

## International Healthcare Dialogue

### THE SPIRIT OF HEALTHCARE ~ EXPLORING THE INTEGRATION OF SPIRITUALITY IN HEALTHCARE

Centre for Spiritual Learning – Blue Mountains, Australia.

Thursday 22 March - Sunday 25 March 2012



There were 69 participants from all states of Australia together with several international guests from New Zealand, New York USA, London, UK and Cambodia. The event commenced on Thursday evening with the majority of participants in attendance. The Dialogue followed an Appreciative Inquiry format and utilised facilitative methodologies such as Open Space, Talking Stick and Global Café.

#### THURSDAY EVENING

We began our Thursday evening session (which was our first encounter together) with relaxing and engaging activities which allowed us to un-wind, centre ourselves, and get to know each other. It including a reflective meditation and with the promise of an early night, we concluded it at 9.00pm.

#### FRIDAY

The following morning we began early with gentle exercises together, meditation and a reflective class by a Raja Yoga Teacher, to set the scene for the day's activities.

After breakfast, we formally began our Dialogue. To acknowledge place, time and the land, our Aboriginal Elder, Auntie Bev Eaton welcomed us with a warm *Welcome To Country*.

New Zealander Robin Youngson provided a Mihi in response.

This was followed by an opening interview, chaired by Margot Schofield which covered three questions:

*What is spirituality for you and how do you bring spirituality into daily life as a health professional?  
According to the time, what are the challenges of integrating spirituality in healthcare?*

**Sarah Egger:** the understanding of the self as a spiritual being is the essence of spirituality for me. It is difficult to use analogies that spirituality is like this or like that.

*The central features of spirituality involve concepts of: 1) meaning 2) using values  
3) transcendence 4) connection 5) becoming-* quoted from John Swinton 2001.

Spirituality is not just chemical changes in the brain but a transcendent experience for the client and or practitioner. Focusing myself as a spiritual being – what energy should I be giving to them? Connecting as a spiritual being may not be giving a tablet, but giving love through spiritual connection.

**Susan Quine:** an appreciation of connection of energy between people and also awareness of energy in the elements and in nature. Aim is to be aware of the connection of energy.

In devising and overseeing research projects, aims to protect patients and carers and vulnerable people. Aim to assist people to make empowered choices to protect themselves. This type of research tends to involve qualitative rather than quantitative methods.

**Richard Hewitt:** *connections, reflection, service* - William Bloom.

On good days connectedness flows on other days less so. Sometimes with another person one can feel connected or get an idea and feel connected with the Divine.

In reflection I question myself. Ask what do I chose to do? And how do I choose to do it? Is there a way that I could do it better? Service of connection: being centred and present for someone in the now. Being totally present and focussed.

**Margot Schofield:** the challenges involved in bringing spirituality into the work place – requires discipline of self and not just being present physically, but maintaining spirituality at the same time as working. This is especially important at times of chaos.

**Susan Quine:** biomedical model is strong in the development of community doctors. There is a basic but limited focus on treating the whole person. A break through is needed so that it should be much more than basic. Suggests raising Spirituality in the training, ‘What is spirituality and how can it be used in the future?’ The patients see so many practitioners for different things, but with spiritual connectedness it is possible to gain an appreciation of the whole person in a short time.

**Richard Hewitt:** by maintaining my own spirituality I can help others to maintain their own integrity this does not mean imposing my own ideas on others. Learn to ask questions to enable people to bring up deeper issues without imposing my own beliefs. Personal focus can get in the way. Learn to train and manage personal issues outside the consultation.

**Margot Schofield:** possible to have a spiritual consultation without any imposition of my own beliefs. My own experience is important but should remain incognito and subtle. The challenge is to walk the line of self respect and maintain respect for others.

Following this there was an opportunity for personal reflection using creative art to deepen the appreciative inquiry. The session was entitled: “Seeing the present in healthcare; visualizing the future”. Participants were given paper and pastels and asked: “When you think of ‘healthcare’, what do you feel, think and see? Draw it”.

This personal drawing session was followed by another: this time with a future focus.

*“Let’s assume that tonight you go into a great sleep and when you awaken it is the future, 2022. While you were asleep a miracle occurred and ‘spirituality’, ‘health’ and ‘care’ in our society became exactly as you wanted it to be – for yourself, your children, grandchildren... So now you awaken and go out into the world. What do you see happening that is new, different or better? And how do you know? What do you see in your image of the future? Draw it, describe it?”*

This personally-focused session provided a perfect springboard into the following global cafe conversations. Questions used to stimulate and focus group discussions included:

*What is spirituality for you? How do you bring spirituality into your daily life as a health professional?*

*According to the time, what are the challenges of integrating spirituality in healthcare?*

From those conversations the following themes that emerged were:

#### **Challenging the systems and overcoming limitations:**

Sometimes the system is supportive, protects and facilitates, however people get trapped in the system, both health professionals and patients/clients. If you push against the system it makes it push back and gives it energy-. We need to be clear about what we want without using force. Not always about challenge but about personal power.

#### **Facing fears:**

Fear of judgment and criticism in the workplace.

Fear of overstepping the boundary of delineated roles. Work place may judge that attending to spirituality is unprofessional.

Absence of clear guidelines for worker – fear of doing it wrong.

Conflict with personal values and those of the organization – may feel inadequate.

Societal fear

Fear that peers are not interested or don’t understand.

#### **Narratives of fun:**

This topic covered all the non verbal, playful and creative media that we can use between colleagues, or as part of treatments. There were descriptions of groups of staff and patients in a mental health setting starting the day with prayer and songs. The modality of laughter therapy and the work of clowns in hospitals. Brief therapy was mentioned which encourages the patient/client to envisage a potential future and then asks at the next encounter, ‘What is better?’ These and many other modalities encourage the individual to explore deeper and broader into themselves. There is also the concept accessing and nurturing our inner child. Lightness and fun amongst colleagues is also important to create a nurturing work environment.

#### **Connectedness:**

A sense of oneness. There are many different levels of expressions eg physical touch can lead to connection with others as can mental, spiritual and energetic connections.

*What can help one remain connected?* Reflection: asking where am I in all of this? The importance of silence, a positive attitude and conversations were noted.

*What are the barriers?* Organisational and hierarchical systems; legislation; language; disconnected self; practicing from different schools of thought?

*What does connectedness look like?* Relationship with self nature and Divine and relationship with others. In trust, caring, without language, a shared journey, a mirror, deep listening, really being heard.

### **Cure V Healing:**

*Cure sometimes, relieve often, comfort always* – William Osler.

Cure includes the assumption that something needs to be fixed. It is not necessarily part of the journey of healing.

Chasing cure can take the mind away from the journey and doesn't necessarily help the patient to deal with what they do have.

Cure is less likely in increasing aging populations with multiple co-morbidities.

Healing may occur even though the condition may still exist eg healing prior to death.

Cure is a concept and healing is a process.

### **Communicating across models:**

Look for recurrent trends both good and bad across models.

Awareness that no particular model has all the answers.

Search for common language ask questions to open up dialogue.

Work towards an integrative approach.

### **Self awareness and self care:**

Self care means

- Taking responsibility for self.
- Manage myself well eg nutrition, exercise, rest, social connections, pleasure and fun, spiritual fulfilment.
- Making right choices
- Setting boundaries without feeling guilty eg when we don't set boundaries we can get overwhelmed leading to development of resentment.
- Engaging in time management and self pacing

Constructive mechanism of meditation: meditation is about self awareness from this I come to know who I am as a person.

We build capacity by having periods of self reflection and build resilience by using self awareness in interaction with others. Resilience is important in protecting ourselves from absorbing others suffering and negativity. If I try to put spirituality into my work without self awareness it will not be authentic.

### **Qualities of the practitioner:**

Love, compassion, trust & balancing power: thinking of situations early in my career when I was able to naturally express positive qualities such as enthusiasm, spontaneity, sense of compassion, and trust, love. Situations were identified where success occurred without really understanding the deeper significance of these qualities in my work.

*Question: how do I remain fresh and rejuvenated in my work and with connection with people, especially during the 'middle years' when perhaps I become a bit stale, uninspired or lose motivation and the sense of what steered me onto this path in the first place?*

Aim to reach the stage of a mature practitioner who has master of the qualities such that I can draw on them in any situation required. Aim to use the process of self reflection/meditation to achieve this stage of self mastery. Engage in a process of self reflection through which I can go deeper to explore these qualities. Aim to become and remain resilient / reach stage of self mastery whilst working in healthcare.

**Talking Stick Session:** During the weekend there were opportunities for participants to share their insights with each other in a non-judgemental way. Participants were seated in a circle with the talking stick in the middle of the circle. When someone felt moved to speak from their heart, they collected the Talking Stick from the middle of the circle, returned to their seat and spoke briefly, from their heart. When they had finished speaking, they returned the Talking Stick to the centre of the circle. This then opened an opportunity for someone else to share their insights, from their heart. Between sharing there was reflective silence. In this way our listening and dialogue deepened as we shared collectively the inner sanctuary of our hearts.

On Friday afternoon the spectacular scenery of the Blue Mountains beckoned us and we had an outing to an ancient aboriginal site known as “The Three Sisters”. Being in our ‘heart space’ from the earlier session, we were able to truly appreciate the magnificence of this ancient Mountain. Its significance to the indigenous Aboriginal People was beautifully explained by members of the local tribe.

Friday evening, after a delicious vegetarian feast, we enjoyed an evening of exquisite world music from an amazing performer, Professor Kim Cunio.

## **SATURDAY**

Saturday began with an early morning (gentle) exercise session, meditation and spiritual class by a Raja Yoga Teacher... to breathe ‘life’ into our day.

After breakfast we began our Dialogue by listening to 10 minute conversations from pairs of professionals:

### **Lily Tomas and Tim Ewer –self care for health professionals**

Sustenance of meditation over a long period of time

Mini breaks to align self – eg goes to another room to get space

Daily intention on the way to work, where I work there will be divine presence

Sense of humour, balanced diet, support from family/partner, set boundaries for the self

The satisfaction of receiving unexpected positive feedback after giving to patients.

### **Gopi Elton and Ros Cairns – Keeping spirituality alive within a mental health context.**

Focusing on meditation everyday over a long period of time has helped me remain working in the field of mental health.

Offering and running workshops on meditation and spiritual skills in the workplace.

Go out, get known and ask if they consider adding spirituality in the work place.

To keep in the system I remain alive in myself.

Work with organizations and create partnership and forums and work with organisations

### **Margot Schofield and Susan Quine – Spirituality: what patients / carers want from health professionals?**

Patients may have different priorities from the health professionals eg when to take patients off life support.

Ability to trust health professional as patients/carers can get lost in, or overwhelmed by the system.

Making sure patients understand what has been communicated to them.

Discernment needed to identify patients understanding and mechanisms may be needed to build trust. Listening and good connection eg. with eye contact with patients.

#### **Leila Joffe and Kay Ridgeway – energy medicine and spirituality**

Witnessing synchronicity in her life from the age of a young child eg plants in garden, uses the energy in nature to provide good nutrition; witnessing the right people coming into life at the same time.

Being fully present allows me to perceive on an energetic level

Homeopathy is a spiritual practice as I am required to be fully present and discern the subtle presentations to enable me to identify the required remedy.

#### **Sarah Egger and Russell D'Souza – Spiritual Competencies**

Sixty four percent of patients believe that spiritual beliefs help them with emotional pain and ten percent staff believes that. Training is needed in this area.

#### **Petrea King and Robin Youngson - compassionate care, relationship centred care and patient experiences.**

Concepts of feeling that someone 'needs fixing' involves an assumption that they are 'broken'.

Concept of 'helping' someone may involve an imbalance of power

Concept of service is appropriate

When you are 100% present and attend to the person in front of you and the relationship is completed. There is no need to take it home with you.

Aim to be able to witness tragedy suffering and loss and yet maintain my humanity. This involves developing inner resources.

Concept of non attachment/detachment was discussed.

Following these dialogues there was open space on these topics. This then flowed into a Talking Stick session of sharing of inspirations:

Several people shared experiences of connecting with patients through eye contact with loving presence. It is a quiet private practice that others are unaware that you are doing.

A reminder to celebrate the wonderful things that do happen. It is important to find the little things that go right each day - lifts the spirits and there is enthusiasm to have another go.

We were then introduced to a period of inner and outer silence. This included a lunch together, yet shared in silence. This was followed by a silent guided bushwalk. On the bushwalk we were encouraged to find something from nature which symbolises love or compassion. Our bushwalk was followed by an opportunity to be in silence on our own for the afternoon. When we re-convened, some two hours later, we walked silently into a beautifully prepared room for a group meditation. We placed our symbols in the middle of the circle and sat in silent reflection/meditation for forty-five minutes. The time went so peacefully...

After silence there was a reflective Talking Stick session. Here is a sample of the contributions:

*"Aware of what sounded like gun- shots, intruded into my consciousness but then accepted it, made me think about the destructive side of creation and accept that rather than that it was disturbing my peace".*

*"The silence became stillness, all thoughts jumping around were gone and sound was outside silence inside".*

*"Thoughts became from motorway to a pathway, very refreshing - left me feeling re- generated".*

*"In funny way, feels like whole weekend has been in silence, life is busy as a teacher*

*Silence built, felt like on top of a cloud, felt like we were all angels, came down and saw carpet - oh drat".*

*"Rainbow connecting each and everyone at the end of the meditation - was beautiful".*

Open Conversation on 'Compassion and Detachment from a spiritual perspective' chaired by Sarah Egger.

**Robin Youngson:** Taught clinical detachment which meant that the practitioner will come across as cold and this can wound the patient in a deep way. He developed qualities of mindfulness so that he could engage and manage his own emotions. Need to support people, but can only witness so much pain and trauma need to develop compassion.

**Charlie Hogg:** Compassion most loved virtue and detachment the most misunderstood. If we add words - detached and loving, detached and involved it can make it acceptable. We can be absolutely present and empathetic, but not take on the trauma. To be truly loving.

**Robin Youngson:** Close connection, humility at the end of the day. He used to go home and think I fixed or did not fix someone. Now with humility understands that you don't fix people - we don't heal broken legs. We have an unlimited responsibility to be open hearted and do your best.

**Carl Aiken:** Do your best work engaging with a patient and family then leave it. Part of the training to become a chaplain is to sit with teachers in training and answer 'what is happening in me?'

**Charlie Hogg:** To hold the value of the person in front of you - emotional support is limited, but spiritual support is having faith in the divine within a person. and my refusal to buy in to others self doubt - holding value for them.

**Robin Youngson:** Spend our time in gratitude, compassion, acts of kindness etc grows one side of the brain. This helps to stay in engagement. Withdrawal is in opposition to approaching this has been proven through neural science.

*What is compassion?*

**Robin Youngson:** understanding and motivation

**Carl Aiken:** Empathy

**Petrea King:** Recognise who someone really intrinsically is, from that position of love.

**Charlie Hogg:** Feel close to God when judgement is suspended, comes from a relationship with God.

**Carl Aiken:** When working with someone they are part of God.

Petrea King: Liberation from time and form - how come I will be saved and others not. No-one is alone - when alive with that consciousness we are part of that.

**Robin Youngson:** Not religious, plenty of scientific evidence we are deeply connected - the more I get out of the way the more this brings me into

On Saturday evening, after a longer period of meditation together, we enjoyed a special candle lit meal and an evening of entertainment provided by contributions from the participants. It was highly interactive and filled with much laughter!

## **SUNDAY**

Our final day together began, as we had become accustomed too, with an early morning (gentle) exercise session, meditation and spiritual class by a Raja Yoga Teacher.

Following breakfast, we began our first session with a reflection, individually and then in pairs and subsequently in fours. The focus of our reflection was:

*“What is your intention for when you return to your home and work place?”*

This was introduced by a visualisation recalling our activities throughout the weekend and evoking our experiences and insights to re-surface. To move more deeply into this, we engaged in a final Creative Art session where our experiences, insights and qualities were captured in a self-drawn image. All the images were put up around the hall and provided beautiful decoration! We were then invited to write a poem to sum up our experience of the weekend and several people read out some lovely examples. Below are two poems from created in this session:

*“Smiling eyes, Greet me.  
Old friends once known  
Yet now so close  
Love binds us in  
Silence  
Exploring thought castles  
With trust  
Brings us home to the heart  
Through the eternal point of stillness  
Our journeys intersect  
and we move forward  
enriched by the other  
and uplifted”.*

### **“Reconnection of Spirit**

*Remembrance  
Not getting in the way of myself  
Obstacles of self falling away like building blocks tumbling down  
Walls removed to see a rich inner garden bathed in the natural sunlight of kindness  
The fragrance of silence alternating with the rustle of the breeze of serenity  
When seasons change, this garden adapts ~  
The roots are strong and the foliage provides natural protection.  
The rain is healing and nurtures the soil so that new growth and vitality will spring forth.  
The walls are still there but more transparent now  
A window for the soul.”*



**CLOSURE**

The weekend was closed with an invitation to the final Spirit of Healthcare dialogue September 2013 at the J Watumull Global Hospital and Research Centre, and the Brahma Kumaris, Mount Abu, India. Networking and sharing took place along with photos of the group.

The Dialogue concluded with Drishti, Blessings, Gifts, Toli and a Celebratory Lunch together.

END.