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Religion, Secularism and Professional Practice

Introduction

Theologians and theorists, such as Wilson (1966) and Berger (1967), have supported that religion and belief are no longer present in the public domain. This has started what became known in the academe as the secularization process; a process in which religion loses its social significance in the social environment. However, in 1999, Peter Berger changed his views fundamentally and introduced the concept of de-secularization. The concept of de-secularization suggests that religion and belief are now more than ever present within the public, as globalized societies thrive in a multi-faith environment and new religious movements emerge. Drawing from three areas of core research in faith – politics and policy, sociology and society, professional practice – this article provides a brief overview and a critical discussion on the third: professional practice.

Religion and belief in Britain have been challenged over the years and issues of religious decline have been evolved and identified. The tendency for believing without belonging was observed within the public towards the end of the 20th century and into the 21st (Davie 1994). Davie's thesis support that even though people still believe, they tend not to belong to a religious institution or denomination sometimes. Due to the latter, professional practice has been influenced, as social policies and education have followed the guidelines of a less religious public (Pentaris 2012). In order to conceptualize the most effective way as to why this fact is observed today and raises research questions, it is important to look at the recent history of religion while reaching a full understanding of the impact that religion has had in society and within individual consciousness.

Religion has always been a part of society in various ways (Meister 2011). It has contributed to people's lives in a multiple of different and significant ways, and it gave meaning to societal norms and institutions (Davie 1994). Since the mid twentieth century, religion in Britain has faced several challenges and has gone through a series of phases along with political and historical change (Weller 2007). As part of the western world, Britain is characterized by modernization (Meister 2011). The latter suggests the process of transferring from a traditional way of living to a modern society. Such modernization reflects itself in society as a whole. It also

reflects on societies' parts, whether these are tangible (e.g. buildings) or concepts, ideas, beliefs and values.

Modernization has had a great impact on religion's position within the public realm. It has been investigated by the sociology of religion that technology, empiricism and rationale have come to substitute religious perspectives of social norms and societal definitions (Fischoff 1993). Yet, this applies to the public perspective on religion. However, individual consciousness has kept the meaning of religion and faith (Berger 1999), which was in the 21st century mirrored in the broader society. Individual identities and individual consciousness hold values that drive people's perceptions in life (Pentaris 2012). To comprehend the potential needs of the service users that Health Care Professionals (HCP) deliver services to, and also to understand how religious literacy can be examined, it is necessary to build a framework through which this analysis can be viewed. For us to understand why there is a gap and an identified research need in this area, it is important to look at how religious and non-religious matters have a point where they have become less visible in a society where people have religious identities.

Davie (1994) looks at social, political and economic changes in the post-war Britain, which leads her to the discovery of plurality and 'not belonging' to a church attitude.

> We live in an ageing society in which the nature of family life, including the traditional codes of morality, is altering rapidly. The related revolution in gender roles has, for better or for worse, penetrated the churches and influenced theological thinking. Similarly, the influx of immigrants in the post-war period, not all of them from Christian countries, has introduced significant other-faith communities into this country. The trend towards a greater religious diversity is unlikely to be reversed; it has had, and will continue to have, a lasting effect on many aspects of British religious life. (Davie 1994, p. 3)

All the above are critical components of how religion and belief are or are not incorporated in professional practice.

The post-war period

The end of World War II in May 1945 not only brought freedom and celebrations across Europe and America, but also became a bright new start for the populations to go back to their countries of origin. However, not everyone was welcome back to their country, or not every nation could support its citizens due to the consequences of WWII (i.e. asylum seekers) (Davies 2008). The focus on the outcomes of the war has shifted over time, but according to Davies (2008) very few scholars have questioned the contested knowledge provided by historians and observers of the war.

In his 'biography of the welfare state' – the five giants – Timmins (1995) stresses the suggestion that a good modern history of the welfare state needed to be written, but starting from the milestone, according to Timmins, in welfare history: the Beveridge Report (BR). 1945 is not merely the year for the end of WWII and

the beginning of a new era. The same year in time reflects a call for the political and social reformation of the Nation. As Weller (2007) suggests, the development of religious plurality in the UK has taken a multifaceted course, starting from Christian plurality – 'Christianity in these islands has developed into richly diverse forms' (p. 22) – and moving forward to religious plurality, all rooted to the consequences of migration and globalization.

Alongside the needs for adaptation and acculturation to different nations with the status of a migrant or a refugee, people struggled to find their identities again, personal and communal. As peace was signed off people turned to faith in order to reconstruct their lives and tilt away from the hardships that the war had brought to them (Feifel 1959).

In the post war years it was acknowledged that the development of social policy was necessary and therefore numerous new strategies came in place (Timmins 1995). It is important to consider the changes for religious and non-religious matters since the post war period, as those interrelate with the social policies.

With the starting point of diversity within Christianity, other religions started covering space publicly (Woodhead, Catto 2012). '[...] individuals and groups of people belonging to other religious traditions have come as visitors, or to live here' (Weller 2007, p. 23). Mayo (2005) best frames this reflection of multiple religions in one space, based on globalization theories and the notions of migration: 'globalization is not simply a matter of culture and communication [...] globalization is also defined in terms of increasingly interconnected problems, [...]which give rise to the mass movements of people [...]' (p. 16).

'Religious diversification' after WWII, Weller (2007), grew larger after the 1950s. From a Christian plural society, the UK and Britain became religiously plural. It was also from the middle of the 20th century onwards that the size, distribution and significance of the other religious groups, such as Hindus, Muslims, Sikhs and Jains, grew in importance in the UK (ibid., p. 25).

Timmins (1995) is examining all the 'giants' that derive from the BR and is reflecting on the 'obvious needs' of the public in the post-war years. With regards to healthcare and how religion has been included it is worth taking into consideration the establishment of the National Health System (NHS) (ibid.). It was in 1948, on July 5th, that the Health Secretary Aneurin Bevan launched the Park Hospital at Manchester. This was the outcome of long conversations and a longstanding plan to deliver healthcare to all. It felt that in the post-war period it was most needed, and through time it took its developmental course (ibid.). Furthermore, it was the establishment of the NHS that compliments the social actions of policy and a distinctive approach to faith-based action involvement.

Reflecting back to the history of religion in Britain (Weller 2007; Green 2011), and also mirroring in that reflection the developmental process that religious plurality took in time (Weller 2007), will help us understand how society became more secular and religious practices in public have declined over time (Woodhead,

Catto 2012). Furthermore, this reflection may help us gain a better understanding of where the gaps between the secular society, religious individual consciousness and professional practices stand. With that knowledge, further actions and social policies could be planned.

Social policy and religious identity

The NHS became one of the milestones of social policy at the time, as it would benefit the whole community on a very large scale (Timmins 1995). Even though it was free of charge for everyone in the beginning, not long after (in 1952) a charge for prescriptions became effective as the state was even more worried about the economic reconstruction of the nation (Eversley 2001).

Even though faith-based service provision was in the front line during and after the war ended (Green 2011), shortly after and as the NHS developed, the state became the provider of the services (Prochaska 2006). Regardless, faith--based contribution in the reconstruction and reformation of the nation was still visible through volunteerism and philanthropies (Welsby 1984). Added to that, the Church remained a determinant commissioner of community cohesion and social functioning as it bonded and maintained relationships among citizens; it became a means for communication and belongingness. According to Cantle (2008), the term 'community cohesion has emerged [...] to describe the societal features which are based on identifiable communities defined by faith or ethnicity, rather than social class' (p. 50).

The latter highlighted the contrast between what has been suggested with secularism since then and what the social reality in action was (Erdozein 2012). People sustained their religious or non-religious beliefs, even though the recognition of it in the public declined throughout the 20th century (Berger 1999). The question then becomes, how was the effectiveness of the services assessed if a major identity of the individuals was not included into social policy for professional practice?

In its effort, the state, to distinguish itself from the parish, merely focuses on housing, while developments on a communal level were in need (Timmins 1995). The state aimed to reconstruct the housing situation for all the 'wounded' citizens from the war. However, according to Feifel's reflections on the post-war social action (1977), community development was more necessary for the nation at the time. Decision-making was influenced by the immediate challenges of the society, but how were the religious identities of people introduced and integrated into the process?

The current professional practice in the health care sector that recognizes religiosity, but still does not 'know' how to react to it or how to 'talk' about it, is an indicator of the past experiences of the nation, as to which individual values are embedded into the process of health service planning. The focus on housing and employment in the post-war period, as mentioned above, shows an initiative towards

community development, and to that extent cohesion in the nation (Timmins 1995; Cantle 2008).

Therefore, social policy initiated an attempt to recapture the structure and meaning of community.

> [...] the aim of community cohesion is to tackle the 'fear of difference' more generally and to enable people to be more comfortable with all areas of difference, [...] The community cohesion agenda can also be applied to all types of communities whether in town and cities, or in suburban and rural areas, where ethnic minority and faith communities are very small. (Cantle 2008, p. 171)

There have been a few attempts to reconstruct communities and bring back the cohesion that was lost during the war years. In 1969, the first attempt refers to the Community Development Project (CDP) team, which in 1977 published the report entitled '*Gilding the Ghetto*', which seeks to make sense of the urban interventions from 1969 to 1976. The project showed how problems were conceptualized at different levels (national versus local), however, it did not meet the goal for balancing its critiques and recommendations.

In the 1980s, under the Conservative Party, the Single Regeneration Budget (SRB) ran the '*City Challenge*' project that would revise and recycle income sources in the community and potentially enhance community development (Craig et al. 2011). To follow that project came the '*New Deal for Communities*' by the Labour Government in 1997. It was a regeneration programme under the leadership of the government and some distinctive neighbourhoods of England. The programme, generally, aimed for community development and neighbourhood enhancement through community-led regeneration. It was one of its goals to try and bridge the gap between different communities. Dinham (2005) shows critical evidence with regards to the effectiveness of the project from the 'participants' point of view, which revitalizes the purposes of the project. In his article (ibid.), he highlights the contrast between the intentions and desired outcomes of the '*New Deal for Communities*' and the local participants in one of the areas. He argues that the Labour Government has an understanding of community participation, which is centrally shaped by its political character:

Adam Dinham (2009) suggests that people become more conscious about identifying their problems and planning on the solutions they would like to apply to them:

> [...] should 'community' be about improving conditions within the status quo, or should it challenge the status quo as the source of poor conditions? Producers of 'community' face a difficult practical dilemma, then, between seeking the empowerment of groups and individuals within a pre-existing space delineated by a politics of consensus on the one hand, and stimulating the latent capacities in groups and individuals to take power for themselves upon their own terms and without reference to a consensus which they may have done little to build on the other. (Dinham 2009, p. 66)

Religious identity within individual consciousness constitutes several dimensions that influence the process of social policy, but are also influenced by the policies applied (Meister 2011). The several programmes that aimed at community development and community cohesion and were implemented over different periods of time might have misinterpreted the impact of belief systems that come from within the individuals, and therefore lacked confidence to comprehend the capacities that were there in terms of developing a bonded and cohesive community (Cantle 2008).

The relation of social policy and religious identity is critical to understand, as it shows us today how this interactive relationship has promoted a privatized notion for religion. The latter reflects the empowerment of the service user to decide which solutions will be applied to him/her. This raises the following question: how are religion and belief integrated in health care, when health care providers lack religious literacy – the knowledge, skills and abilities to engage with such social identities of their patients?

Religion and the state

At the same time, in the post-war period, as the focus shifted from faith to the state, religion and belief became less visible. Social action and interventions were completely disconnected from the parish, and the state took over the commission of the national recovery (Green 2011; Woodhead, Catto 2012).

The National Secular Society (NSS) embraces the discourse on secularism, which suggests that religion and the state should be distinguished. Bruce (2011), among others, supports that due to the decline of religion and religious practice and belief, religion and the state inevitably became separated. Supporters of secularization have based their arguments on the latter and suggest that religiosity is 'vanishing' (Berger 1967; Wilson 1966). It is worth noting that most secularist theorists are 'juggling' religion with Christianity (Prochaska 2006; Green 2011), which poses certain issues. Secularity has been captured, analyzed and highlighted, all from a Christian 'point of view'. The latter alone raises several questions as to how the process of secularization can associate itself with other religions and faith practice in the community. Religious diversity is one thing that has enhanced over the years in Britain, both by the increase in migration, and by the acknowledgement of religious diversity. This cannot be denied, that "[...] the world is more and more becoming 'a single place'" (Beyer 1994, p. 1). In this 'melting pot' of religious identities and faith driven communities, identification of the relationship between religion and the state becomes more complex.

Dinham (2007) identifies 'faith' in the public sphere and in relation to community. As we speak of multiple religions residing in the same place, which religion are we looking at when we examine the relationship with the state? Nonetheless, religion is currently identified as the Christian dominant and the rest are referred to as the

minority religions. The latter can take the challenges for religious literacy within professional practice even further.

As noted earlier, many secularists based their arguments of secularization on Christianity; the history of Christianity, its impact on societies at different times in history, and its engagement with social action through time (Erdozain 2012). Despite the intentions of making a full understanding of what has happened to religion, a key characteristic has been left out of the discourse. The Queen is Head of State in the UK. Nevertheless, she still remains the Supreme Governor of the Church. These two realities could initiate a prolonged argument on what the relationship between religion and the state is. On the one hand, being a constitutional monarch, her Majesty does not 'rule' the nation. However, she can be a tremendous influence on the governmental processes. At the same time, the Prime Minister can also, on her behalf, affect the Church, while on the opposite side, 26 senior bishops hold positions in the House of Lords. This concludes to a covert interrelation between religion and the state, therefore.

The importance of knowing where this relationship stands lies in the understanding of the role religion plays in political, social and personal everyday life. Some argue that there has been an elimination of the Church's role in political and social life in the post-war period (Woodhead, Catto 2012). One is Berger, who reinstated his position later, by saying that the world has become as religious as ever (Berger 1999).

Religion and belief are complicated notions and there are different ways to understand their role, impact and resonance, one of which is a Christian perspective. Prochaska (2006) brought out the differences between the 'now' and the 'then' through a historical illustration of Christian charity. Dinham (2011) refers to faith's place in the public realm 'as service and contract' (p. 8). "In the UK the service dimension is accompanied by a focus on the less tangible social goods of community cohesion which is harder to 'contract' for" (ibid., p. 8). Woodhead and Catto (2012) cite the Charity Commission for England and Wales by referring to the Druid Network:

> Under UK charity law, a religious organization may be granted charitable status if it offers public benefit, such as 'the promotion of moral or spiritual welfare or improvement for the benefit of the community. (p. 156)

Religion in Britain can be better understood in relation to service provision. Since the post-war period, religion and the Church in particular have been challenged by political changes in the state (Davie 1994). Nevertheless, the Church has been engaged in social and political life through voluntary and philanthropic organizations, while it took action towards maintaining its character within a religious plural environment.

The distinction of the two – the State and the Church – perpetuated a secular environment in which religion and belief were conceptualized as declining matters; both in the public sphere and within individuality. Erdozein (2012) emphasizes

Berger's statements that faith and belief systems are private matters that are hard to capture. There might have been a decline in religion in the public, but individuals still hold their religious concepts of life, which guide professional practice both ways: delivering and receiving.

The roles of religion

Secular beliefs are centralizing the importance of being equal and fair within a diverse environment. This is the outcome of a complicated process of religious mix in contemporary Britain. Those also play a critical role in the non-political status that religion has in a modern or post-modern society (Bruce 2011). After the 1990s (Woodhead, Catto 2012), the concept of desecularization was introduced (Berger 1999; Karpov 2010), which is described as the counter-secularization process: a de-privatization of religious matters and religion being recognised as a social dimension.

However, the differences and the contradiction between the two trends that are changing at the same time and have a great impact on Britain today, secular beliefs still remain high in percentages and religious matters divert from public spaces (Woodhead, Catto 2012; Meister 2011; Prochaska 2006).

Faiths in the public sphere

"It is to the surprise of many that faith is back in public space at all" (Dinham 2009, p. 3). Religion and belief have always remained present through faith-based social action (Dinham 2007) while it is the acknowledgement of its presence that brings it back in public space. From the shift in privatizing religion (Davie 1994) we are now experiencing the engagement of religious organizations with politics and social action from faith based communities.

One understanding of faith and community development is that it seeks to empower individuals and communities to engage, but can do so only within the limited terms of what is offered in social policy. In terms of faiths this translates into the 'repositories' discourse around which government wishes to see change (Dinham et al. 2009, p. 81). Community development and faith have gone 'hand-by--hand' in the welfare state (Backstrom, Davie 2010).

The Government of Thatcher provided space for religious and non-religious organizations to take social action. In the era of 'welfarism,' stated by Dinham (2009), community based policies and non-governmental interventions started to thrive from the 1980s, while at the same time faith established more ground in the public sphere.

> [...] the role of the state was minimised throughout the 1980s in favour of the handing over of service provision to non-government providers whose expertise and experience would better place them to deliver appropriate and timely services which addressed needs that they were also better placed to understand. This was part of a move away

> from the state-dependent welfarism of the earlier period and towards a more mixed economy of welfare. (Dinham 2009, p. 125)

Despite the intensions of the theoretical framework, there have been two significant critiques of it. Dinham (2009) explains both concisely. The first one refers to the increased regulation of the services and the non-governmental providers, which eventually led to increased bureaucracy, which to that extent led to inefficiency and ineffectiveness (as opposed to different practices). The second critique refers to the award of contracts prior to service provision. Commonly, such practice and regulation is performed under competitiveness.

Both these critiques have influenced the quality of services long term. Professional practitioners may face obstacles in becoming, enhancing and promoting efficiency and effectiveness, due to the competitive notions of commissions from the state. Faith is back in the public sphere, but not fully integrated in the Nation's life yet. Determinant social and political actions show willingness to tackle the challenges of the new circumstances in society (the realization of religious matters and faith) (i.e. 'Religion in the workplace' – EHRC), but there are still areas that even though they have identified the needs, have not yet taken action towards meeting them.

Conclusions

In conclusion, the main question for discussion becomes: 'Religious or secular and why?' Woodhead and Catto (2012) answered the first part of the question, and supported the second part with a good amount of information and knowledge. Nonetheless, there are still gaps to be filled (Erdozein 2012). "Views on the causes of secularization abound […] from the effects of scientific rationalism to social diversity, from modernization to Sunday shopping" (Prochaska 2006, p. 25). As societies modernize and develop, they view religion, along with race, ethnicity, and other matters, in a different way. As social coherence evolves from multi-different angles, and multiculturalism has settled in today's communities, religion is treated in the way expected as to meet the needs of the new social structures and social functioning. As not so elegantly put by Stackhouse (2011, p. 239) "[…] religions have been moderated or otherwise manipulated by modern powers in various respects to suit various agendas." In these terms, secularization and desecularization, both, may refer to a societal needs' assessment and the necessity of adjusting religious beliefs and values to the current public functioning desires. Having said that, secularization may as well refer to the desire for better adjustment to societal changes, as opposed to an informed individualistic decision to privatize religion.

Green (2011) with his work on a social history of religion, based on his historical and more empirical evidence of religious change in the modernized religious world, argues that the process of secularization commenced with the elimination of religious questions within politics. In addition, the elimination of those questions has had

an important impact to the social history of religion. In support with my previous assumptions and also Stackhouse's work (2011), the privatization of religion and the adoption of secular beliefs may be the product of the new challenges emerging in the multi-faith communities and multi-cultural contexts that characterize modern societies.

The lack of causation of the secularization paradigm is highly critiqued by Bruce (2011), who 'complaints' that he has presented enough statistical evidence, in order to answer the question 'why?'. However, an explanation of secularization is not yet provided (Green 2011; Warner et al. 2010). In order to theoretically illustrate a concept of the secularization causality, it is necessary to combine a few different concepts (Erdozein 2012), some mentioned earlier, and find the interconnections with the trend of secular beliefs.

As we go through the causality of secularization, it is important that links are made with the secular context of professional practice nowadays. The context wherein the expertise of HCPs is built reflects secular characteristics, as well as practices that are designed and addressed to service users under the suggestion that individuals became less and less religious, and to a certain extent do not interpret their life experiences (i.e. death) through their faith, whether it is religious or non-religious (Pentaris 2013). Looking at the concepts that boosted the secularization process in society will enhance our understanding of the current role of religion and belief within health care practice.

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Abstract

The last two decades have witnessed a shift in the conversation on secularism and secular identities. The debate that religious identities have decreased and that religious thinking, religious practices and religious institutions were once at the core of the life in western societies, is now redirected. At a time when multi--faith societies and institutions are largely recognized, the need for reconstructing the meaning and the role of religion and belief rises. Drawing from current research undertaken by the author in the UK, this article aims to depict the role of religion in contemporary professional practice and the attitude of the religious literacy of health care professionals, through an overview of the history of religion in the UK.

Key words: secularization, desecularization, Great Britain