

**Exploring the Integration of Spirituality in Healthcare –
An International Dialogue and Retreat for Healthcare Professionals
September 22nd – 25th 2011**



On September 22, 2011, more than 60 health care professionals (from all over the USA and other countries including Australia, UK, India, Canada, Aruba, and Suriname), including doctors, nurses, physical and occupational therapists, administrators, psychologists, hatha yoga teachers, and medical students gathered together at the Peace Village Learning and Retreat Centre in upstate New York.

This unique international dialogue, co-hosted by the Brahma Kumaris World Spiritual Organization, The Janki Foundation for Global Healthcare and the Global Hospital and Research Centre, Mt Abu., provided these professionals the opportunity to share their views around the topic “Exploring the Integration of Spirituality and Healthcare”.

The idea for the dialogue grew out of a conversation between some of the organisers of this event, in December 2010 at the Global Hospital and Research Centre, Mt Abu (one of the co-hosts of the program). We wanted to create an opportunity to bring recognised international leading health professionals who have a deep interest in exploring the intersection of spirituality with healthcare. Our aim was that this should not be a regular conference, but a gathering of minds and hearts in conversation, and silent reflection.

This dialogue and retreat was the first of a series of several such gatherings to be held internationally from 2011-13. The experience was conceived to provide a place for people in positions of influence and responsibility to gather and reflect on what they perceive to be unfolding in the world of healthcare and spirituality, and to inspire each other to new awareness and to rejuvenated commitment and leadership.

The Location

Peace Village Learning and Retreat Centre in upstate New York was specifically chosen as a venue because of its experience in running spiritual retreats and also for its exquisite natural beauty. The grounds of the Retreat Centre are expansive offering participants many places to reflect quietly, whether beside running brooks, ponds or in the wooded forests.

The Organising Team

The organising team came from a number of countries, professional groups and organisations

- **Dr. Sarah Egger** - Honorary Clinical Senior Lecturer, Department of Psychological Medicine, Imperial College, London, **UK**
- **Jan Alcoe** – Psychologist, Trainer and Coach of Healthcare Professionals, patient **UK**
- **Dr. Craig Brown MD** – Chair, British Holistic Med Association **UK**
- **Arnold Desser** - Senior Lecturer at the School of Integrated Health, University of Westminster, **UK**
- **Dr. Harvey Zarren** - President of Board of Directors, Integrated Medicine Alliance, **USA**
- **Dr.Kala Iyengar** - Founding Director, Point of Light Foundation, **USA**
- **Dr.Carol Davis** - DPT, EdD, Professor Emerita, Department of Physical Therapy, University of Miami Miller School of Medicine **USA**
- **Joan Vitello** - Associate Chief Nurse, Brigham and Women’s Hospital, Boston, MA, **USA**
- Carmen Palmer, Point of Life Inc. **USA**
- **Rita Cleary** - Consultant, Boston, **USA**
- **Dr. Partap Midha** - Director, Global Hospital and Research Centre, Mt Abu **India**
- **Stephen Berkeley** - Manager Organisation Development, Global Hospital and Research Centre, Mt Abu, **India**

Additional special guests for panel discussions

- **Sister Mohini Punjabi** - President of the Brahma Kumaris in **USA**
- **Professor Stephen G. Post** - Professor of Preventive Medicine, Head of the Division of Medicine in Society, and Director of the Centre for Medical Humanities, Compassionate Care, and Bioethics at Stony Brook University, **USA**
- **Peggy Huddleston** - Author and Researcher, **USA**
- **Susan Luck**, RN – founder – American Holistic Nurse Association, **USA**
- **Judy Rogers** - Management Consultant, **USA**

Methodology

The dialogue took the form of an appreciative inquiry and used facilitative methodologies such as:

- **Open Space technology**, a very dynamic form of group work where all participants actively take responsibility for creating and sharing their own learning. It gives participants the chance to air knowledge, experience, opinions and give voice to as yet unformed thoughts. Those who attend actively participate in determining what needs to be discussed. Open Space working derives from an obvious but nevertheless remarkable principle that much knowledge, wisdom and experience is held in a group. All that’s needed is a format and facilitation to tease it out...and plenty of opportunities for a lived experience of spontaneous self-directed and group learning to happen.
- **Talking Stick** has been used for centuries by many American Indian tribes as a means of just and impartial hearing. A stick is passed from one individual to another until all who wished to speak have done so. The stick carries respect for free speech and assures that the speaker has the freedom and power to say what has to be said without fear of reprisal or humiliation. Whoever holds the talking stick has within his hands the sacred power of words. Only he can speak while he holds the stick; the others must remain silent. ¹
- **Café conversations** consists of small conversational groups seated at tables sharing their ideas with the plenary after an allotted period of time

Other tools used included:

- **Storyboarding** whereby threads and themes from each conversation were collected and mapped onto a large storyboard so that participants could see the connections between the themes discussed
- **Reflective moments** of silence were introduced periodically to enable participants to reflect on the themes and questions being discussed at the time.
- **Guided visualisations** were introduced as a tool to enable creative thinking around certain issues.
- **Raja Yoga meditation** was offered at the start of each day, and regular breaks were provided throughout the program for exercise.
- **Talks on spirituality by respected spiritual elders**

Before each dialogue started we invited two leaders in the area of spirituality in healthcare to role model a conversation on the question at hand in order to set the scene for the dialogue.

Facilitators for the weekend were Carol Davis, Sarah Egger and Rita Cleary.

Each morning, participants had the opportunity to attend optional sessions on the art of meditation. We also had two keynote speakers who were interviewed on the theme of the dialogue.

Day 1/ Friday 23rd September – morning session

THE FIRST QUESTION

“What do we mean when we use the terms spirituality and healthcare together? How does it relate to what we will be talking about in this dialogue?”

Kala Iyengar, MD and Harvey Zarren, MD modelled a conversation for the group based on the question given. Here were some of their ideas:

- We are at a crucial time. We dive into spiritual practice for mostly personal reasons, but we find this can also benefit the way we work. I see spirituality as an understanding that all events are connected through the spirit or emerging from the spirit. As drastic as a physical situation may be, like an accident, everything is from the spirit. If we have the readiness to understand that, then we are halfway there.
- Spirituality is about connection – self, people, living things, divine. How do I bring this to healthcare? The spiritual, social, physical aspects are present but all must be addressed for healing to take place. Failures in healing are not about technology, but in relationship and connection. If I can connect with that myself then people will feel heard and healing can take place.
- Religion is a practice outside the self, but spirituality is about self-love and understanding. This will complement all physical treatments and support them.

The participants then broke out into 12 ‘Café conversation’ groups to discuss the same question. Following is a selection of some of the ideas and themes presented:

- Taking care of or connecting to the “being” part in the “human being” through transferring energy or love to the client. When we take care of ourselves, that inner essence affects the patient and touches them. The carer can change the energy of others through the energy they give out.
- We need to get a strong foundation in our own spirituality in order to connect with others at this level (expressed as self-care). Everyone has a different idea of spirituality. To integrate it as health care professionals, we need that understanding within ourselves. This allows us to behave in ways that positively influences others. We should influence the patients in our practice through our own spiritual practices.

- It's important to be open to combining the patient and practitioner's energies towards healing.
- Spiritual qualities identified include being kind, open, loving, optimistic, showing compassion and courage, intimacy and trust, being vulnerable and providing comfort.
- Spirituality can be expressed as the atmosphere of the whole place when you enter the building.
- Medical bullets done with spiritual awareness.
- It takes a village to take care of a patient.
- Caring versus curing and wholeness versus disease has to be explored. Spirituality and healthcare are inseparable. You are healing to remember your wholeness. No one owns spirituality. Spirituality is not a religion but it is about treating the whole patient.
- We need to look at the language we use with our patients and each other around spirituality in the setting of healthcare. It's difficult to communicate something that we conceive to be so valuable, especially if they do not see it as similarly important.
- As we explored our own spirituality we noticed improvements in delivery. Death of a loved one, profound illness, these events brought us into the spiritual path.

Participants dialoguing

The group had many questions that we needed to look into more deeply, including:

- What sort of language should be used for spirituality with our patients and our organization? How to deal with the evil behaviour that seems to be throughout the healthcare system in US? Greed, fraud, and narrow-mindedness create lots of fear. How do we unite and address this issue? How do we become a bigger force than that which seems to be leading the system?
- Where does self-care fit into this?
- The clock never has enough time when we are with patients. How can we make time more elastic?

THE SECOND QUESTION

"According to the time, what are we as professionals and leaders in healthcare being called to do related to integrating spirituality into healthcare?"

This question was addressed directly by the groups, and here are some of the ideas:

- It's up to us to bring the internal causes up to the plate. Meditation as medicine and how important it is. One has to know the power of meditation before proposing it to your patients.
- Financial – work with spirituality. We got acupuncture in because it delays people in getting on meds. Long-term cost-effectiveness. Leverage the public who is interested in this and mobilize them to make changes to support it.
- Not come together as an MD/Patient. Soul consciousness. Not just about taking care of patients. Taking this essence of being to every aspect in healthcare. That would share connectedness with being.
- We had recognition of 2 processes in current healthcare - Mechanistic approach and greed-driven healthcare. Also felt there's more awareness for holistic nature of health that needs to be added to our system. Need to create a healing environment. Bring our inner core values back to the surface. Attitude that we bring to our practice. Qualities of the practitioner.

SMALL GROUP BREAKOUT SESSIONS

For the next session, themes were laid out on tables, and participants were able to choose which theme they were interested in exploring more deeply. The themes included:

- Spiritual practices
- Caring for the whole person
- Connectedness
- Partnerships/new models of care in the context of the business of caring
- Leadership/Institutional responsibilities
- Spiritual competencies
- East meets west

This session was done in the style of Open Space, where participants were free to move at any time, even mid-conversation, between tables, to network and talk in an uninhibited way. Representatives from each group shared the outcomes of their discussions with the results captured on the story board.

Day 1/ Friday 23rd September – afternoon session

The conversation deepened, using the Talking Stick and expanding on many of the themes explored. Here are a few highlights:

- I am weary about the idea of having to prove something. If our job is to prove something to those who do not want to see it, it is just draining my energy. Only by being an example of what we are talking about can I reveal it. I am paying attention to this intent, the challenge of being and not doing. How do I hold that being? This is the work, rather than the idea of proof to those who cannot see or understand.
- This story (of a girl waking from a coma) is so profound. Spiritual healing – can we heal without chemicals medicines, but heal from within? Can we purposefully know how to connect someone to the divine, nature, etc? This story demonstrates how to share unlimited love, to go in with an image of what she needs. Some level of her hears that and then she wakes up. Enamoured with the possibility of this story. How do we get our institutions to have any opening or belief in what was just shared in that?
- Can we maintain our spirituality and push against a noxious system? It seems to me that if we push against anything we get more of this, because that is our focus. You do not worry about how it happens, but you just envision her healing. We are in the midst of this, paradigm shift and we cannot use spiritual principles and vibration and push against it and hope for change. We must stay instead where we want to be and see only that positive change, then we are more about using vibration in a way that some would say is spiritual law, that brings about the good.
- Electricity. We all take this for granted. We switch the light on, what is the proof? If the light is turned on there is electricity. This is an example of a non-physical thing but we accept it. But if someone opens their eyes out of coma, that is considered immaterial??? Spirituality to me means that one person in room identifies that he has a spirit. That is all that is needed to bring a result. In area of business, so many points were negative. How will insurance companies be allowed to pay for it? Which senator will put it in health care? How do we convince people to use it when people are dying and there are money problems? Can someone who is well known start to create a way to bring about change? We could not go anywhere with it. I wanted to know what will happen as a result of this meeting. That has been answered. Success means to use such a level of positive thought that pure actions naturally bring about success in the future. Meditation, positive thinking is my solution right now.

Day 1/ Friday, 23rd September - evening session

Sister Mohini Punjabi President of the Brahma Kumaris in USA

- My MD asked me what kinds of people come to you these days. He knows I am a doctor of a different kind. My MD found that people come because they are internally disturbed, and it seems that she and I are getting the same types of people. Anyone with a medical background carries responsibility. If an MD says to do something we do it, but If God says then we will make many excuses.
- A caring nature is very important. Make sure that the patient is comfortable, and then his anxiety is less. Care and hope are very important in healthcare. Care is not just a gesture but you try to provide the best for that patient at that time. Spirituality is in your consciousness, but it is being expressed through your attitude, words, interactions etc. Immediately what comforts the patients or relationship amongst colleagues could be love or caring, or mercy. Sometimes we are so into the systems that we cannot do anything.
- We think so much about our water, clean energy, etc, but what about your own energy that is not pure? It's disturbing someone if it's not pure. Healing capacity comes from your own pure energy. Our thought, words, look, hands should have healing capacity. When you talk to a person there should be some healing that happens. With pure energy in you, then your hand and look will work, when you speak it will be a gift you are giving that goes much beyond what you are doing in your career. Your thoughts have to come from inner love and peace. Then everything will begin to work better.
- Spirituality is going to your own inner core qualities. I have to be the being that I am. And bring that into who I am. When practising meditation, the inner connectedness is the whole concept. I am serving, I am a server. I got this as a gift and I have to share. The thought of serving gives me the humility that I am gifted and that my hands can be an instrument and my words can be an instrument.

Day 2/ Saturday, 24th September - morning session

PLENARY SESSION: Dialogue pairs

Stephen Berkeley and Joan Vitello discussed 'institutional responses to spirituality and healthcare, addressing how we stay on our spiritual path and guide the institutional changes that happen around that'.

- **JV:** I feel clear about my values and how I am going to live them and bring them out. Caring, Commitment, Collaboration, communication, consistency, consideration. People are watching me 24-7 and I need to be the 3 P's (present positive and passionate) about whatever I am engaged in. I serve as an example for everyone.
- **SB:** Feedback about the Global Hospital and Research Centre is that it is a temple of healing – different than any other hospital they have been in. Over 60% of practitioners are meditators and have a reflective lifestyle; this creates the atmosphere. Many staff have that vibe about them. We have meditation rooms in the hospital. Have classes in healthy lifestyle and positive thinking.

Harvey Zarren and Susan Luck discussed 'preventive cardiology, chronic care, cancer care, and end of life care'.

- **SL:** Where does the resiliency of those who have dealt with HIV for more than 20 years come from? They are able to preserve a certain quality of life despite the disease and meds they take. What is that inner resource that people connect to and access? For some it's fear of death, but for many it's the desire to live a full life and be in the world. Create things to help others, which is part of the service that reconnects them to service.
- **HZ:** Spirituality is about self. It is also with other people living things, creation, and the Divine. Those who are connected to self, others, and the Divine have an easier time with these issues and many of them have miraculous remissions. People who make lifestyle changes in cardiology are those who are committed to change and support of others.
- **SL:** When you ask people what they are hoping for when they seek help they say it allows them to go deeper and start to reflect what they should bring in their life to bring forward a more peaceful life and existence.

Sarah Egger and Carol Davis discussed 'spiritual competencies'.

- **CD:** I recognised early that what I did not get in school was how to be truly present with my patients. Ended up writing a book and classes because I know my colleagues need it too. How do I take care of myself? I see the whole book as a spiritual program. It was this new chapter that brought out spiritual competencies. Need to get your own spiritual direction clear so that you are not uncomfortable when others bring it up.
- **SE:** She is training the staff in her hospital to take a spiritual history, but also to have them explore a spiritual reality for themselves and have these conversations with people. There is an idea this does not belong in hospitals. But with mental health issues, spirituality is just as important. One of the motivations behind the Janki Foundation's *Values in Healthcare: A Spiritual Approach (VIHASA)* program was to facilitate this issue for professionals and adults. How do you reflect on these processes yourself before you deal with it in others? Something happens in VIHASA that the lights go off. The combination of these things allows others to get something and to shift.

Peggy Huddleston and Kala Iyengar discussed meditation.

- **KI:** I came to the path of meditation not looking for solutions in health care. I began to see how much it can help in field of caring for others. Most of my efforts have been towards self-transformation, but saw overflow into my work.
- **PH:** I put studies together into experiments with people with MS. I got them 2 days after diagnosis and they were in shock. I could teach them to be present and deeply relaxed to take away symptoms. I would guide them through deep relaxation and after 20 minutes of this, they would say, oh my eyes aren't blurry anymore, or my leg is OK or my energy is back. Take their biggest worry and put it into the meditation and gave them a feeling of control over their symptoms. MS patients cannot push aside emotions. They need to release it and I would help them with that.

Jan Alcoe and Craig Brown discussed 'self-care for practitioners and the patient experience'.

- **CB:** I work as a general practitioner. I had a wakeup call when one of the partners died at age 38. It Gave us an opportunity to see what we were doing as a group. Change is brought out by the crisis that changed our behaviour. As a group we are all working far too hard. We needed to reorganize. We limited amount of patients. Took 8 weeks holiday, ½ day a week. Would not sacrifice my family life for medicine. Became very focused on dealing with stress. Question is, how do I deal with

suffering with others in the consultation with others.

- **JA:** I was shocked to find I had cancer. For a time, the pain and fear disturbed me on all levels. I was disconnected from the normal world and I was not able to help myself or ease the distress of the people around me. I used these spiritual tools, especially visualization, art; other tools that I practice brought me back to the stable core in myself. Everything calmed down and I discovered acceptance and gratitude for everything that was there to help me heal. Quality of patience was developed also. Quality of patience made me feel it all was OK. I became who I was and it was a deep discovery. I had fewer symptoms, and healed quickly from the treatment.

On defining compassion:

- **MP:** I would say compassion is a quality, not just and an emotion. It is in every individual. It starts with love. Not just sympathy or pity, but it starts with love and it comes from your kindness. Everything you do with love and kindness will be non-violent. In thoughts and words I see it as a virtue or an inner strength.

On what inhibits our ability to be compassionate:

- **SP:** Don't be naïve. Anyone who thinks that living a compassionate lifestyle in a mindful way will bring accolades and praise from everyone under the sun, think again. You are bound to experience unsought adversity. Children of light must have the cunning of the children of darkness but none of their negativity. People are hoodwinked by the thought of reciprocity. It really inhibits people to learn to play it forward. Pursue happiness through power, money and help others. Wounded healer motif means a lot for me. People have to go through difficult stretches themselves so that they can uncover all the true compassion. Institutionally there is so much inconsistency. You need a CEO who celebrates and models this behaviour throughout the institution so it can grow and flourish.

On changing the system:

- **MP:** You can be co-creator in your system. Strength of this comes from your own principles. Do not abandon, but do not compromise your values and principles even with your boss. I enjoy those challenges of people with a controlling nature. I make friendship with them and help them become successful. I can tell them things that will help them in responsible roles. Take it as a challenge and enjoy the way to help them see new ideas. Do not abandon but co-create what we think should really be there.
- **SP:** People of love must be people of courage. To be a change agent actively, you need the deeper wellsprings. The most dangerous force is empowered cynicism. You can find people who have given up the light and have power over you and you have to move on. Have faith in the journey, but wherever you are stay true to yourself. Then you are at home.

On how to create the feeling of compassion when we feel overwhelmed ourselves:

- **MP:** We need balance. Your own quality should not become part of your own inner suffering or loss. Remember that every thought is a seed for every action. I can sow a seed at that time to create that compassion. I also need to be detached. One is strength and other is inner strength. In this session we explored what to do with what we learned Compassion is a power and a virtue and your inner strength comes from being detached. The power that you can communicate works more from inner strength and compassion and goes deeper. Help from your inner strength comes from compassion and detachment.
- **SP:** Act compassionately and hopefully the emotion will come along. It will get you through a short period. Just duty can get you through the dry periods. And then the winter thaws, etc and you get

back in touch with the depth where you want to be. Go through the motions. Smile even if you are not happy. Your emotion will follow the expression of a smile.

Day 2/ Saturday, 24th September – morning session

Question posed by Rita to the Group: *“After knowing all we know, what is it that still needs to be added to the inquiry? What are the pieces that you want to add to the tapestry you are creating?”*

People are more ready for this than we think

- Be bold, the world is ready. Went to Goldman Sachs to teach meditation. 1000 people signed up. The medical director says it frightens me – he says that the employees are in trouble and in need. The public is right there. Nurses – we have trained health care professionals for 25 years for clinical meditation and imagery. Nurses are ahead of us in this! They are there and have brought that service and spirituality for decades and decades.

Integrating spirituality into each aspect of my life

- Before I entered into a disciplined spiritual practice, there was a duality in myself. I could be so nice in the world, but at home the person I did not want to be came out. For me, it was learning to integrate the spiritual knowledge in a way I can be whole in myself and go beyond the duality. To be authentic and transparent with everyone, I needed to keep the mind in an elevated awareness of my true identity of self as spiritual being. Then I would be aware of an attitude that would colour the way I see things and say things and do things in the way I could be. I could change it. This was a precious discovery on my personal journey. This was key to express my inner values on a consistent basis on each aspect of my life.
- I think that for me it sounds like we need two personalities - one in healthcare and one in normal life. To introduce spirituality we have to do it as a lifestyle, not only at work. We have to delete terminology. We need to know who really I am and to treat others in the same way as a soul. To treat them respect love and care no matter where you are from. We are a soul sister and brother. We have to get the knowledge and put it in practice and do this in lifestyle then it will be easy to do this with everyone.

Patient as Healer

- I want to offer a perspective not yet brought up. The patient healing the healthcare practitioner. As I became spiritually empowered, I found I (the patient) could model how I wished to be treated. I practise deep listening with my oncologist and that changes the interaction. Secondly there are opportunities to heal the caregiver. Gave an apple to the RN who was too busy, asked her to talk about her day. I was able to be there for her in a different way. It's another perspective.
- In our heart and cancer patient support groups, we invite people to slow their voice down to say to their MD “I have come to see how you are”. One runs from the room, one cries and the others talk about the people in their lives. Their further care as patients after this interaction is deeper because they are behaving as human beings.

Day 2 / Saturday September 24th - afternoon session

Debriefing after silence period

- During my silent moments, I found I leave here more open and receptive to love at home and work. I resonate with idea that being 2 different people, one person at work and other at home. Try to raise awareness and be that one person I know that I have the potential to be.
- Something Sr. Mohini said yesterday t really touched me. Not to be too result oriented. During discussions many people have thought that what they are doing is not enough, that it's not making the change that they want to see in their organization. We can just do what we have to do without thoughts. That energy of doing our best will create the energy that brings about those changes automatically.
- There was something mentioned in the small group about silence that moved me – about clarity. Sr. Kala said when she is in silence things become clearer. Things that were always there that she could not see before speak out to her and she notices things differently. It has to do with sense of mindfulness that comes from silence. It's a bringing in to the now, allowing the chatter to fade away. With the intention of silence, everything she did had clarity to it as if she were in silence, even if she were speaking. I am reminded of the power of now and mindfulness meditation, bringing that clarity to the moment removes the chatter of second-guessing yourself. If that clutter is there, then only 10% of me is there. I am allowing all the other stuff to contaminate the now. Silence brings the energetic connection that allows that clarity in the moment.
- Invite everyone to be aware of the small miracles, the little things on our lives that come with spirituality.
- Looking after us is the theme that went round our group. How do we do this? We were inspired by Sr. Mohini's description of being much too generous, etc. To make sure that we set our boundaries and look after ourselves.

Day 3 / Sunday, September 25th—morning session

Dadi Janki's phone call from Nairobi

Hello, Om Shanti. Wherever we are as God's children we are sitting together. God gives us so much strength. If you are talking of health care you have to make your mind so strong that taking care of health is no big deal. There is the connection of the mind and body. It is said you should become bodiless. The body has to become bodiless and the mind has to go sit with God. Through the body, do a lot of service. God has given us this opportunity in service and has given so much love. It is not that you have to compete with anyone, but you have to be able to attract God's love. Just make him your companion and play with Him, because He is the one who gets everything done and he tells us to remain detached and lovely. God says knowledge-full souls are very dear to Him. In practical life, knowledge makes you loving and an embodiment of love and bliss. You become free of all complications of "I" and "my". There is a slogan that says don't go into complications much, but celebrate a meeting with God. You are sitting in Peace Village and celebrating such a meeting, aren't you? I am sitting in Africa and you are in America, but both of us are lovely children of God.

Closing the morning session:

How do we take it back home? What are the things we've learned about ourselves and our work? How do we bring these ideas and thoughts into action? A guided visualization exercise was conducted and then we asked participants to develop a personal action plan and then to share in pairs. Some of the ideas were shared with the group:

1. One anaesthetist shared how he will experiment with silence. In the period of time before surgery, the team goes through a checklist. During that time he will call for a moment of silence.
2. Renew the vision of cooperation in the workplace. Set an intention for the day and then at the end of the day she will journal about her feelings and observations.
3. One university lecturer who teaches a course in self-awareness will ask her students to present ideas to the new incoming students. As the students share their ideas so those ideas can be grounded into the student body.
4. One the supervisor of trainee GP's had idea to have retreat like this for people who are just starting out in their careers. It's great for us to hear what questions they would pose.
5. Begin meetings at work with a quiet spoken reflection.
6. Use time that we already have. Use the time in transit to visualise how we would like the day to go.

REFLECTIONS ON THE PROCESS:

- The dialoguing brought out stories of healing and spiritual care. As more stories were revealed it created a "can do" feeling. That is, more of this is possible.
- The concept of "making our thoughts and feelings visual" through the process of storyboarding is an important part of the self and collective realization process. It serves as a celebration of the stories shared and ideas generated.
- The process needs to be flexible to be able to cope with the emerging themes
- The type of atmosphere created and the venue plays an important part
- The style of the moderator of dialogues has an effect on the outcome of the dialogue. Those groups where the moderator was flexible and a good listener seemed to have a more positive and generative feel than those groups where the conversation was a little stifled by over controlling moderator.

KEY THEMES UNCOVERED

The Storyboard was used to keep track of the themes. The storyboard artists presented the work to the group.



The Storyboard story!

Practices

- Sending vibrations “blanket of love”
- Being vulnerable is ok
- Meditation
- Relaxation exercises
- Meditation rooms in hospitals
- Guided imagery/commentaries
- Laughter
- Hobbies – gardening, jogging, reaching
- Service/volunteering “giving is receiving”
- Gratitude

Connectedness – “Be”

- Doing comes from being
- Being brings out our qualities

- Being focused for the client
- Step in – step back
- Being creates the atmosphere
- What are our strengths in being present/what are our blocks
- Your positive energy touches the patients core
- Constant awareness

Qualities

- Inner knowing
- Presence
- Acceptance
- Courage
- Respect
- Letting go
- Compassion
- Humility
- Kind and caring (intelligent kindness)
- Trust
- Peace
- Patience
- Authenticity

Healing from within/ self-care

- What interferes with our ability to care for the patient
- Action comes from acceptance
- Crisis as an opportunity
- ILL = “I lack love”
- Detachment – seeing what needs to be done
- The power is inside

Caring for the whole person (mental, physical, emotional and spiritual)

- Medical bullets with spiritual awareness
- Providing comfort – understand that patients are scared
- What can I learn from the patient
- Understand peoples boundaries and cultural beliefs – what makes them spiritual, comfortable
- TOS – ‘the other stuff’
- Listen deeply
- Honour their journey and experience
- You cannot do it for them
- Love helps them gain consciousness

Leadership/ institutional responsibility

- Clear articulation of values and what they look like in practice at mgt. level, care level, support services etc.
- Creating an atmosphere conducive to spirit
- Address the vulnerability of being asked to change
- Networking the cause cluster

- “Leading from the Heart Program”
- Encouraging love-based approaches
- Start underground (internal support groups of like-minded professionals)
- Strategise using the systems to make the changes – find the niche to work from within
- Meaningful personal recognition
- Tap into national organisations for support
- Introduce concepts into meetings: appreciative inquiry, start meetings with reflective literature
- Centre for Professionalism includes: standards on professional and peer support, charm school
- Tough but authentic talk
- Role modelling – walk the talk
- Developing spiritual competencies (recognising and understanding spiritual distress, art of self-preparation)
- Co-create healthy workplace environment – what does it look and feel like

Partnerships/New Models of Care/Business of Caring

- How does spirituality add value
- ‘Prepare for Surgery’ program
- ‘Compassionate Care’ Model
- Integrated Life Coach
- Mediation groups for patients/caregivers
- Actively building community connections
- Collaborative practice (outside and within)

References

- ¹ Carol Locust, Ph.D. Native American Research and Training Centre Tucson, Arizona (Tribal affiliation -- Eastern Band Cherokee) <http://www.acaciart.com/stories/archive6.html>