



Miindala

NALAG
National Association for
Loss and Grief (NSW) Inc

Miindala is a local branch of the National Association for Loss and Grief (NSW) Inc.

Spiritual Care for Self and Others

*An information booklet for professionals and
volunteers working in health care with a focus on
aged and palliative care*



*Love is the ultimate of holies, by which all else
receives its worth (Kalki)*

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Anna Bloemhard, 2008

Introduction



In 2006 the Mid North Coast Division of General Practice (MNCDGP), Coffs Harbour, received a grant from the Commonwealth Department of Health and Ageing (Local Palliative Care Grants, Round Two), which was aimed to increase health care providers' levels of understanding and skills in relation to the spiritual care needs of palliative care clients.

The Spiritual Care Project focused on raising competency in a language of spirituality that is non-religious through educational workshops and seminars. This publication hopes to continue this process when the project finishes early 2009. The text can be used to familiarise health care workers with the concepts, to look further into the issue of spiritual care and, finally, to maintain an awareness of the importance of the role of spirituality in holistic health care.

There are six chapters in this booklet: The first chapter explores the theory: how spirituality can be understood and what makes it different from religion. The second chapter explains what spiritual care entails and how it could work in practice. The next two chapters look at spiritual care skills, which involve exploring the spiritual needs of clients and how to provide appropriate spiritual support. The fifth chapter lists some of the barriers to providing spiritual care.

The sixth chapter discusses one of the most important aspects of spiritual care- looking after one's own spiritual needs. Learning about spiritual care for others is, of course, deeply intertwined with one's own spiritual journey of self-discovery. Therefore, this last chapter also contains some suggestions for personal practice and care for your own spirit.

At the end of each chapter there is an opportunity to reflect on your own experiences. It may be helpful to write your answers down as the exploration and understanding on the role of spirituality in one's own life is possibly the most valuable message of this booklet.

Content



1. What is spirituality?	Page 5
2. What is spiritual care?	Page 23
3. Spiritual care skills: assessment	Page 32
4. Spiritual care skills: interventions	Page 39
5. Barriers to spiritual care	Page 52
6. Spiritual self-care	Page 56
7. References	Page 61

Photographs

Front cover photograph	Aloka Reeves
Aboriginal artwork, Jingalu	Page ...14, 15, 16 (Melissa Craig)
Bloemhard, Anna	Page ...4, 10, 27, 28, 35, 39, 47, 52
Bundagen artist collective	Page ...8
Maher, Gary	Page ...11, 41, 42, 59
Golding, Ken	Page7, 12, 20, 22, 33, 38, 44, 48, 57, 60, 65
Reeves, Aloka	Page ...17, 24, 25, 31, 46, 50, 54
Rynhardt, Clare	Page ...5, 19, 37

1. What is spirituality?



What does spirituality mean and how does it relate to the life we live?

Before you start reading any further, take some time to reflect on the question above, because how we understand spirituality is very personal. What we believe often depends on our own cultural background, family and friends and lastly on our own experiences and thought processes.



The simplest way of talking about spirituality is to say that it involves everything that pertains to the spirit. But what is spirit? It is worthwhile to note that the Latin origins of the word spirit translate as ‘breath’ or ‘air’. This is obvious in words like respiration and inspiration. We talk about a ‘spirited person’ or someone who ‘has lost their spirit’ and in the Western world our understanding of the spiritual often is contrasted with, and is separated from, the world of materialism, substance and physicality.

Here are some quotes. Read them carefully and check out how real or true they ring for you:



A quality that goes beyond religious affiliation, that strives for inspiration, reverence, awe, meaning and purpose, even in those who do not believe in God. The spiritual dimension tries to be in harmony with the universe, strives for answers about the infinite and comes into focus when the person faces emotional stress, physical illness or death.

(Murray & Zenter, 1989: 259).



Spirituality seeks connection (through belief systems and relationships with others, the earth and the ultimate Other) to something beyond (or greater) than oneself to find meaning and purpose in one's life. Connection could be sought to one or several sources or involves being engaged with all. Some would describe this as interconnection.

(The Emotional and Spiritual Care Committee, 2004: 7)



That which lies at the core of each person's being, an essential dimension which brings meaning to life. It is acknowledged that spirituality is not only constituted by religious practices, but must be understood more broadly as relationship with God, however God or ultimate meaning is perceived by the person, and in relationship with other people.

(MacKinlay, 2006: 14)

Spirituality concerns existential questions

These definitions are very helpful to begin a discussion about spirituality, however, there is a danger by saying ‘this is it’ that you also declare ‘this is not it’. Spirituality is inclusive, personal and experiential; some would say that it is rather impossible to define spirituality.



What is spirituality? Defining spirituality is a bit like trying to describe the smell of a rose. It feels elusive because it inspires different things to different people. It can involve religion, cultural practices, beliefs, philosophies of life, or simply put ‘our ultimate concerns’.

(Cohen, Wheeler, & Scheier, 2001: 23)

Our ultimate concern, of course, involves everything we value deeply and care for: the way we choose to live our lives and the actions and behaviours that follow out of those concerns. Rumbold (2006) writes that spirituality is concerned with purpose, connection and potential; he believes that in our spirituality we seek and acquire answers to the following existential questions:

- | | |
|-----------------------|--------------------------------------|
| • Who am I? | What is my purpose in life? |
| • Who are we? | Belonging, culture and social action |
| • Where are we going? | Ultimate goals, afterlife |

He explains that these questions can be answered on different levels: on a mundane, materialistic level, on a personal level or on a spiritual and religious level that transcends the ordinary concerns of daily life.



You can see that the above questions would be answered differently by different people, depending on their perspective, beliefs and awareness of these issues. Take a moment to ponder those questions yourself.

Spirituality is not a thing; it is a process

Rather than trying to define spirituality it is much easier to describe spirituality's attributes, functions or effects, which are often referred to as:

- Being in a network of meaningful connections
- Exploring the meaning and purpose of one's life
- Finding peace and transcendence, especially in old age and death.

Good (2003: 44-5), for example, states that 'spirituality is a dynamic, personal and experiential process' and 'involves a quest for meaning, purpose, transcendence, connectedness and values'. Thus, spirituality is concerned with how we *experience* the world, how *we live or act* in the world and how we *make sense* of it in an ongoing process. The following issues all pertain to this process:

- *Meaning and purpose in one's life: one's philosophy or beliefs in life*
- *Connections to significant others: people, nature, a Higher Power or God*
- *The 'ultimate concerns' or values one holds dear*
- *Finding meaning in old age and death*
- *Issues of forgiveness and letting go of old hurts*
- *Transcendence or the ability to expand beyond the boundaries of oneself*
- *Living a good and just life*
- *Acceptance of one's fate*
- *Being at peace*

This list shows that we all have spiritual concerns, that to be human means to be spiritual, whether we acknowledge it as such or not. In other words, we all have a spiritual life regardless of what we believe. The only difference may be in our awareness of these issues; in other words- how much we are in touch with our own spiritual journey.

Religion, culture and spirituality

Our beliefs, including our religious beliefs, are shaped by contextual issues such as our cultural experiences and family background.



Religion and spirituality are two overlapping, but different, concepts. Religion is usually described as the institutionalised and organised expression of a group's spiritual beliefs. Most religions also involve a belief in a Supreme or Higher Being, or if named, Allah or God and, in some religions, a whole pantheon of Gods and Goddesses.

Most religions prescribe what to believe and how to observe the doctrines of the faith; religions give guidelines and answers to the questions on how to live an ethical life.



Although people are born into a religion, when you reject a religion's main principles and beliefs you may choose to no longer belong. This is sometimes expressed as 'I am still a Christian, but I no longer go to Church' or 'I am no longer a Christian, but I still believe in God'.

If you were born in Indonesia or Thailand you would possibly be raised as a Moslem or a Buddhist. You would probably still follow that path, even if you were now living in Australia. Our religion thus forms a big part of what some would call our 'inner self' and how we see ourselves. At the same time, religion also comes from without: we have learned about and/or adopted the religion of our family or from our cultural background.

Whether we continue to adhere to the faith of our childhood depends on the many events and choices that occur when we follow and choose our life's path. It involves our choice of friends and partners, factors such as the work we do, the neighbourhood we live in and, finally, the events and experiences we accumulate over a life-time.



Spirituality has much in common with religion in that it is also shaped by where we are born, the events and experiences that shape us and the choices we make. However, there are also differences. Spirituality is often experienced as intensely private and personal- something that is felt ‘within’. For many people spirituality does not involve an affiliation to a religious organisation or communal belief systems. In other words, people can be religious but may not feel in touch with their spirituality or they may be intensely spiritual but not affiliated to any religion or particular belief system, or even believe in the existence of any God. We will explore the role and meaning of spirituality throughout this booklet.

It may be useful to have another look at the definitions of spirituality offered earlier in this chapter to deepen this understanding.

It is important for health care providers to be aware of the differences between religion and spirituality. Spiritual care is often described as ‘everyone’s business’ because, although personal, it is part of our humanity and therefore shared by everyone, whether Christian, Hindu, Moslem or non-religious. At the same time, where appropriate, timely referral to the clergy, pastoral carers or hospital chaplain, who are trained to give pastoral guidance and support are an important part of spiritual care.

Aboriginal spirituality

For most indigenous people, spirituality concerns ‘a sense of belonging-to the land, to the sea, to other people, to one’s culture’ (Pattel-Gray, 1996: xi). In contrast with the often lofty ideas and ethereal understandings of spirituality in Western thought, Australian Aboriginal spirituality is steeped in the earthiness of the natural world and the immediate surroundings. Orley (2007: 138) says that for Aboriginal people ‘one’s place in a bigger interconnected world is intrinsic to an acknowledgement of one’s value as a person’. Belonging, therefore, is the essence of an Aboriginal person’s identity; it almost entirely determines well-being, happiness and health. Holmes and Byrne-Armstrong (2007: 48) stress that ‘the basic principle of Aboriginal spirituality is interconnectedness’.

Gumbaynggirr Elder woman, Auntie Bea Ballangarry in a personal conversation said: ‘spirituality is all around me; it is my relationship to the land. It is about the interconnectedness of fire, earth, water, wind and all that lives. And that even includes things, the house, the chair I sit on, you can’t separate anything from one another. Therefore I believe it is really important to listen to what is around us: the birds and other creatures, sea life- everything tells us a story’.



Wee-ree-gar (Goanna) Jingalu

‘That story may be about all the different seasons (and there are far more seasons than four as in winter, summer, autumn and spring.). For example, the birds give us messages when somebody has passed away- sad messages and we need to notice that. But they also tell us about when to celebrate or have a good look at what we are doing ourselves. ‘Aboriginal spirituality is about being inclusive, and it is about respect. The biggest thing is about respect and harmony and to appreciate that what is given to us’ (Ballangarry, 2008).

Certain rituals, connections to ancestors, special places and special ways of doing things are very important for Aboriginal people; they are ways to keep in touch with the spirit world. Family is also very important and many Aboriginal people prefer to be cared for by family when they are ill, often to the point of avoiding having to go to hospital.

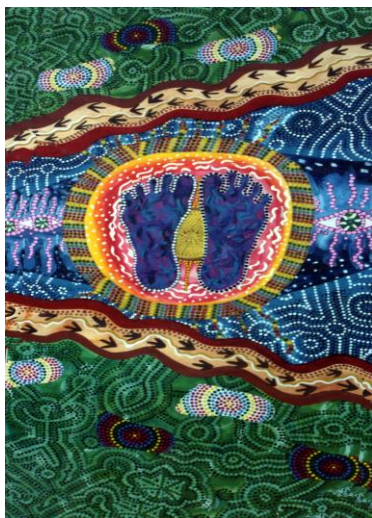


Bagawa Creation by Jingalu

However, it is important not to stereotype indigenous spirituality. Many people have embraced Christianity, often with strong Aboriginal overtones. Like everyone else, each person or social group has their own perspectives, beliefs and practices; in fact some people would talk about Aboriginal ‘spiritualities’. When providing care to indigenous persons the best thing to do when in doubt is to ask the person involved, their family or members of their social group: ‘What is important for you at this time?’ or ‘How can we best serve the spiritual needs of this person?’

This little section on Aboriginal spirituality only touches the surface.

Jingalu (Melissa Craig), an Aboriginal artist from the Bagawa Birra Murri Aboriginal Women's Council on the Mid-North Coast of NSW, graciously allowed me to include photos of her paintings in this section.



Bangalor Jaman

(May our footprints be light), Jingalu

Together with Aunty Bea Ballangarry's explanation they hint at a much deeper story; a story that shows that there is much to learn from the rich heritage of the Aboriginal culture.

Spirituality and suffering

Spirituality and religion tend to come into sharper focus when big changes occur in one's life; when what we have taken for granted and sometimes what we have believed to be true comes into question or fails to support us

any longer. Especially in later life there are more chances of experiencing those unsettling events which change the world as we know it for ever. This can include losing friends, children moving away, losing physical abilities or moving into a nursing home.



Ultimately, old age or a life-threatening illness will result in having to face death of self and loved ones. Sooner or later in life, most of us get to know about the ‘dark night of the soul’, a time of deep fear and sometimes painful inquiries into what our life was all about. This search for meaning often highlights the spiritual and emotional needs some of us may have to address in order to find the strength to cope with great suffering, and if possible, to find peace of mind, acceptance and hope in the midst of it all.

Spiritual needs

Many contemporary authors in palliative and spiritual care argue that spiritual needs and tasks are almost universal, especially at the end of life, despite differing beliefs and religions. In fact, the many religious rituals and beliefs actually attempt to address these needs. For someone who does not subscribe to a religion, it may be even more challenging to find ways to address these needs.

Although these needs may be universal and could be generalised, it is important to understand that every person may have a different way of experiencing, expressing and dealing with those needs. Religious ceremonies, rituals, prayer, reminiscing, talking about or simply quiet contemplation are all valuable, but personal choices. The following list, compiled from different sources, may vary in emphasis and importance, but also reflects our shared humanity:

- *The need to find security and safety despite the suffering*
- *The need to find meaning in the life lived and in the present suffering*
- *The need to experience and communicate genuine connection*
- *The need to experience and communicate forgiveness and reconciliation*
- *The need to maintain a sense of dignity and self-worth*
- *The need to give and receive authentic love and compassion*
- *The need to experience peace and acceptance*
- *The need for comfort in grieving and loss*

Byock (2004), a palliative care specialist, condensed this list into four specific spiritual tasks for the elderly and dying (although this could be practiced throughout one's life):

- **Love** - to express and receive love from dear ones
- **Gratitude** - to give thanks and be thanked
- **Forgiveness** - to forgive and ask for forgiveness
- **Goodbye** - acceptance and letting go

These tasks all concern the need to celebrate the life lived, to transcend current suffering and to bring one's house in order. In this process there is opportunity to accept and consciously prepare for death and completion.



Nakashima & Canda (2005: 119) point out that 'spiritual well-being' is closely related to 'personal growth and healing' and that 'older adults often experience positive personal development even while dying'. In other words, there is much hope and grace even when facing death.

Spiritual Practices

King (2004) mentions that most people seem to wait for what she calls the big ‘Ds’ (disease, disaster, divorce and death) before engaging with these life tasks. She urges us to develop our spiritual life before inevitable suffering knocks at our door.



Most spiritual teachers would agree that in order to develop a healthy spiritual life, one needs some form of attention or practice. In the Christian tradition that may be prayer or going to church; others may find peace in nature, in having quiet time or sharing with others, in devotional singing and in meditation or reading uplifting literature.

Reflection: Take a moment to consider your own spiritual practices; maybe you have no particular practice or a whole host of them.

Spiritual self-care is discussed in more detail in the last chapter.

Spiritual tasks

King (2004) also argues that people can find peace and healing, even when facing death. She recommends adopting a positive attitude and seeing illness from a different perspective, which she calls the ‘C’ factors:

- **Control-** to gain a sense of control over the response to the situation; to move from reaction to response; from victim to active participant in life’s events.
- **Commitment-** to focus on living fully in the moment despite the suffering; embracing but not becoming the illness, the dying or adversity.
- **Communication-** to have the opportunity to talk about the situation openly and honestly, if appropriate, so that there is no ‘elephant’ in the room that everyone is pretending not to see.
- **Challenge-** to see the situation as an opportunity for growth and completion, rather than accepting demise and defeat.
- **Connectedness-** to celebrate the relationship with others, God, nature and life.

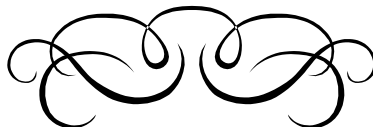
These five ‘Cs’ seem to make a lot of sense and a good recipe for living fully, however, again it is important not to judge these as a prescription or requirement for a ‘good’ life (who is judging anyway?). Every person is unique in their way of responding to life’s challenges and that needs to be respected and met with adequate support and care.

Reflection: How does your understanding of spirituality informs your life and how do you relate to the issues raised in this chapter?



Conclusion

We have established that religion and spirituality overlap, but are also different. Spirituality, it seems, involves being in touch with our full humanity and is intrinsically interwoven with how we live our life. This comes more into focus in old age and during the dying process and in this chapter we looked at what this actually means in terms of spiritual needs and tasks in life. In the next chapter we will look how this relates to spiritual care.



2. What is spiritual care?

A focus on living and loving can take away the mind from the sorrows, even for a short time and is therefore 'restorative and life affirming'.

(EndLink internet resource, 2007)

Spiritual care

Spiritual care involves everything that enhances, uncovers, stimulates or increases a person's spiritual and emotional well-being or peace of mind.

Spiritual care is to devote presence, attention and respectful assistance to helping people discern... what is important for them, the purpose of the life lived or the meaning of the current situation and imminent death: 'how they seek to live out that meaning as their destiny unfolds'.

(The Emotional and Spiritual Care Committee, 2004)

The aim of all spiritual care is to alleviate avoidable suffering, to accept one's current life situation and to increase personal well-being and quality of life. As the quote above shows, it focuses on living and love and supports people to explore their current predicaments, their wishes, hopes and their needs. Most importantly, spiritual care aims to facilitate finding a sense of peace *despite* the suffering and the pain. Dowling Singh (2002: 8) calls this the 'grace in suffering' and a 'spiritual transformation'.

Spirituality involves a quality of being that goes beyond religion or culture and therefore spiritual care is not bound by religion or culture. Patients, especially those hospitalised for long periods or approaching the end of their life, need to have their spiritual pain recognised and addressed even when:

- They have no formal religion
- They decline a visit from a chaplain
- Their needs or anguish are not resolved with their own minister
- They are quickly approaching death and there is insufficient time to bring a trained chaplain to their side

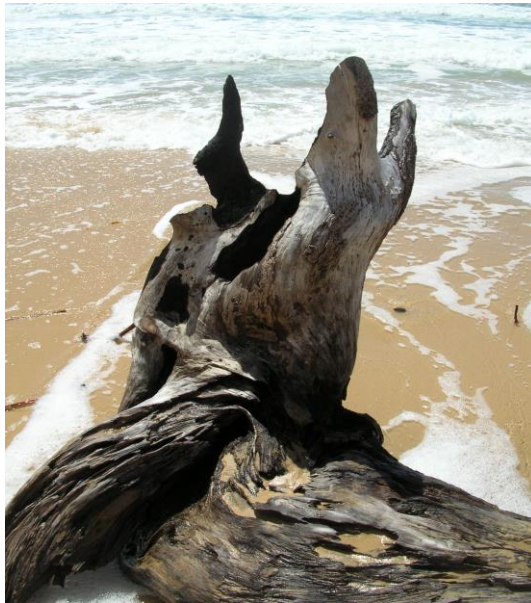
<http://www.spcare.org/caregiving/faq.html>



Having explained that suffering can also teach us invaluable lessons about the nature of life, there is a fine balance between providing support and comfort and allowing the opportunity to explore these life issues deeply.

Therefore, spiritual care involves foremost creating an atmosphere of trust and peace which supports the client:

- To diminish fears and anxiety about suffering and death
- To increase coping skills
- To restore or maintain dignity and a sense of personhood
- To maintain interpersonal, reciprocal connections
- To find a sense of meaning and purpose



A participant in a recent research project summed it up in a very concise and poetic way by saying that ‘spiritual care is the shining from within’ (Bloemhard, 2007: 173).

Who should be involved with spiritual care?

Holistic care involves caring for the bio-medical, social, psychological, emotional *and* spiritual well-being of a patient. There is now an increasing interest in the nursing literature to embrace spiritual care as part of holistic nursing care (Narayanasama et al. 2004; McGrath, 2004; Taylor, 2002). Referrals to the clergy remain an important avenue of providing spiritual care and many hospital chaplains in Australia embrace an ecumenical and inclusive approach. If appropriate and invited, chaplains can also visit non-religious patients or patients from different denominations.

Contrary to pastoral care, what is often seen as the domain of the clergy, it seems that spiritual care is increasingly seen as everyone's job. Therefore, it is generally recommended that all care providers involved with a patient should be involved in giving spiritual care. Kellehear (2002) confirms that spiritual care is the prerogative of all persons involved with a client, be it social workers, nurses, personal carers, clergy, family, friends, volunteers or a caring neighbour.

Spirituality, as we have discussed before, is deeply personal and therefore the giving and receiving of spiritual care is necessarily different for each person. As carers, it is of utmost importance that we tailor our spiritual care to the needs of the person involved and do not use it to fulfil our own needs and expectations or to impose our own beliefs.

A Community Health Model of spiritual care

Rumbold (2002) and Kellehear (2002) have proposed a community health model of spiritual care that comes from a strengths-based approach and emphasises well-being rather than a deficiency or lack. Spiritual care from this perspective is seen as a reciprocal activity, something that happens between two or more people, rather than being the property of the giver who bestows it onto the other. Seen this way, spiritual care involves being in relationship; it involves making meaningful connections, which enhance a worthwhile and wholesome sense of worth and dignity in the client.



Often clothed in terms of being present and aware *with* the other person, from this perspective all activities can be infused with spirituality, whether it is washing a patient, listening to a story or saying a prayer. Thus, spiritual care is process-oriented and involves a *quality* of being and caring, which nurtures the spirit of all involved.

Spiritual care- a message of hope

Old age and dying involve change, loss and, often, grief. Illness and death are sometimes seen as a punishment or failure and some people lose their faith. Spiritual care is concerned with finding hope and the following list adapted from different sources suggests that hope and spiritual transformation can be found in the most unlikely places:

- **Finishing unfinished business**
 - Wills and advance care directives
 - Issues with family and friends, business
 - Forgiveness
- **Hoping for death**
 - End of suffering
 - A sense of control if the suffering is too great
- **Belief in a miracle**
 - Medical cure
 - God, deities or magical interventions
 - Alleviation of physical suffering
- **Search for meaning**
 - Finding answers to 'why me?'
 - In the suffering- a dedication to other beings
 - Spiritual beliefs
 - The life lived, relationships and achievements
- **Sense of purpose and identity**
 - Who am I now and what good am I now?
 - Sustaining personhood and dignity
 - Remaining in a meaningful network
 - Life review
- **Coping with change and uncertainty**
 - Spiritual peace of mind
 - Religious beliefs and afterlife
 - Acceptance and letting go

The list of hope on the previous page is not exhaustive and not all issues are important for all people, but it gives a good overview of spiritual care concerns. However, although it may be important to be positive, sometimes another kind of healing is found in the depths of despair and fear; fully facing one's hopelessness makes it possible to open up to the possibility of letting go, finding peace and spiritual transformation.

Why is self-awareness important in spiritual care?

As mentioned before, it is important to remember that supporting a person's spiritual needs puts the spotlight of attention on **their** life. **Your own beliefs, needs and values need to be respectfully left at the door!** This involves:

- Allowing the client to set the tone of the interaction
- Allowing the client the space to explore whatever is at hand

This doesn't mean that your opinions don't count; it simply means that the focus is on the client's needs instead. When we grow in self-awareness we become clearer about our boundaries, beliefs, values and expectations. It becomes easier to separate what is yours and what is mine and what it is that we share. Without self-awareness we could not be in touch with our most important concerns and there would be little opportunity to grow, self-actualise and take care of our own spiritual needs. And how could we ever help anybody else if we are out of touch with ourselves?

The following attributes are essential in spiritual care:

❖ **Awareness**

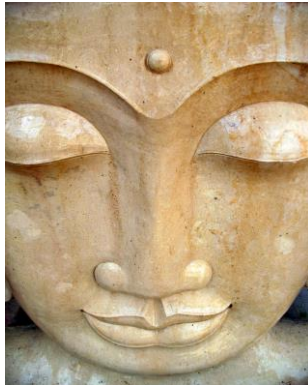
- Owning and acknowledging one's own spiritual beliefs and bias
- Knowing one's limitations and not judging difference as inferior

❖ **Kindness**

- Compassion, maintaining dignity and respect
- Understanding, acceptance and empathy

❖ **Skills and knowledge**

- Interpersonal and spiritual care skills
- Learning about other religions and spiritualities



Awareness, kindness and skills are essential ingredients for acting in a way that respects the religious and spiritual beliefs and practices of clients. And if we are not sure, it is always advisable to seek information and guidance from the client, their family or others who are more familiar with that particular culture or religion. Spiritual care must be directed by the client and at all times must be appropriate to the client's needs, religious beliefs and personal preferences.

Reflection: What do you think spiritual care is and how do you relate to the issues raised in this chapter? How does this inform your spiritual care giving?



Conclusion

Spiritual care is not necessarily about religion, about guidance or about uncovering big issues. It can involve these things, but more often it is concerned with kindness and respect. Spiritual care is being present for the other person and providing the opportunity or space to explore what is important for them at that time. Spiritual care needs to be culturally appropriate; it aims to support others to find peace of mind in their own way. Most importantly, spiritual care is reciprocal, fulfilling and beneficial for all those that are involved in such care.



3. Spiritual care skills: assessment



It is said that the best thing we can bring to a suffering person is our own quiet and peaceful mind’.

(http://www.buddhanet.net/spirit_d.htm).

Spiritual assessment

According to Hodge (2001: 203) a spiritual assessment consists of two parts; a spiritual or religious history and an inventory of the strengths and resources in the life of the person you care for. Such an assessment aims to understand:

The resident’s current or desired practices, attitudes, experiences and beliefs that assist him/her in meeting their spiritual needs.

(Department of Health and Ageing, 2004)

In many organisations a spiritual assessment is part of the intake interview, but is often restricted to a few questions about religious practices and preferences. However, this may not be satisfactory, because not all people have a religion or religious affiliation and some may also not have a clear understanding of their own spiritual needs. Therefore it is important to encourage more descriptive and narrative methods that allow the patient to talk about what they value and hold precious in their lives.

Assessment tools

A specific spiritual assessment tool that is referred to regularly is called 'HOPE' (Anandarajah & Hight, 2001). HOPE poses questions about religious practices or beliefs and asks whether clients want to see particular persons, such as a pastoral carer or priest. However, this tool goes much further than asking the usual questions about religion and involves assessing personal resources, strengths and coping strategies that a client can utilise to deal with adversity.



The HOPE assessment tool also addresses attitudes towards end of life issues and treatment options:

- H-** Hope, strength, comfort; what are your sources of these?
- O-** Organised religion; what are your religious beliefs?
- P-** Personal spirituality or practices; what gives you strength?
- E-** Effect of the illness on your life; has it changed your needs, concerns, beliefs or religious views?

The last question is important because people sometimes question their religious and spiritual beliefs, because they are angry or frightened when faced with death or severe mishap. Others feel that they have to remain positive at all cost in order to overcome and control their illness. Here are some reasons for feeling a deep sense of hopelessness in old age and dying:

- Loss of identity, roles and what is familiar continuity
- Fear of suffering or pain; anxiety and sleeping problems
- Loss of dignity, safety, control and self-worth; depression
- Fear of God, punishment and abandonment; hopelessness
- Fear of non-existence and annihilation; helplessness

At present in-depth spiritual assessments of the hopes and concerns of health care clients are not common practice in Australia and, even in aged and palliative care, questions about spirituality are asked haphazardly or not at all. The tools discussed here could be used as a guideline for organisations to design their own assessments.

However, it is important to see such assessment tools as a great opportunity or guideline to *explore* rather than to *measure* a person's spiritual strengths, supports and needs. Imagine someone asking you what spiritual strengths you have, or how these influence your understanding of the current situation. These are big questions that need a gentle approach, a great amount of trust and skilful communication.

Some helpful communication strategies for gathering such information include:

- **Asking open-ended questions:**

‘Is there anything you are hoping for during this time?’

• ‘Where do you turn for strength?’



- **Providing options:**

‘Some persons find that music, meditation, or prayer help relieve pain: Are any of these helpful for you?’

‘Would you like me to just sit quietly with you for a while?’

- **Telling stories**

‘What gave you most hope in your life?’

‘What are your most important memories?’

‘Would it be helpful to talk a bit more about this time in your life?’

- **Other questions that may be used as part of an assessment:**

‘Does your religion/spirituality give you comfort and support?’

‘Does your religion or spiritual beliefs fail you in this situation?’

‘Do you have any beliefs that might conflict with medical care or affect medical decisions?’

‘Are you a member of a supportive or spiritual/religious community?’

‘Do you have any spiritual needs that you would like to discuss?’

‘Do you have any practices that help you cope?’

(EndLink, 2007)

Such open-ended questions are very helpful in eliciting a client’s spiritual strengths and needs. However, it is important to remember that an assessment is always focused on the benefit of the client, not to satisfy your own curiosity. It is important to remember why you are asking these question, what is your intention and interest? Sometimes questions tell us more about those who ask them than about those who answer!

Finally, a spiritual assessment is precious and great care needs to be taken to protect a client’s privacy, confidentiality and right to refuse information

Psychological issues

The word ‘assessment’ is very much associated with psychological tests for mental disturbances and problems. It would, indeed, be very difficult

to draw a line between what could be seen as psychological, emotional or spiritual distress. Especially when facing death, existential loneliness, fear of the unknown, pain, an unnecessary show of strength, or belief in a revengeful God can manifest as anxiety, despair, fear or depression.



Murray et al. (2007) suggest that fear is the primary and most impactful emotion in human beings. The world can be experienced as a scary place and the normal emotional response to danger or annihilation is fear; it literally helped us to survive. Fear is experienced, at one time or another, by most patients facing ill-fortune and death; Murray argues that the best antidote for this existential fear is the loving kindness that should be inherent in all spiritual or religious care. The next chapter discusses the skills and qualities that health care practitioners need to possess- to best convey this message of love.

Reflection: What are your deepest fears and how does your spirituality support you in facing those fears? How does this relate to the issues raised in this chapter?



Conclusion

A spiritual assessment can uncover spiritual strengths, needs and desires; however, great care needs to be taken to protect a client's privacy and right to refuse information. Spiritual assessment tools need to focus on sharing and connection; they are not meant to be clinical check lists that are routinely and mechanically applied.



4. Spiritual care skills: interventions



Spiritual interventions

Spiritual care could be described as anything that lifts a person's spirit and therefore can be as simple as a smile, a gentle touch or making sure that there is a fresh flower in the vase next to the bed.



It can, however, also involve a range of more focused and specialised activities that aim to support spiritual needs and to alleviate spiritual distress. In this chapter we will discuss some of these practices.

A word of warning

There is a danger that spiritual interventions, however well-intended, are applied as a *tool*, as something that you *do* to someone, something that is dispensed, like a band-aid or a pill. The very word intervention is

reminiscent of the medical model, of expertise and of something being administered. Such a bio-medical approach to spiritual care would produce yet another ‘technology of healing’ and could easily overlook the patient’s personal needs or strengths. Instead of facilitating well-being, it may leave the patient feeling that they are in need of expert help, that they are deficient and therefore powerless. Again, this is a very good argument for cultivating self-awareness.

Reminiscing and ‘Life Review’ storytelling

One of the most accessible spiritual care practices is reminiscing; the art of providing a space for clients to explore their lived experience. Older people, and those who are facing death, can find great peace in reviewing and celebrating their life’s achievements. Reminiscing often leads to the realisation that one’s life was valuable and worth living. Life storytelling according to EndLink (2007) involves:

- Exploring the meaning of a person’s life
- Finding things to be proud of: enhancing self worth
- Finding sources of strength, hope and beauty
- Closure and bringing it all together
- Maintaining a sense of self and continuity
- Reaffirming what is important- values, family
- As a formal, written exercise, a legacy
- Discovering beliefs of after-life, spiritual growth

Successful ageing and acceptance of death often involve finding value and positive meaning in one's life, even in situations that may have been difficult and hurtful. Unresolved issues, such as non-forgiveness of self and others, guilt, shame and feelings of being unworthy can stand in the way of finding peace at the end of life. Assisting clients to tell their life story and finding meaning in it is a rewarding activity, which can bring great healing and closure for all involved.



Some residential aged care facilities actually publish life stories of the residents (with permission of course) in their newsletters. Recently, a 'client biography service' in Victoria provided a 'free recording of palliative care patients' history of their life, including 2 bounded copies with photographs to give your family one of the most valuable gifts of all... your memories'(www.eastpallcare.asn.au). No doubt, this is a great opportunity to leave behind a legacy that many will be cherished and can bring great comfort to those who are dying and those who are left behind.

Silence and deep listening

Spiritual care, above all, involves listening and allowing silence. The following guidelines for deep listening may be helpful:



- Listen more than talk, a golden rule is 10% talking, 90% listening
- Practise being present and attentive, so you can reflect back what has been shared
- Asking open, non-directive questions for deeper exploration
- Avoid judgment and critical appraisal
- Focus on strengths, achievements and positive experiences
- Skilled use of silence to allow thinking and focusing on the significance of what is presented.

Much can surface during reminiscing and deep listening: issues of hurt and forgiveness, loves lost and found, grief and guilt may be addressed and possibly resolved when seen in the forgiving light of loving kindness and acceptance. The following specific communication skills may help to make reminiscing more than just telling the story:

Normalising involves highlighting the ‘normality’ of a person’s reaction to their predicament: feelings of sadness, depression or even anger are often a normal and acceptable reaction to life changing events.

Reframing involves seeing the same story in a more favourable light, e.g. the strength and resourcefulness in a difficult situation, rather than highlighting the negatives.

Affirmation: involves highlighting sources of strength and comfort, e.g. religion, courage, family.

These communication skills teach us how to shine the spotlight of attention very gently on the negative experiences and how to highlight and accentuate the positive achievements, thereby transforming hurt and disappointment into a more rewarding view of one’s life.

By recognising and naming personal strengths and resources clients will open up to ‘psychosocial and spiritual well-being’ and ‘personal growth and healing’ (Nakashima and Canda 2005). Spiritual care and spiritual interventions can create a climate of acceptance, love and letting go.

Responding to Spiritual Issues

The following suggestions are taken from an excellent internet resource which targets disaster workers but is equally valuable for health care professionals. The list gives a good overview of important issues in spiritual care and lists some excellent tools for responding skilfully:



- Be honest, be compassionate, and do not assume you know what other people will feel, think, say or believe.
- If you do not feel comfortable discussing spiritual or religious issues, listen quietly and refer people to someone who is more appropriate.
- Do not try to explain or give answers to spiritual questions, rather support exploration of what this person believes.

- Do not argue with a person's beliefs or try to persuade them to believe your views, assumptions and explanations.
- Do affirm their search for spiritual/faith-based answers. Do not impose your thoughts or beliefs on them.
- Emphasise that everyone has to find their own answers and ways of understanding in traumatic events.
- Do affirm feelings and emotions related to the spiritual quest/current situation.
- Support a client to use their own spiritual/religious beliefs to cope.
- Do not respond with platitudes or clichés, like “It will be okay” or “It is God’s will.” or “You will go to a better place”.
- Let people tell you what their religious/spiritual beliefs are. Do not assume anything even if clients say they are e.g. a Muslim.
- Clients may need reassurance that it is “normal” to ask questions about God and/or their religious beliefs, even if some faiths do tell their members not to question God or doctrines.
- Allow expressions of anger toward God or others in healthy, non-destructive ways. It is not helpful to suppress these emotions.
- Refer religious people to the relevant clergy, if appropriate, who can help them in their search for meaning or spiritual answers based on their belief. **Be aware that this may not always be helpful, if the last point above is not resolved.**

(Adapted from ‘The Emotional and Spiritual Care Committee’, 2004)

Being Present

There is often not enough time for listening to the stories that need telling or just having quiet time together. However, even activities of daily care can become spiritual, if they are infused with presence and attention for the person who is in front of you. Not ‘bed number 5 needing a wash, or a breakfast fed’, but being present to the person inside that bed. In the nursing literature the word ‘presence’, as in ‘being present’ or the verb ‘presencing’ (which denotes the process of ‘being’ rather than the act of ‘doing’) is often used to describe that attention (Welch & Wellard, 2005).



In the following quote presencing is referred to as:

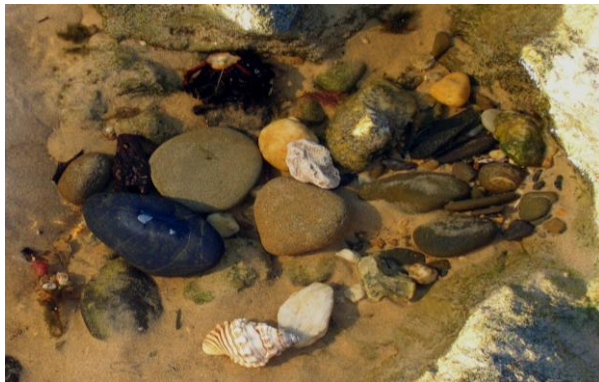
‘Loitering with intent’, ‘the ministry of presence’ and ‘the art of hanging out’ all help to create a relaxed atmosphere and companionship.

(The Emotional and Spiritual Care Committee, 2004)

Presencing as defined above is not only ‘being attentive’ but is also concerned with a real meeting or as some would say an ‘in-between-ness’ which refers to a special quality of being *with* a client, rather than doing something *to* a client (Rumbold, 2002).

Rogers (1969) mentions the following attributes in relation to Humanistic counselling, which are equally relevant today in the ‘art of presencing’:

- **Deep empathy:** the ability to enter into someone else’s world and see things from their perspective (not your perspective!).
- **Unconditional positive regard:** accepting the person ‘warts and all’, embracing their humanity.
- **Congruence:** being real, honest and without false or professional pretence.



When these attributes are present, Rogers (1969) affirms that personal growth and healing can take place, no matter what the circumstances, both on a mental and on a spiritual level.

In simple and practical terms presencing means truly connecting with your client as a valued and whole person, rather than seeing the situation as a medical or social problem. Presencing can occur in the *doing* when it becomes flow and feels natural, but generally it focuses on *being* without entertaining preconceived ideas or expectations about the nature of this meeting. It is sometimes expressed as ‘just don’t do something, just sit there’ what is the opposite of our preferred mode of ‘doing’, helping or otherwise intervening in a difficult situation.



Tacey (2003: 41) argues that these intimate meetings are spiritually nourishing and an antidote to the fear of ‘existential isolation and loneliness’. In the previous chapter we discussed how fear could be overcome by love; thus presencing could also be called ‘love in action’.

Finally, to paraphrase King (2007), focusing on dying can be problematic and inappropriate, because as long as we are not dead, we are alive; we need all the support we can to focus on *living as well as possible*.

Therefore ‘one of the most powerful ways to promote spiritual well-being is to connect people with the sources of life and joy, even in the midst of suffering and death’: This focus on living and love can take away ‘the mind from the sorrows, even for a short time’ and is therefore ‘restorative’ and ‘life affirming’ (Endlink, 2007).

Prayer and religious care

Although not the subject of this booklet, the role of religious care is, undoubtedly, a source of comfort and support for many people. In fact, most people when hearing about spiritual care also think of religion and pastoral care. Sometimes, religious clients may ask you to pray with them, or read a holy book, especially if there is no pastoral support available.

Some carers may be comfortable to pray, read religious texts or sing religious songs, especially when they share the same faith, *but only if the client asks or your suggestions to do so can easily be refused*. You may want to say prayers for or with the client, however, to ask a client this can be very intrusive. If you need to do this for your own good, it is probably better to say these prayers silently, so as not to intrude on another person’s religious or spiritual beliefs. However, if possible, refer to the clergy for what is often described as pastoral care involving religious practices.

As with all the spiritual care interventions discussed in this booklet, it is of the utmost importance **to keep in mind the client's wishes, desires and needs** when offering, suggesting or otherwise engaging in religious, pastoral and spiritual activities. Similarly, only with the client's consent can you invite clergy, pastors or other religious representatives to perform religious rites and rituals.

Rites and rituals

Religion offers many rites of passage and rituals which help people to accept and celebrate important changes in life. These rituals are sorely lacking in contemporary mainstream non-religious spirituality (with the exception of some pagan and New Age practices).



Take a moment to reflect about the rituals that you perform to find peace and equilibrium amidst life's suffering. Some aged care facilities are developing their own rituals involving e.g. quiet reflection time, music, candles, the healing power of water and flowers.

Here are some suggestions, however, make sure you have permission of your client (or the family, the nursing home and hospital) before even suggesting such rituals using questions such as:

- Some people like to light a candle on such occasions, would you be interested to do something like that?
- Flower petals strewn in a bowl of water sometimes helps to focus on acceptance and letting go, would you like to do something like this?
- Would it be helpful just to sit quietly together for a moment to say thanks to those who were important in our lives?

Reflection: What spiritual practices could be applicable for your work and how do they dovetail to the issues raised in this chapter?

Conclusion

Spiritual care is both being and doing, it involves a genuine connection with another person, whereby both parties feel affirmed in their personhood. Giving spiritual care is a privilege, because in that point in one's life journey the carer may be in a better position to guide the interaction. However, spiritual care cannot be a one-sided affair, it cannot be dispensed as yet another medical intervention; it is what one participant in a research project described as 'the care that is shining from within'.



5. Barriers to spiritual care



Help or hinder?

The health care industry is based around offering help, support, care and advice; it is about making things better and less painful. Paradoxically, in spiritual care these well intended acts of caring could sometimes form the greatest hindrance. To receive ‘help’ may be invaluable in regards to medical treatment but in spiritual care it could point to a deficiency in the client and therefore be disempowering. It could give the false impression that the carer holds all the skills, the knowledge, the answers and the advice to make things ‘better’ spiritually. Respect for the client’s own resources and strengths is the corner stone of spiritual care.



Sometimes we literally have to get out of the way, maintain a **respectful absence**, so that the person can walk those miles, scale that mountain to

find meaning and peace within him or herself. Suffering sometimes is the door through which a person can find healing and acceptance; we need to respect and support that process, even if witnessing this is painful for you.

Respect

Respectful communication (and sometimes respectful absence) leaves clients their dignity and we need to be wary of the following issues:

- Advice giving and fixing (except where obviously needed)
- Leading questions, because this suggests that you have the answers
- Undue comforting, distracting or diminishing of the situation, because it denies the strength and depth of feelings in suffering
- Being untruthful, because it denies the client's reality
- Being patronising or engaging in evangelising or proselytising, because it is disempowering and disrespectful
- Confronting and challenging, because it threatens a sense of self

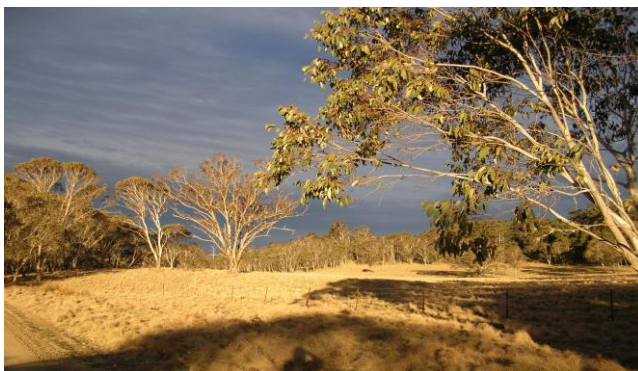
Old age and dying cannot be helped or even made better, *they just are!*

One of the most difficult things to accept is that you cannot change anything and that, especially when people are dying, there is often nothing more to do than to be present with whatever is happening.

Desire to die statements

One of the most difficult situations for health care workers involves responding to 'desire to die statements', clients who say that they can't

bear it any longer and want to die. It is very hard not to tune out, diminish, interfere, or even counsel against such desires. It may go against the belief of many helpers that life is sacred no matter what, especially when your opinion, or even help, is asked. Hudson et al. (2006) suggest to be open to hearing and acknowledging the concerns, to assess possible contributing factors that can be alleviated, such as pain management and, if possible, to provide ongoing spiritual/pastoral support. It is not helpful to deny the right of the client to explore their needs, even if you or the medical system cannot offer a practical way out of this dilemma. Often just being able to talk openly about these things may give the client back a sense of control over their life.



As it is

Truly connecting and staying present is also called ‘witnessing’ in the Buddhist tradition. Glassman (1998: 33) describes witnessing as maintaining a deep level of awareness of self and other in the present

moment *as it is*: it means having the ability to sit compassionately and quietly with the pain, with the grief and with the joy someone is experiencing without the need to interfere, act or change anything. Chochinov et al. (2004) state that such a deeply empathic presence is healing, comforting and affirmative of what people are experiencing at that moment. Such presence restores dignity, self-worth and personhood; it therefore decreases the isolation and fear that may arise when faced with life threatening situations. That fear is normal and empathic presencing gives hope and reconnects a person with their innermost truth and their aliveness; it restores a sense of self-reliance, self-worth and continuity.

Reflection: How comfortable are you with being just present in the face of suffering? What would you need yourself in times of crisis? How do you relate to the issues raised in this chapter?

Conclusion

The willingness to provide support, to make things better and to help can sometimes get in the way of truly being present to the needs of the other person. Paradoxically, our willingness to admit that we sometimes don't know and yet are willing to be there for the other, is often the best thing we can bring to deep suffering.



6. Spiritual self-care



Looking after self and others

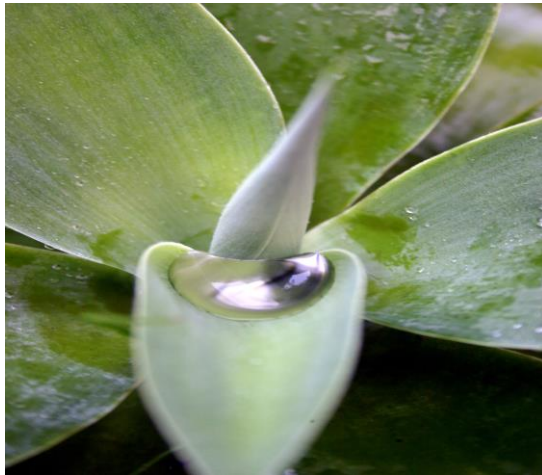
Although spiritual care is often seen in terms of the client or patient, it is important not to lose sight of a very important reason to engage in spiritual care: research shows that it is actually good for the carer too! Being engaged in spiritual practices can prevent burn-out and literally nourishes the spirit of *all* involved. Even just being in touch with your own spirituality, reading about spiritual issues or doing spiritual care training is good for your health and emotional wellbeing (Wasner, Longaker & Borasio, 2005).

Scott Peck (1983) in *The Road Less Travelled* also comments on the reciprocal power of genuine love, which is the main component of spiritual care: ‘The more you nurture the spiritual growth of others, the more your own spiritual growth is nurtured’. In a profession that can be very taxing, exhausting and demanding these findings are very interesting and encouraging.

How can we look after our own spirit? Many people suggest that it involves all those things that connect us to others, life or God and all practices that provide deeper insight or meaning and thus inspire peace of

mind. Some examples of spiritual self care are listed below. The following suggestions are not exhaustive or suitable for everyone. It is important to find practices which nurture you and give you joy so that it will be relatively easy to do them even when your life is busy. Spirituality is about loving kindness and that begins with you.

Spiritual Self-Care: lifting your spirits



1. Connection and relationships:

- *Spend time with little children and wise old people*
- *Find a spiritual connection or community*
- *Be open to inspiration, connect with yourself*
- *Engage in relationship building with friends and family*
- *Connect with the universe, the earth and nature*
- *Connect with God by whatever name you want to call it*

2. Meaning making and purpose:

- *Identify what is meaningful to you; notice its place in your life*
- *Cherish your optimism, dreams and hope*
- *Find joy in the non-material aspects of life*
- *Be open to not knowing and uncertainty*
- *Try at times not to be in charge or the expert*
- *Try to look at things from a different perspective*

3. Practice and rituals:

- *Meditation, reflection, relaxation and visualisation*
- *Pray and sing; Have experiences of awe*
- *Yoga, Tai Chi and other meditative body practices*
- *Contribute to causes in which you believe*
- *Read inspirational literature (talks, music, etc.)*
- *Spend quiet time in nature*

(Adapted from 'The Emotional and Spiritual Care Committee', 2004)

Spiritual self care involves a journey of personal growth and maturity. Like any development, it needs practice. Sometimes it helps to document that journey, as a way to count blessings, to review deep beliefs and to affirm one's own spiritual strengths and needs. Practice means bringing awareness to these issues through quiet times, reflection and contemplation. It means a conscious engaging with some of the ideas mentioned above. Although this could involve meditations and other

structured practices, spirituality is not necessarily something set aside for a special time; spirituality would not have any value if it did not involve bringing awareness and loving kindness to the stuff of everyday life.

Hopefully you have understood by now that *the most important aspect of spiritual care concerns the attitudes and qualities of the care giver*. This means that learning about spiritual care is not so much about learning to be an expert in interventions and assessments or how to touch another human being, but is more importantly concerned with bringing more and more awareness to one's own spirituality.



Orley (2007: 140) agrees and says that 'those in the helping professions now need to move up and touch their own being-ness; when you do this you can assist others moving to theirs, to their wholeness'.

Reflection: What does Orley’s phrase of ‘touching your own beingness’ mean for you and how can you enhance the role it plays in your life?

Conclusion

It is not possible to divorce spirituality from the rest of life. It is intimately interwoven with all aspects of our being in the world. Therefore spiritual care must be an integral part of supporting oneself and others. Although it can involve religion, special practices and rituals, spiritual care has in the end more to do with being present, making real connections and giving heartfelt meaning to the life we live in relationship with the world around us. Orley (2007: 142) says that ‘it is now time to touch our own spiritual strength- and assist others to make a stand in theirs’. In other words, looking after one’s own spiritual needs has to be the first and most important step in the direction of encouraging clients to finding their own spiritual strength.



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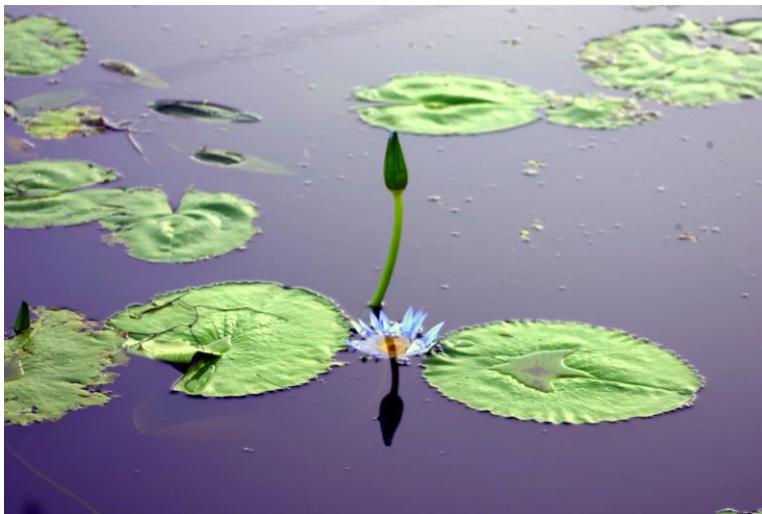
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