

## **Interpreting Breath as Pneuma: Toward a Constructive Framework of Christian Spirituality and Holistic Pastoral Care for Individuals Living with Chronic Pulmonary Disease**

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### **Abstract:**

Lung disease is a chronic condition that not only affects patients' physical well-being but also impacts their spiritual lives. Christian spirituality, particularly in the context of physical suffering, plays a vital role in providing meaning, peace, and hope for patients. This paper aims to examine the practice of Christian spirituality in the context of lung disease by reflecting on the theological significance of breath in the faith experience of those affected. This study offers a novel perspective by exploring the symbol of "breath" (pneuma) as a contextual-theological framework that is relevant to the development of a holistic model of pastoral care. This paper employs a descriptive qualitative method through a literature review, theological-pastoral reflection, and in-depth interviews with patients suffering from lung disease. The research findings indicate that breath holds pneumatological significance within the Christian tradition and serves as a symbol of God's presence amidst the physical frailty of those afflicted. Interview data reveal that practices such as prayer, reading sacred texts like the Psalms, and pastoral care have been shown to provide spiritual peace for patients with lung disease. Consequently, this study offers a model of integrative pastoral care that combines personal spiritual disciplines (such as breath-based prayer and Scripture meditation) with community support (regular visits, home sacramental ministry, and practical assistance), which churches can adopt in their ministry to those with chronic illnesses. Therefore, Christian spirituality can serve as a source of strength for people with lung disease, while also deepening the theology of the body and suffering within the contemporary Christian faith tradition.

### **Keywords:**

Christian Spirituality; lung disease; breath; theology of the body; pastoral care

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## INTRODUCTION

One of the most common health problems worldwide is lung disease, which significantly affects patients' quality of life. According to data from the World Health Organization (WHO, 2023), asthma, lung cancer, and chronic obstructive pulmonary disease (COPD) are among the top ten causes of death worldwide. Ischemic heart disease and stroke rank second and third, respectively, after COPD. (Fazmi et al., 2023) . The prevalence of lung diseases has increased significantly in Indonesia; based on the 2018 Basic Health Research (Riskesdas), the prevalence of chronic lung diseases reached 3.7%. Smoking, air pollution, and environmental conditions are believed to contribute to this increase. (Salwa Salsabila Deliananda & R. Azizah, 2022) . This condition affects patients physically, mentally, and spiritually. From a spiritual perspective, illness is not only viewed as a biological phenomenon but also as an existential experience that touches the deepest aspects of the human soul. Health and spirituality are closely intertwined, as emphasized by Koenig, who states that the spiritual dimension in the context of chronic illness plays a crucial role in providing inner peace and aiding patients' adaptation to their condition. (Koenig, 2010) . In the Christian context, spiritual practices serve as the primary foundation for navigating life's struggles, including when facing serious illnesses such as lung disorders.

Traumatic experiences often disrupt the physical and psychological well-being of individuals with lung disease, leading to difficulty breathing. Death anxiety, loss of self-control, and social isolation are frequently associated with shortness of breath as the primary symptom of this disease. (Gysels et al., 2007) . Not infrequently, this condition causes patients to feel disconnected from their community and their spiritual relationships. Nevertheless, many Christians find new opportunities to reflect and revitalize their relationship with God. The struggle to breathe reveals that humans have very little and are utterly dependent on God, the Giver of Life. God is present in human suffering not as its perpetrator, but as a companion who walks with His people through every labored breath of their suffering. (Moltmann, 1977) .

Understanding how Christian spirituality addresses lung disease is crucial, as this condition is rarely studied from a contextual-theological perspective in Indonesia. According to Yancey, theological studies on suffering now focus more on theodicy—the relationship between suffering and God—and the meaning of respiratory illness, with all its biological and symbolic complexities, remains very limited (Yancey, 1997) . However, according to Koenig, spiritual practices are crucial in the process of holistic healing, which encompasses physical, psychological, and spiritual aspects (Koenig, 2012) . By integrating the theology of suffering, Christian spirituality, and the phenomenology of respiratory illness within a reflective perspective, this study offers a novel contribution. In this article, the researcher demonstrates how the spiritual practices of Christians, both personally and communally, can transform the faith of those suffering from lung disease, deepening their trust in God. Another novelty of this study is its emphasis on the symbolism of breath as a representation of the spiritual relationship with God. This subject has so far been under-discussed explicitly in Indonesian theological literature. This study is expected to enhance the discussion of contextual theology in Indonesia, particularly in the fields of the theology of suffering and pastoral care.

The selection of this topic is based on the fact that many people with lung disease experience serious spiritual difficulties but do not receive sufficient spiritual support from their

church or community. Patients with strong spiritual support have a better quality of life and life expectancy compared to those without such support (Büssing & Koenig, 2010). This indicates that the spiritual dimension cannot be overlooked in pastoral care when people are experiencing physical suffering. Conversely, the breath, as a vital component of human life, holds significant theological meaning within the Christian tradition. In Genesis 2:7, God breathed the breath of life into the nostrils of humankind, making them living beings (Huovinen, 2024). This means that there is a spiritual aspect to every breath, reminding humankind of its origins and its dependence on the Giver of Life.

In the context of today's church ministry, which faces challenges in serving congregants suffering from various illnesses, the urgency of this topic is increasingly relevant. The church is called upon to provide spiritual care that focuses on the existential aspects of the faithful's struggles, in addition to sacramental ministry and worship (Simon et al., 2023). In this context, this study is important for developing a model of Christian spirituality that can be applied to those suffering from lung disease. This article offers a new theological approach to spirituality based on the symbol of breath, which is novel in Indonesian theological literature. This study seeks to position breath as a spiritual medium that reflects God's presence amidst human suffering, whereas Christian spirituality has traditionally been studied primarily in the contexts of social relations, morality, and worship. In the biblical tradition, the symbol of breath holds profound meaning that can be reinterpreted in the context of lung disease. Every remaining breath, as mentioned in Psalm 33:4, "The Spirit of God has made me, and the breath of the Almighty gives me life," indicates that every remaining breath is both a gift and an opportunity for the growth of faith.

The research questions in this article are: How do patients with lung disease interpret each breath they take as a spiritual experience? What forms of effective pastoral care can help patients discover God in their suffering within the hospital setting? This paper aims to examine the meaning of spiritual practices and their implications for the spirituality and psychological well-being of patients with lung disease. In addition, this study seeks to identify the role of the church and faith communities in accompanying patients with lung disease through contextual and empathetic pastoral care.

Practically, this article is expected to serve as a guide for the church, pastoral ministries, and faith communities in providing holistic spiritual accompaniment to those suffering from lung disease. Through appropriate theological understanding and spiritual practices, patients are expected to find meaning in their suffering and experience an existential encounter with God with every breath they take. Thus, this study not only contributes to the development of the theological discourse on spirituality in Indonesia but also has a direct impact on the church's pastoral ministry today, which faces the challenges of degenerative diseases.

## METHODS

This article employs a descriptive qualitative method through a literature review, theological-pastoral reflection, and in-depth interviews. Semi-structured interviews were conducted with patients with chronic lung disease selected through purposive sampling. The interviews focused on spiritual experiences, practices of faith, and the meaning of suffering

throughout the course of their illness. Interview data were analyzed using thematic analysis to identify patterns of spiritual experience relevant to the theological framework under study. This method allowed the researcher—who is also a physician—to comprehensively examine the spiritual experiences of individuals with chronic lung disease in relation to their Christian faith. This methodological approach focuses on the subjective meanings that individuals construct from their life experiences, particularly those of an existential, spiritual, and emotional nature. This approach is relevant because the experience of breathing while suffering from lung disease has significant spiritual aspects, as found in similar studies on health and spirituality (Schroedl et al., 2014) . The integration of empirical data from interviews with theological reflection allows this study to present a perspective that is contextual and grounded in the real-life experiences of patients. This study is phenomenological-interpretive in nature, meaning that the researchers not only describe the participants' experiences but also attempt to interpret their meanings through hermeneutic discussion, in order to understand how individual experiences give meaning within the context of faith and illness (Smith & Osborn, 2015) . This methodological approach is based on several theoretical considerations, one of which is its suitability for existential-spiritual topics. By understanding profound, personal, and significant life experiences, such as experiences of faith while suffering from a chronic illness (Smith & Osborn, 2015).

## RESULTS AND DISCUSSION

### **The meaning of spiritual practices and their implications for the spirituality and psychological well-being of patients with lung disease.**

One of the health issues affecting the quality of life of millions of people worldwide is lung disease. Various conditions affecting the body's respiratory system are caused by this disease, ranging from shortness of breath to problems with blood vessels. Examples such as asthma, pneumonia, pulmonary fibrosis, lung cancer, and tuberculosis are some of the most common types of lung diseases, including chronic obstructive pulmonary disease (COPD), which causes more than 3.2 million deaths annually according to data from the Global Burden of Disease (Viegi et al., 2020) . COPD is characterized by progressive airway obstruction caused by long-term exposure to cigarette smoke, air pollution, and other irritants. This disease not only causes shortness of breath, chronic cough, and fatigue, but also affects patients' quality of life, mental health, and spiritual well-being (Vogelmeier et al., 2017) . The life experiences of people living with lung disease illustrate just how heavy the burden of this condition is. One patient shared their experience: *“Living with this lung disease is like having an endless to-do list. Simple activities like taking a shower or climbing just a few stairs can leave me gasping for breath and force me to stop for a moment to catch my breath. A cough that just won't subside often causes chest pain and disrupts my sleep at night.”* This experience clearly illustrates the physical limitations and fatigue that are hallmarks of this disease. Lung disease is one of the most serious health issues in Indonesia. Data from the Ministry of Health of the Republic of Indonesia shows that the mortality rate from chronic lung disease (COPD) is increasing every year. More than 35,000 deaths from COPD occur annually, with tuberculosis remaining the leading cause of infectious deaths in Indonesia (Salwa Salsabila Deliananda & R. Azizah, 2022) . In addition, high rates of active smoking, urban air pollution, and unhealthy lifestyles

exacerbate this situation. Psychosocially and spiritually, people with lung disease often experience high emotional stress, anxiety about an uncertain future, and feelings of helplessness due to having to use respiratory aids.

The impact on daily routines is also significant, as one patient explained: “The two most common symptoms are shortness of breath and a persistent cough with phlegm. As a result, things that used to be routine now feel like a struggle. For example, walking a bit farther or carrying slightly heavy groceries immediately makes it hard to breathe. Because of this, I now have to be very selective about my activities. I have to carefully weigh which activities are truly necessary and which I should skip or ask someone else to help with.” This experience illustrates how the disease forces patients to restructure their daily lives completely. As shown by a study conducted by Kotlińska, patients with chronic lung disease often experience spiritual distress. This is particularly true for those experiencing life-threatening shortness of breath (Kotlińska-Lemieszek et al., 2022). In these situations, spiritual practices and faith play a crucial role in helping patients cope with the fear of death and find meaning in their suffering.

Furthermore, research conducted by McGeechan in a meta-synthesis on the spirituality of patients with lung disease shows that spiritual experiences greatly help patients with lung disease to accept their condition, build hope, and maintain a positive quality of life despite facing physical limitations (McGeechan, 2018). Strong religious and spiritual beliefs help patients cope with anxiety when facing existential crises and find peace while experiencing life-threatening respiratory symptoms. The fear and anxiety accompanying acute symptoms are also very real. One patient described *it* this way: “Yes, shortness of breath is panic-inducing. It feels like I’m being choked, like my chest is being crushed by a heavy object. I’m afraid my breathing won’t go back to normal. I feel like I can’t control my body, and all my plans for the day are ruined. It’s frustrating and makes me feel helpless.” This statement confirms findings regarding the existential anxiety and feelings of helplessness experienced by patients, while also highlighting the profound psychological impact of each symptom episode.

Currently, pharmacological therapies for treating lung diseases include bronchodilators, inhaled corticosteroids, oxygen therapy, and even surgical interventions for certain cases (Vogelmeier et al., 2017). To support patients’ overall well-being, not only is medical treatment necessary, but also an approach that encompasses psychological, social, and spiritual aspects. As Higgins demonstrated in his study, spiritual and religious support helps patients with chronic lung disease feel emotionally stronger and find meaning in their struggle with their illness. Spiritual care interventions have been shown to be effective in improving the quality of life for patients with chronic lung disease (Higgins et al., 2018). Therefore, lung disease involves the spiritual aspects of human existence in addition to the medical aspects. Comprehensive management of this condition is necessary to meet patients’ spiritual needs so that they can maintain hope, peace, and a sense of meaning in life amidst their suffering.

## **Breath as a Theological Symbol: From Pneuma to Practical Living**

Breath holds profound and rich symbolic and existential meaning in Christian theology. In the Bible, the Greek term *pneuma* and the Hebrew term *ruach* are closely associated with the word “breath,” which can be translated as wind, spirit, or the breath of life. These terms carry

theological significance regarding humanity's position before God, not merely as a biological function. In the context of lung disease, breathing is no longer merely a biological activity but a vital spiritual symbol, with each breath implying the hope of faith and the struggle between life and death. In Genesis, God "breathed the breath of life into the man's nostrils, and the man became a living being, *nephesh chayyah* (*nephesh chayyah*)" (Gen. 2:7). Breath is a sign of the divine presence within humanity, and God's action demonstrates that human life originates directly from God. As Brueggemann states, the Hebrew tradition regards the breath not merely as a physical reality but also as a representation of humanity's relationship with God, where the loss of breath signifies the loss of this existential relationship—. The experiences of those suffering from lung disease provide a vivid testimony to this shift in the meaning of the breath. One patient shared: "*Now, breathing feels like a gift. I never used to think about it—breath just came naturally. Now, every time I can take a deep breath, it feels like a precious gift.*" This statement directly reflects the understanding of breath as a gift (*pneuma*) given directly by God, as depicted in theological tradition.

The term *pneuma* is used more broadly in the New Testament, referring not only to the human spirit but also to the Holy Spirit, who is present and at work within believers (Rom 8:16). *Pneuma* represents God's presence, which sustains and restores human life in all situations, including physical suffering such as lung disease. The Holy Spirit is the divine breath that offers hope, comfort, and strength in times of distress (Moltmann, 2014). Breath is viewed not only as a metaphysical symbol but also as a spiritual practice that can be incorporated into daily life. In the Christian faith, the practice of mindful breathing, also known as conscious breathing, has been widely adopted as a form of contemplative prayer, in which each breath is an opportunity to experience God's presence. According to Trammel, this practice is said to alleviate anxiety, enhance spiritual peace, and strengthen one's personal relationship with God (Trammel, 2018). This practice helps patients with chronic lung disease cope with episodes of shortness of breath. Furthermore, it helps them remain spiritually connected to a greater meaning in life. Additionally, breathing serves as a symbol of an optimistic outlook on life in the face of death. Patients with chronic lung disease view each breath as a symbol of resistance against their physical limitations and a reaffirmation of their faith in God, the Giver of Life. They view each breath as a form of spiritual perseverance that strengthens the meaning of their lives in the midst of hardship. Furthermore, the breath is often used as a symbol of worship in church liturgy. People are invited to become aware of God's presence in every inhalation and exhalation through prayers such as the Jesus Prayer, which is recited repeatedly in sync with the rhythm of their breathing. According to Sheldrake, this tradition is not merely ritualistic but also encompasses an existential experience of the Holy Spirit's presence accompanying people throughout their lives (Sheldrake, 2013).

In practical terms, Christians are called to integrate the biological and spiritual aspects of life through the symbol of breath, known as *pneuma*. Illnesses affecting the lungs seem to compel people to become more aware that life is about the spiritual connection that sustains it. This awareness is crucial from a pastoral perspective for building spiritual resilience amid chronic conditions. By imbuing the breath with theological meaning, medical care can help patients view their suffering as an encounter with God rather than merely a biological issue (Sulmasy, 2009). Therefore, the concept of the breath as a theological symbol is not only found

in the Bible or church doctrine but also becomes a reality in people's lives, particularly for those experiencing respiratory limitations. By integrating the meaning of *pneuma* into daily life, Christians can experience God's presence in every breath and cultivate a steadfast spirituality amid physical suffering. The theology of suffering views labored and restricted breathing as a place where faith is tested and strengthened. Moltmann argues that every exhalation is an expression of faith that life still has meaning and value, because God is present in every sigh and breath (Moltmann, 2014). Therefore, the symbol of breath is used in Christian theology as a reminder that humans must depend on God, the source of true life.

## **A Fragile Body, a Growing Faith: Christian Spirituality in Suffering**

Physical suffering is not merely a condition to be avoided, but an existential reality with profound spiritual significance. Many passages in the Bible and theological reflections that have emerged throughout the history of the church depict the concept of a growing faith and a fragile body. The frail human body—especially for those suffering from lung diseases that limit basic functions such as breathing—is a place of encounter with God, who is present in times of hardship. From this perspective, suffering is not viewed as a curse; rather, it is seen as an opportunity to grow in faith, deepen one's spirituality, and mature spiritually. One patient reflected on their understanding of their limited body: "The body that was once strong now feels fragile. Yet it is precisely in this weakness that I feel a deeper closeness to God. I've learned to see this body not as an enemy, but as a place where I learn to surrender." This reflection illustrates a shift in perspective—from viewing the body as an "enemy" to seeing it as a "place of encounter" with God through self-surrender. On their spiritual journey, a patient found steadfastness: "My faith has become my main source of strength. When fear of the future arises, I cling to God's promise that He never leaves us. It's like having a friend who is always there during the hardest times." This statement illustrates how faith serves as a concrete source of psychological and spiritual strength in the face of the uncertainty of chronic illness.

In the Christian tradition, the theology of suffering has been a major focus. 2 Corinthians 12:9–10 states, "For when I am weak, then I am strong." This demonstrates how powerful God's strength is in human weakness. According to this verse, physical frailty does not mean a loss of faith; on the contrary, it is the very way in which spiritual strength emerges. Thus, Moltmann emphasizes that human suffering—including physical suffering caused by illness—can function as a dialectical space between despair and hope. It is here that faith is tested and built through direct experience with one's own limitations (Moltmann, 2014). This dialectical space is vividly illustrated in a patient's testimony: "It is precisely in this weakness that I feel a deeper dependence on God. When my body was healthy, I often relied on my own strength. Physical weakness purifies faith, transforming it from mere knowledge into an experience of His tangible presence." This statement accurately describes the process of purifying faith through the experience of physical weakness, in which faith is transformed from a theoretical concept into a living, relational experience. A concrete expression of this relationship with God in suffering is manifested through simple spiritual practices: "When my body is very weak and it's hard to concentrate, I usually repeat a short prayer like 'Lord Jesus, help me' over and over while regulating my breathing... I also open Psalm 91. Reading it slowly serves as a reminder that

God is my refuge.” This experience represents forms of prayer, meditation, and Bible reading adapted to physical limitations, which serve as a means to find spiritual peace and protection.

A weakened physical condition often makes people with lung disease more aware of their dependence on God. Every labored breath reminds us of just how fragile human life is and gives us an opportunity to understand that life is entirely in God’s hands. A study conducted by Roger shows that patients with chronic lung disease experience complex spiritual dynamics. Feelings of fear, anxiety, and despair arise on one hand, while deeper reflections on faith emerge on the other. The ability to find meaning behind suffering is an essential component of Christian spirituality when facing hardship (Roger & Hatala, 2018) . This spiritual dynamic reaches its peak when suffering is no longer viewed as misfortune but is elevated to the realm of theology: “I believe there is a divine plan in every suffering... this illness is not a punishment, but God’s way of teaching me things I could not learn in good health. Just as gold is refined in fire, I believe He is shaping my character through this process.” This understanding demonstrates the ability to view suffering not as a spiritual failure, but as a divine pedagogical process aimed at character formation.

Clinical spirituality encompasses more than just formal religious beliefs. It also encompasses the search for meaning, a connection with the transcendent, and an individual’s effort to maintain hope in difficult circumstances (Sulmasy, 2009) . People with lung diseases, particularly those who require respiratory support or experience chronic shortness of breath, often view their physical condition as an opportunity to draw closer to God, build a stronger spiritual connection, and reorder their life priorities. The role of community support is also vital, as expressed by a patient: “Support from family and friends at church is also very meaningful. They remind me that I am not alone. Our shared prayers and their visits strengthen my heart.” This practical support from the faith community is a tangible expression of the spiritual solidarity needed on the journey through suffering.

On the other hand, Christian theology of suffering views suffering as having pedagogical value, where suffering serves as a teacher that shapes the maturity of faith. Brueggemann notes that suffering opens human awareness to the reality of life’s transience and temporariness, and moves people to turn to God as the source of true life (Brueggemann, 2016) . In this context, the experience of a fragile body actually facilitates authentic spiritual growth, because faith is no longer built on physical comfort but on a personal relationship with God who is present in the silence of suffering. The culmination of this spiritual transformation is revealed in the patient’s statement: “My faith is now simpler; it no longer demands a miracle of healing, but seeks His presence in every labored breath.” This statement represents the pinnacle of spiritual growth within suffering, where the focus shifts from the pursuit of physical healing to the pursuit of the Divine presence in every moment of life, even the most difficult ones.

A study conducted by Pedersen also supports the finding that patients with chronic lung disease who have an active spiritual life tend to demonstrate better coping abilities , more stable life expectancy, and a more meaningful quality of life compared to patients who lack spiritual resources (Pedersen et al., 2013) . This spiritual dimension serves as a protective factor that enables patients to remain emotionally and psychologically resilient in the face of a poor prognosis and long-term suffering.

Furthermore, the church community plays a strategic role in accompanying members who are experiencing physical suffering. Through communal prayer, pastoral care, and community support, the church becomes a spiritual space where those suffering from lung disease can tangibly experience God's love through the presence of others. In this context, Christian spirituality is not merely individual but communal, where one person's suffering is lifted up in solidarity with the congregation. As Sheldrake explains, true Christian spirituality always possesses a relational and solidarity-based dimension that enriches the experience of faith in the midst of suffering (Sheldrake, 2013). Thus, a body weakened by lung disease is not the end of one's spirituality, but rather becomes the arena where faith is tested, renewed, and nurtured. Every labored breath becomes an opportunity to experience the presence of God, who does not abandon His people in the midst of suffering. Christian spirituality in suffering affirms that God is present not only in healing but also in sickness, not only in strength but also in weakness (Stevanus, 2019). This awareness gives rise to a spirituality of perseverance that does not resign itself to fate but actively seeks meaning and upholds faith even in the face of a frail body.

### **Finding God in the Final Breath in the Care Unit**

Hospital wards, particularly palliative care units and intensive care units, often become the final place where people encounter death. In such situations, patients with chronic lung disease face immense spiritual struggles as their respiratory condition progressively weakens until just before they take their final breath. The final breath is not merely a biological event but also a theological one, marking the moment a person stands on the threshold of death. At this final stage of life for those with these illnesses, when the frail body surrenders completely to God, pastoral care plays a vital role in providing comfort, moral support, and the strengthening of faith. Christian theology views death as a step toward eternity with God, not the end of life. In 2 Timothy 4:6, the Apostle Paul says that he is about to be poured out as a sacrifice and that his death is near. In the face of death, this statement highlights a spiritual dimension. A person of faith can view the moment of their final breath as an eternal encounter with God. Moltmann argues that the death of a believer must be viewed from the perspective of eschatological hope, in which the suffering and weakness of the body find their fulfillment in eternal life (Moltmann, 2014).

In the pastoral dimension, the care setting becomes *a sacred space* where ministry to patients nearing death is not merely a medical act but also a spiritual ministry. Pastors, priests, or pastoral care providers in hospitals have the responsibility not merely to provide ritual accompaniment but to be present existentially in a compassionate encounter. Sulmasy emphasizes the importance of *spiritual care* in a clinical context, because as patients approach death, the spiritual dimension becomes the most fundamental need, more so than mere medical needs (Sulmasy, 2009). Patients with terminal lung disease often experience distress due to shortness of breath, fear of death, and existential anxiety. Research by Fopka found that patients with severe respiratory distress have a profound need for spiritual accompaniment because limited breathing serves as a symbol of helplessness, as well as a space for contemplation on the meaning of life (Fopka-Kowalczyk, 2020). It is at this point that *pastoral care* must offer a comforting narrative about God, who does not abandon His people at their final breath but welcomes them into His eternal love.

One effective spiritual approach in the terminal care setting is prayer and breath meditation. The Christian tradition of contemplative prayer teaches that each inhalation can be synchronized with a brief prayer, such as the Jesus Prayer or a comforting psalm. Hughes demonstrates that the practice of mindful breathing prayer can alleviate spiritual anxiety, provide peace in the face of death, and create moments of personal encounter with God. When patients are no longer able to speak due to shortness of breath, pastoral care through silent presence, the touch of a hand, and silent prayer holds profound spiritual significance. On the other hand, pastoral accompaniment in the care unit focuses not only on the patient but also on the family members witnessing the suffering of their loved one. Families often experience spiritual anxiety and deep sorrow as they witness the final breaths of their loved ones. Brueggemann reminds us that the church's role in the context of death is to nurture the narrative of faith that death is not the end of our relationship with God, but rather an encounter leading to wholeness (Brueggemann, 2016). In moments like these, pastoral care serves as a spiritual support for families, helping them hold fast to eschatological hope and experience divine peace.

Furthermore, pastoral considerations in the context of a person's final breath have a theological dimension related to God's presence in human suffering. In the theology of the cross, God shares in human suffering through the crucified Christ (Moltmann, 2014). This demonstrates that God is not merely a passive observer but actively participates in human sorrow as a person nears the end of their life. Families and patients are empowered by this spirituality to view death as a transitional event, in which God accompanies them until the very end. According to recent research by Bussing, the presence of spiritual care in palliative care units significantly improves the quality of patients' deaths, reduces spiritual anxiety, and enhances peace of mind as death approaches (Büssing & Koenig, 2010). Furthermore, spiritual accompaniment provides spiritual benefits for the bereaved family, as they can experience the process of saying goodbye with hope rather than fear. Therefore, a lung patient's final breath is a significant theological event, not merely a biological one. Hospital nurses are responsible for reminding patients of God's presence in times of hardship, preparing the soul for its encounter with the Creator, and supporting families with eschatological hope (Fitchett, 2009). In the Christian faith, facing death is not about denying worldly reality, but about acknowledging the faithful Divine presence until the very end of life.

### **Christian Spirituality Amid Lung Disease: Between Personal Discipline and the Faith Community**

Spiritual discipline is a routine spiritual practice that individuals undertake consciously and consistently to deepen their relationship with God. For people with lung disease, this discipline is often characterized by an awareness that every breath is a gift from God. Personal discipline can be practiced through consistent prayer as an expression of a faith-based relationship with God. Research by Puchalski reveals how patients use contemplative breathing practices combined with prayer to calm themselves and bring inner peace amid shortness of breath (Puchalski et al., 2014). This "*mindful breathing prayer*" technique allows individuals to focus their minds on the rhythm of their breath and integrate it with a brief prayer, such as "Lord, You are my Helper," thereby creating a spiritual presence of God in every breath (Hughes & Palen, 2012). In addition, personal prayer disciplines such as the Jesus Prayer—

“Lord Jesus Christ, Son of God, have mercy on me, a sinner”—repeated in sync with each inhalation, have been shown to help patients increase their sense of inner peace and reduce anxiety about their health conditions. Regularly reading Bible verses, especially Psalms that emphasize hope, also serves as a *spiritual anchor* that strengthens faith in God’s plan amidst suffering. A patient’s real-life experience confirms the value of this community support: “Yes, I’ve had several visits from a pastor and members of the ‘cool’ group... Those visits meant a lot. The pastor would come, sit quietly for a moment, then lay his hands on me and pray in a soft voice... There wasn’t much advice, but his calm presence was actually very soothing.” This experience demonstrates how a simple, empathetic pastoral presence can provide deep spiritual peace, which is often more meaningful than lengthy words of advice.

Second, the role of the community in providing collective emotional and spiritual support for people with lung disease. While personal discipline is very important, the role of the faith community is no less crucial. The community provides an environment where individuals experience the social dimension of faith and find comfort in spiritual solidarity. In the United Kingdom, a qualitative study of COPD patients showed that the church’s presence—through communal prayer, pastoral visits, and sacramental rites—provided a sense of spiritual security and reduced patients’ fear of their respiratory condition (Kotlińska-Lemieszek et al., 2022) . This community support also provides patients with opportunities to share spiritual experiences, strengthen spiritual bonds, and build resilience in their faith together. The church is a safe haven where hope is found through opportunities for communal prayer and community rituals. These patients also described *the form of support* they need most: “What matters most is actually simple and sincere support... Sometimes all that’s needed is a friend willing to sit quietly together, hold a hand, or say a brief prayer... Sacramental services like Holy Communion at home are also very meaningful... Equally important is practical support—help with grocery shopping or rides to the hospital.” This statement highlights the need for contextual sacramental ministry and an empathetic community that provides support not only spiritually but also through practical, day-to-day assistance.

Third, personal discipline and the faith community are intertwined in the process of spiritualizing the suffering caused by chronic lung disease. Spiritual discipline provides the foundation for a profound spiritual experience, while the community serves as the arena for the actualization of that faith through concrete acts of social cooperation, communal prayer, and service. In particular, patients expressed a hope for ongoing accompaniment: “What we need most is consistent attention, not a one-time visit followed by disappearance. Chronic illness is a long journey, and we need faithful companions along the way.” This request serves as an important guide for the church to develop a sustainable and structured model of accompaniment, recognizing that the journey of chronic illness requires long-term support, not just momentary interventions.

Spiritual practices can help build resilience—the ability to cope with the physical and emotional strain caused by long-term illness. Patients can reduce anxiety and strengthen their psychological resilience through regular prayer and breath meditation. Empirically, patients’ levels of depression and anxiety are reduced by communities that provide practical support—such as rides to church, small-group prayer, and pastoral interventions—which strengthen this resilience (Wesselmann et al., 2015) . Spiritual exercises help individuals accept their fragile

physical condition as part of their faith journey, rather than merely a terrifying medical condition. In practice, challenges such as patients' physical limitations—which prevent them from joining the congregation—or the conflict between physical exhaustion and spiritual needs may arise. Therefore, the pastoral approach must be adaptive by providing on-site pastoral care, such as personal visits or private prayer sessions for patients who cannot attend church. The belief that God is always present in the suffering of those with lung disease is reinforced by the practice of Christian spirituality in the context of lung disease from a theological perspective (George et al., 2000). Holistic faith integrates physical, mental, social, and spiritual aspects into a single, unified whole through the application of personal discipline and community support. In practical terms, pastoral care should be provided in the form of structured programs, such as home-based spiritual care and spiritual retreats.

## CONCLUSION

Breath holds profound theological significance in the Christian faith tradition. The biblical term *pneuma* does not merely refer to a biological breath but serves as a symbol of God's life-giving presence (Gen. 2:7; John 20:22). This theological awareness provides a unique spiritual dimension for people with lung disease who must struggle with shortness of breath, where every breath becomes an act of faith and an expression of absolute dependence on God. This article emphasizes that personal spiritual discipline plays a crucial role in building the spiritual resilience of people with lung disease. This discipline serves not merely as a psychological escape but as a space for internalizing the meaning of suffering in the light of the Christian faith, where suffering is no longer viewed as a curse but as part of a communion with Christ, who also suffered. A faith community is essential in supporting the spirituality of those with lung disease.

It has been shown that collective spiritual support provided to patients can reduce their existential fears and feelings of isolation through church attendance, prayer groups, pastoral visits, and liturgical rites such as Holy Communion and intercessory prayer. Christian spirituality in the hospital setting is both a religious practice and a form of existential accompaniment. Patients in their final breaths find the meaning of faith precisely as they take their last breath; their personal experience of faith and the presence of the community become a transcendent encounter that prepares them for a peaceful death. Holistic spirituality requires the presence of pastors, pastoral nurses, and the church community. Therefore, the results of this study indicate that Christian spirituality in the context of lung disease must be understood as an integration of personal discipline and the faith community that helps foster spiritual resilience. This spirituality is not merely dogmatic but also concrete, intertwined with the struggles of a frail body, eschatological beliefs, and inner turmoil. Even in a state of physical weakness, spirituality can flourish through the awareness that every breath is a gift from God.

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