proofs. Good health is not the only goal of life. Good health (spiritual, psychological and physical health) cannot be achieved outside the perspective of eternity.

II

Ecclesiology and the “Mission” of Pastoral Care

As solid and coherent as this all may sound, there are differences in the approaches to faith-centered chaplaincy that bring on inter-tension and conflict, particularly in relation to the Christian Faith. These differences run somewhat parallel to what I have discussed so far. First we can note that there is a distinction between an ecclesiological approach to faith and pastoral care as opposed to an individual centered spirituality. The second distinction is between spirituality, lived through the life of asceticism, and that which is cultivated by way of esotericism. It is necessary for us to briefly define these conflicting tendencies because they are the basis for a contrasting image of what the Church’s identity is, not only in the area of health care chaplaincy, but in its mission at large.

The fact that spirituality today has been separated from its religious reference, is based on a misunderstanding of ecclesiology. In the New Testament there are two identities of Church life: mission and eschatology. These two identities cannot be separated from one another because they both express life in the Holy Spirit, which is the essence of spirituality. The Church is not a people that is scattered, but a people which is gathered together and united. The Holy Spirit is not a power that helps individuals in certain situations (such as mission work or healing), but is the spring of communion that composes the community of faithful in which the faithful, as one body, are healed and sanctified. The Church is not a gathering of individuals. It is only through life in the Spirit, which is the life of the Church, that one actualizes personhood and defines personal variation. Life in the
Spirit brings together the past, the present and the future within Eucharistic expression in which we participate in the Kingdom that has been inaugurated, which exists and will be completed. The core of spiritual life is an expression of thanksgiving for all blessings “known and unknown, manifest and hidden, that have been bestowed upon us”15 and the hope that we will be received in the Kingdom, making us children of light and sons and daughters of the day, that we be given God’s love and peace, who has given us everything.16 Therefore the “mission” of the Church is eschatological in nature because it lives, not only in the hope of Christ’s second coming, but in the hope of the Kingdom in which all will be united as one with the Only.

The fact that mission and eschatology, as expressed through Eucharist, have been disassociated from one another has caused serious problems in the way spirituality has formulated and how pastoral health care is practiced. First of all, the mission of the Church, and consequently the identity of the pastor, has been narrowed down to a functional role in helping those who are in need. Christ’s command ‘to heal the sick, raise the dead, cleanse lepers and cast out demons” has been disconnected from the former command to “preach as you go saying “the kingdom of heaven is at hand” (Matthew 10:7). A functional role of ministry narrows the perspective of spirituality, making it only a means in achieving a goal far from that of its eschatological perspective. This means that the pastor or chaplain ministers to the needs of the individual without the perspective of the transcendent community that lives in holiness through sanctification. The question that arises is whether one can find his or her health on an individual basis, separating one from a personal ontological hypostasis which is founded in community and union. The danger in doing this is that we will not only lose the presence of God but that we will also lose the meaning of what constitutes well being within an anthropological content. Another danger that arises is that, if pastoral health care and chaplaincy is separated from their ecclesiological dimensions, then chaplaincy associations and organizations will essentially lose there “spiritual” content, reducing them to social organizations that provide a type of social support system that cannot easily be defined. The third danger is that pastoral health care and chaplaincy will lose its historical content, its sense of “apostolic succession”, feeding into the existing confusion of one’s spiritual identity.

The confusion of “spiritual identity” has to do with the distinction between spirituality lived through the life of asceticism and that which is cultivated by way of esotericism. The point of reference of Christian asceticism is God-centered. It consists of an inner struggle which St. Paul describes when saying: “For I delight in the law of God in my inmost self, but I see in my members another law at war with
the law of my mind, making me captive to the law of sin that dwells in my members” (Romans 7:22-23). It does not see the body in a dualistic way, separate from the soul. The body signifies the totality of the human person which is a temple of God’s Spirit and which will be transformed from a physical form into a celestial form in the resurrection (I Corinthians 15:42-49). In this type of spirituality, one does not develop a spiritual relationship with himself but with God, who is the First and Last Other. The objective of prayer, worship and fasting is not to provide a means of establishing a cultivation of the inner self. It is a way of life, of communion and identification with the One who gives Himself for the life of the world, a joyful expression of the Oikoumene. Through ascetic life one allows God to transform one’s whole self (body and soul) into a spiritual being and to live God’s sacrificial love in the light of the Resurrection.

A spirituality based on esotericism is man-centered. Through isolation of the self, it aims at cultivating the cognitive and psychological aspects of human nature so as to reach a self-fulfilled state of self-knowledge and individual autarchy. Its roots are found in Gnosticism and a Manichean – dualistic approach. Although such spirituality seeks a type of transcendence of the self, it essentially lacks theological content. It seeks to reunite the soul to the body, and in many ways makes the physical body, the mind or the psychic its source of reference. Spiritual exercises are thus means in establishing a higher level of intellectual and psychological existence. This type of “spiritual life takes place within the heart of the faithful, within the inner depth of the soul, in which all are revealed and are accompanied with psychic exaltations and ecstasies and inner uplifting which reconfirm the supernatural experience of a mystical, personal meeting with a god that remains mysterious and unknown, and who is revealed only to those who have been raised into the steps of spiritual esotericism.”

III

**Anthropology and Cosmology**

*in light of a “devotio moderna” type of spirituality*

Concluding, we must ask ourselves: can the differences and variations presented in this paper be overcome? What is hopeful is that we are beginning to discuss the meaning of spirituality on a ecumenical (world-wide) level. This is truly a sign of hope in forming a more rounded and wholesome approach. But in these attempts of dialogue, we must keep two major aspects in mind in defining spirituality – life in the Spirit.
The crisis that both pastoral care and healthcare face today is that it lacks clear sense of anthropology and cosmology. In trying to fill the gap caused by an individual-centered religiosity and scholastic and legalistic theology, we have now turned to spirituality. Today, in an attempt to try to quench the thirst for the yearning for spiritual life, we are developing a new type of “devotio moderna” spirituality that tries to succumb a theological understanding of mankind, associating itself with a spirituality that is identified with an esoteric psychological understanding and interpretation of man. We must note here that modern psychological thought appeared in a time of history when modern society had been robbed by philosophy and ethics of a clear theological understanding of human existence. Psychological thought attempted to give meaning to the confusing perplexities of human behavior. It was in psychology that pastoral care found a resource to combat scholastic and legalistic theology. In relying on psychology, in many ways pastoral care abandoned a theological understanding of anthropology.

This new “devotio moderna” type of spirituality also tries to face another perplexing reality: how people of different cultural and religious backgrounds can live together in harmony and peace. It is an attempt to address the issue of cosmology and it tries to answer the problem of isolation and the conflicts of identity resulting from diversity on a personal and universal level.

If we do not address these two basic issues, that of anthropology and cosmology, we will not be able to place spirituality in its proper perspective. We, who serve the area of healthcare, are in a vital position in addressing these issues because we are constantly faced with the issues of life and death. If we try to answer these issues by way of a secular spirituality, our spirituality will remain man centered, with pure humanistic and realistic principles. This, though, will not give any a new perspective in the predicament in which the human race finds itself, and it will not offer hope and redemption in the face of death. Neither can it achieve a true sense of universality. For at the heart of each natural unity there must be the need to rejoin and fertilize one another within full consciousness of our ethnic identities. But how can people achieve inner and universal harmony unless they first agree upon the basis of their union, agreeing on who the One God is as the “Other”?

If we remain content with a type healthy diversity or a “union in diversity” as an end, then we will lose sight of the whole and never reach a true union of faith. If we ignore our differences or consign to them hastily, we will ultimately discard theology (which relates the presence and vision of God) as a reality, and this will ultimately forfeit the opportunity of salvation found in transcendence and sanctification. If we try to avoid the different perspectives that we have addressing these issues in order to avoid conflict, we will remain incapable in promoting the growth needed to fulfill any union. If we view our spiritual life and our professions
on a functional level, we will not experience God’s catholic love within His Kingdom, where there is no loneliness, suffering sorrow, pain or grieving. If we limit ourselves to the language of psychology, we will not be able to communicate, with fiery tongues of love and peace, the Word which is granted by the Spirit. Finally, if we are to answer the issues of anthropology and cosmology as related to our life in the Spirit, we need to be honest about who each of us is, what each of us believes, while respecting our differences. Until we respect these differences, we will never treat them responsibly and our spirituality will remain fragile and incomplete. But we must all keep in mind that wholeness and unity, on all levels of existence as expressed in the life of the Spirit, will ultimately take place in the eschaton, in “the fullness of time” (cf. Eph.1: 9-10), when He will gather up all things, things in heaven and on earth, in Him.

Rev. Dr. Stavros Kofinas  
Coordinator of the Network of the Ecumenical Patriarchate for Pastoral Health Care  
Coordinator of the European Network of Healthcare Chaplaincy  

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1 St. Isaac the Syrian, “On Guarding the heart and on Subtler Divine Vision (Homily 34)”, The Ascetical Homilies of Saint Isaac the Syrian, Translated by the Holy Transfiguration Monastery, Boston, Massachusetts, 1984, p. 156.  
2 “Very truly, I tell you, you will weep and mourn, but the world will rejoice; you will have pain, but your pain will turn into joy” (John 17:20).  
3 “But now I am coming to you, and I have given them your word, and the world has hated them because they do not belong to the world, just as I do not belong to the world. I am not asking you to take them out of the world, but I ask you to protect them from the evil one. They do not belong to the world, just as I do not belong to the world. Sanctify them in the truth; your word is truth. As you have sent me into the world, so I have sent them into the world. And for their sakes I sanctify myself, so that they also may be sanctified in truth” (John 17:13-18).
“Chaplain” is widely used for the religious caregiver who is present in all areas of health care setting. It is not limited to someone who is employed by a health care system, but one who has been designated by a specific religion or faith to care for and minister to the sick.


6 Douglas Groothuis, Confronting the New Age (Downers Grove, IL Inter Varsity) 1988
8 Ibid. p.44.
13 “What agreement has the temple of God with idols? For we are the temple of the living God; as God said, “I will live in them and walk among them, and I will be their God, and they shall be my people. Therefore come out from them, and be separate from them, says the Lord, and touch nothing unclean; then I will welcome you, and I will be your father, and you shall be my sons and daughters, says the Lord Almighty.” Since we have these promises, beloved, let us cleanse ourselves from every defilement of body and of spirit, making holiness perfect in the fear of God. ” 2 Corinthians: 6:16-7:1.
15 Liturgy of St. John Chrysostom
16 Liturgy of St. Basil the Great
17 “So it is with the resurrection of the dead. What is sown is perishable, what is raised is imperishable. It is sown in dishonor, it is raised in glory. It is sown in weakness, it is raised in power. It is sown a physical body, it is raised a spiritual body. If there is a physical body, there is also a spiritual body. Thus it is written, “The first man, Adam, became a living being”; the last Adam became a life-giving spirit But it is not the spiritual that is first, but the physical, and then the spiritual. The first man was from the earth, a man of dust; the second man is from heaven. As was the man of dust, so are those who are of the dust; and as is the man of heaven, so are those who are of heaven. Just as we have borne the image of the man of dust, we will also bear the image of the man of heaven.
19 In theological thought, “cosmology” means the way we see the universe.
20 “Devotio moderna” is a movement that started in the late 14th Century in the Western Church which based itself on a mystical tradition of inner contemplation, attaching little importance to ritual or external works. importance to ritual and external works, and downgrading the highly speculative spirituality of the 13th and 14th centuries. It essentially was a reaction to the scholastic theological climate that was shaping Western thought at the time. Devotio moderna
“modern devotion”) originated in the Netherlands and spread to Germany, northern France, Spain, and possibly Italy. Gerhard Groote, father of the movement, founded the Brethren of the Common Life; after his death, disciples established a house of Augustinian Canons at Windesheim (near Zwolle, Holland). These two communities—the former living in the world, the latter monastic—became the principal exponents of devotio moderna. The Imitation of Christ, traditionally attributed to Thomas à Kempis, is a classic expression of the movement. See: Iluigi Borriello, O.C.D., “Spirituality in Modern Times”, Compendium of Spirituality, Translated and adopted by Jordan Aumann, OP, (New York: Alba House 1995) p.47.


**BIBLIOGRAPHY**

Aagaard, Anna Marie, Bouteneff, Peter, Beyond East and West Divided – The World Council of Churches and “the Orthodox Problem”, (Geneva, Switzerland: WCC Publications 2001)


Swinton, John, Spirituality and Mental Health Care: Rediscovering a ‘Forgotten’ Dimension, (London: Jessica Kingsley Publishers, 2001)


Καμπερίδη, Λάμπρου, Πρωτοπρεσβυτέρου, Εσωτερισμός Μυστικής Ζωής και Πνευματικότητας, Σύναξης Ευχαριστίας – Χαριστήρια εις τιμήν του Γέροντος Αιμιλιανού (Αθήνα: Ινδικτος 2003)

Πορτελάνος, Σταμάτης, Η Πνευματική Τελείωση του Ανθρώπου – Στάδια Πνευματικών Μεθηλικώσεων κατά τον Άγιο Συμεών τον Νέο Θεολόγο, (Θεσσαλονίκη: Εκδόσεις Πουνάρα 1998)