

# 1 Background Reading

## **Why Spirituality in Healthcare?**

As modern conventional medicine becomes more reductionist in its approach, and there is an increasing concern with new techniques and pharmaceuticals to manage disease, the challenge is to bring human values (spirituality) to the centre of healthcare, while maintaining high standards in healthcare delivery.

Integrating spirituality is a development of the holistic approach. It becomes more urgent at the beginning of the 21st century as we appreciate there is more to healthcare than treating illness; there is also a need for deep healing at all levels of our being, and that includes healing society and the environment.

Spiritual care is an area that needs to be developed, not only in terms of patients' needs, but also for healthcare practitioners themselves. It can be said that every illness has a spiritual dimension and at some level, every patient, regardless of the illness, is confronted by questions of meaning, existence and belief: 'Why me?' 'Why now?' 'Is this fair?' These questions are *transpersonal* in nature, that is, they make us look inward to get our bearings, to interpret what is happening to us in relation to the world out there.

## **Purpose of module**

During our training we learn about the normal and abnormal functioning of the body, the influence of the mind and emotions on illness, and the social and cultural factors that affect health. However, there is something more than all these elements combined; something deeper, personal, yet collective. It remains central to the healing process – it can be called the *spiritual aspect* of health and healing.

## **Introduction to the Spirituality in Healthcare module**

This module can be run separately exploring what is spiritual care within healthcare, or as a way of drawing together all the modules of the *Values in Healthcare* programme.

Exploring spirituality can best begin by considering what are the qualities of a person that demonstrate spirituality and then recognising that we have these same qualities in each one of us. Spirituality is known through experience, and recalling these memories can be inspiring. When we return to the question of what is health and healing, and what part spirituality plays in healthcare, we can begin to focus on spiritual care at work and experience spirituality in our own life.

## Themes of Exercises

### **A spiritual person (7.1)**

Generally we think of a 'spiritual person' as someone with very special qualities that we admire and respect. When we reflect on what these qualities are, acceptance, kindness, patience, tolerance and generosity are some of the words that come to mind. It is *who* the person is, as much as what they have achieved, that makes them spiritual. They act as an 'inspiration' and something we 'aspire to.'

Recognising such people and their qualities helps us to recognise the very same values in ourselves. It tells us that, just like the people we admire, we are special too.

### **Experiencing wonder (7.2)**

Wonder is a feeling of awe; it is a moment where surprise is mingled with admiration and curiosity. The experience of wonder is discovering something outside in the world that resonates with something inside our own being. It may be experiencing the stillness in a wood that connects with an inner stillness, or looking at the stars at night that opens us to the vastness of outer space which, in turn, reminds us of the limitlessness of our own inner space. That feeling of awe and beauty can equally occur in response to something small like a butterfly wing or a pattern on a shell. Whatever arouses wonder in us is personal and deep; it is a spiritual experience.

Wonder is:

- telling it in a whispered voice with reverence
- gasping at beauty as if seen for the first time
- time standing still
- making a space for peace
- surprise in what is already there
- joy, mystery, magic.

Such experiences are perhaps more common than we give credit for, and recounting them generally makes us feel good.

### **What is 'health' and 'healing'? (7.3)**

'What is healing?' and 'What is health?' are questions we ask at the beginning of our studies of healthcare, and questions we should return to throughout our professional career.

The words ‘health’ and ‘healing’ are closely linked, and deal with concepts that can be quite difficult to pin down. On a purely *physical* level it is easy to understand healing. A skin wound, for example, reunites to form part of the whole again. The body does this naturally if the wound is clean and the person is well nourished, rested and not stressed. We may also be familiar with the concepts of *emotional* and *mental* healing; but what of *holistic* healing that includes the *spiritual* aspect?

Consider this example: a young, unemployed man has an argument with his parents; he then goes out to a football match where he gets into a fight and receives a head wound; the police are called and he goes to hospital to have his cut stitched. He has a wounded body, a confused mind and a spirit in turmoil. In addition, his family are worried and hurt, there are financial, legal and employment issues, and on the broadest level, disruption to society.

What is it that needs mending? Healing can be at any and all of these levels, but healing at a spiritual level occurs when lessons are learned and insights are gained. In the example, as the young man lets go of his anger and finds some peace, deep healing begins. As he changes and grows, so his family and society will be healed.

## **What is ‘spirit’ and ‘spirituality’? (7.4)**

### ***Spirit***

The word ‘spirit’ is a commonly used word that carries a multiplicity of meanings from the sacred to profane. It is one word that is sure to create many misunderstandings and reveal some prejudices. Although the context will help to clarify its particular meaning, we still cannot be sure of what somebody means by this word, unless we know them well.

‘Spirit’ implies more than emotional and psychological well-being. It implies a sense of self (who we are); of presence (how we interact with other people); and consciousness (how we bear ourselves, how we treat ourselves, how open we are to our own feelings and those of others) – a sense of our whole selves.

Spirit can mean the ‘essence’ of *something* – as in the essence of a problem, or the essence of *someone* – as in his or her essential nature. This may provide a link to the concept of soul where the essence of a person is their soul. Discussion of ‘soul’ may lead people to consider their ideas and experience of the essence of everything or ‘God.’

Note: The term ‘spiritualism’ can cause confusion when discussing the word ‘spirit’. In the UK it refers to a religious practice that communicates with departed spirits in order to bring comfort to the church members and reassure them that their dead loved ones exist in spirit form. A similar spirit communication can be observed in different forms in many cultures around the world where spirits are seen as ‘wise advisers’.

## ***Spirituality***

One definition of 'spirituality' is *'looking inwards to discover our true identity'*. Although the definition is simple, it is deep and profound. The *'looking inwards'* is discovering who we are, what our values are and what gives meaning and purpose to our lives. Our *'true identity'* is our essence; some would say it is experienced as peaceful and it is expressed as compassion.

Other definitions of 'spirituality' include:

- being in touch with something/some being greater than myself
- being truly human, expressing my inner values
- that which gives meaning and purpose
- mystery, beyond description
- the aspect that seeks balance and wholeness.

Spirituality is also a journey, a journey of self-discovery, which not only leads inward but ultimately outward to the realisation of the connection we have with all human beings and an experience of a something greater than ourselves.

### ***Note on religion and spirituality***

It is important to distinguish between spirituality and religion, as the two are not necessarily synonymous. A person can be spiritual and not be religious, and another can be religious and not spiritual.

A working definition of religion might be: *'a belief system associated with ritual, a dogma (settled opinion), based on teachings of a leader with divine inspiration'*.

In many countries today, people no longer have formal religious practice in their lives. However, most people have *some* belief, or sense of it – such as a broad and non-specific 'belief in God', even if they do not ally themselves to any particular religious beliefs and practices.

## **What is 'spiritual care'? (7.5, 7.8)**

'Spiritual' is a word that is being increasingly used in the context of health and healthcare, and so when we do talk about 'spiritual care' we need to be clear what we mean.

We can witness people practising spiritual care many times throughout the day. They may be listening attentively to a patient, smiling at them, or simply touching them gently; all these are forms of giving spiritual care. Patients know and appreciate when they are receiving such care and value it more than many of the things that are done for them on a physical level.

Times of crisis in healthcare are common and it is then that people turn for help when facing inner turmoil. They may be faced with a serious illness or living with a disability and asking, ‘Why me?’ and, ‘Why now?’, ‘What will happen?’ and, ‘Will anyone care?’ They may have strong feelings of anger, guilt and grief.

However, when spiritual care is included as part of a holistic approach it does not receive the same attention in clinical practice and education as other aspects of care, such as the physical, psychological or social. This may be because some practitioners have a limited view of their role and may miss what concerns patients most; their loss of sense of self and the meaning of what is happening to them inside as well as outside, in other words their spiritual concerns.

### **Inner sanctuary (7.6, 7.10)**

Throughout history, churches and temples have been seen as safe and sacred spaces – sanctuaries from the dangers and pressures of the world. They have provided a quiet place to rest, reflect and recuperate. Using a visualisation, we can create a safe space in our own mind so we can experience that feeling of calm and can practise it anywhere and at any time.

It can also be useful to spend time contemplating how our own spiritual qualities can be healing.

### **Meeting the spiritual needs of patients and practitioners (7.7)**

When a patient is experiencing illness they will have certain physical needs and often social, emotional and psychological needs as well. Expressing their spiritual needs can be more difficult as it is a private and sensitive area. They may be struggling to make sense of the situation that challenges their values, beliefs and faith and be asking the ‘Why me? Why now?’ type of questions.

We all want healthcare practitioners to be competent and also to be caring. ‘Competency’ is about accurate diagnosis and appropriate treatment to include prescribing medications, surgery and physical therapies. It can also include good communication skills, ‘talking therapies’ and working well in teams. To be ‘caring’, which broadly means being respectful, kind and compassionate, is a spiritual practice and something central to good healthcare. So patients have personal spiritual needs and a need for their carers to be caring.

Personal needs:

- deeper, unspoken needs, that they may not be ready to face but are nonetheless there, such as feeling through their illness or situation that their values, beliefs, faith or self identity are being challenged

- unfinished business with others and a need to express anger, release fear and guilt, and seek reconciliation and forgiveness
- a belief that illness may hold meaning and purpose in life and has the potential to be transformative.

Needs for carers to:

- be compassionate and act with kindness
- be reassuring and optimistic
- listen – the listening should have that quality of attention and lack of judgement necessary for a person who may be sharing their beliefs, fears, hopes, dreams, suffering and despair
- be curious about their family, culture, beliefs and practices and their concerns about their present illness and future health
- be able to relate to them at times out of the professional role as a human being
- be aware that they may be suffering on more than a physical level, with doubts about beliefs and relationships, feelings of rejection, loneliness, and being let down.

Of course, healthcare practitioners will have their own spiritual needs that will often be triggered by their patients' needs. So meeting their needs and patients' needs are two sides of the same coin – they cannot be separated. By addressing their needs, the practitioner benefits and so do their patients.

The *Values in Healthcare* programme sets out to address the spiritual needs of healthcare practitioners through all seven of its modules, helping them in identifying their personal values, being peaceful, being positive, practising compassion, co-operating with colleagues, practising self-care and developing self-esteem. The programme enables this spiritual exploration through the development of spiritual learning tools – meditation, visualisation, reflection, listening, appreciation, creativity and play.

## Assessing spiritual needs (7.9)

When assessing spiritual needs, should we ask questions in the same way as we assess patients' physical, psychological and social needs and record our findings in their medical records? And if we do, how does this information affect the management of the patient, and how do we evaluate what we are doing?

Perhaps more important than the actual questions is the *attitude* of healthcare practitioners themselves when conducting such an assessment; that they should be sensitive, respectful and patient. They should be expert listeners.

In carrying out an assessment, we should perhaps be asking general open-ended questions with some follow-up specific questions such as those in **Handout 7.9**.

While assessment of spiritual needs might seem most relevant in the context of the dying patient, spiritual care can be considered as part of any illness and indeed, any patient encounter. Assessing such needs should be part of providing good, holistic care for all.

## The place of ritual in healthcare (7.11)

An example of a simple ritual or ceremony is saying a few words before a meal. It can be called a grace, a prayer, a blessing or an expression of gratitude. Some may say it is a pointless habit, others a religious practice important to their faith.

A ritual marks an event by enabling us to do the following: we stop what we are doing, we pause, we may make a connection to something greater than ourselves, and we repeat words or actions which recognise the moment. What gives the act its meaning and power is the *intention* we give to doing it.

Some rituals are repetitive habits and, as such, are meaningless, but if we imbibe meaning and perform them with awareness they enrich our lives. There are many things we do out of habit from the moment we get up until we go to bed; cleaning our teeth, eating breakfast, arranging our desk at work, starting conversations, folding sheets back, washing our hands. All are habits but only become a meaningful act, that is, a ritual, when we pause and give them meaning and perform them with awareness.

A *ceremony* is a ritual usually performed in groups, either as a much-repeated, familiar practice, or as something intuitive and of-the-moment. It can be something simple like lighting a candle in memory of a person, which as a symbol can carry profound thoughts and feelings. There are many accepted ceremonies around changes in our lives which serve to honour profound changes such as birth, marriage and death, and these will vary tremendously between cultures.

A ceremony becomes a *custom* through practice or habit, or it can be prescribed by a religion. The importance lies in the intention behind the act, which is strengthened by its repetition and pattern. Some of these customs are performed in a very conscious way and others are less conscious.

There are many rituals, ceremonies and customs associated with illness and healthcare practice which we may or may not practise with intention, but for all of us it is important to be aware of what these customs are, as they can help to bring meaning to our work and enhance patient care.



## **Healing through illness (7.12)**

Illness provides us with an often unwanted, but nevertheless valuable, opportunity to reflect on the meaning of our lives and on our own spiritual 'journey'. We may wonder 'Why me?' and begin to re-appraise what is important, as our needs and priorities depart from those which formerly shaped our day-to-day lives. The future may seem less certain and we may take up or return to spiritual practice in order to find comfort and meaning to what is happening to us. Taking time to describe an illness we have suffered, or one from a patient's perspective, can help us to gain valuable insights into the way in which we live and work, our values, and our own spirituality.

## 2 The Facilitator's Guide to Module 7

### Session I: Exploring spirituality and healing

#### Aims

- To consider the qualities of a spiritual person and our own special qualities
- To explore an inner sense of spirituality through meditation
- To explore the meanings of 'health', 'healing', 'spirit' and 'spirituality' through sharing, discussion and reflection
- To relate definitions of 'spirituality' to a healthcare context

#### Process

Participants begin by working in pairs to explore the qualities of 'a spiritual person' and through this, to recognise their own special qualities. They then form small groups to share their own, individual recollections of feeling a sense of 'wonder' as a spiritual experience. After a movement exercise and break, the next exercises provide opportunities for participants to reflect first on the meanings of 'health and healing', then on 'spirit and spirituality'. From this basis they begin to explore spiritual care in a health context, first by reflecting on what it means to them and when they have witnessed it. A final meditation guides participants into visualising a safe inner space or 'sanctuary' as part of their own spiritual care.

### Session II: Spiritual care in practice

#### Aims

- To explore and define spiritual needs and spiritual care in a healthcare context
- To consider how spiritual care might be provided to patients and practitioners
- To consider ways in which the spiritual needs of patients might be assessed

#### Process

This session explores the idea of providing spiritual care for patients as an important component of their overall healthcare. Time is spent in reflection, sharing and discussion of spiritual needs and ways of providing spiritual care, both in relation to patients and to practitioners themselves. Action planning focuses on considering ways in which the spiritual needs of patients might be assessed, giving participants an opportunity to design a set of questions for this purpose. A final meditation helps everyone to see themselves as a natural source of healing which can be shared if they wish. Follow-on exercises explore the place of ritual in healthcare and healing through illness.

## Programme/plan for Module 7

### *Spirituality in Healthcare*

<i>Introduction</i>		30 minutes
<b>SESSION I</b>	<b><i>Exploring spirituality and healing</i></b>	
Exercise 7.1	A spiritual person	30 minutes
Exercise 7.2	Experiencing wonder	20 minutes
<i>Movement exercise</i>		5 minutes
<i>Break</i>		20 minutes
Exercise 7.3	What is 'health and 'healing'?	30 minutes
Exercise 7.4	What is 'spirit' and 'spirituality'?	20 minutes
Exercise 7.5	What is 'spiritual care'?	30 minutes
Exercise 7.6	Inner sanctuary	10 minutes
<i>Lunch break</i>		
<b>SESSION II</b>	<b><i>Spiritual care in practice</i></b>	
Exercise 7.7	Meeting the spiritual needs of patients and practitioners	50 minutes
Exercise 7.8	Reflection on spiritual care	5 minutes
<i>Movement exercise</i>		5 minutes
<i>Break</i>		15 minutes
<i>Session review</i>		10 minutes
<i>Action planning</i>		
Exercise 7.9	Assessing spiritual needs	30 minutes
<i>Evaluation</i>		10 minutes
<i>Closure</i>		
Exercise 7.10	Healing meditation	10 minutes
<b>Total time</b>		<b>5 hours 30 mins</b>

### **Follow-on/homework**

Exercise 7.11	The place of ritual in healthcare	40 minutes
Exercise 7.12	Healing through illness	Optional

## Materials



- Paper and pens
- Flipchart and marker pens
- CD player/tape recorder (optional)

### Session I

- Handout 7.3 Definitions of health and healing
- Handout 7.4 What is 'spirit'?
- CD track no. 20 Inner sanctuary (or relaxing background music)

### Session II

- Handout 7.9 Questions to assess spiritual needs
- CD track no. 21 Healing meditation (or relaxing background music)

## Preparation

- 1 Read the introductory notes at the beginning of the session/s so that you are familiar with the way in which the theme is being introduced and explored. Review the list of references and resources for this module in **Part 5: Additional Resources** and reflect on your own experiences.
- 2 Familiarise yourself with the main learning tools which are being used in the session (see **Part 4: Spiritual Tools**).
- 3 Read through the session guidelines and look at the suggested session programme which will incorporate:
  - Session introduction
  - Exercises
  - Movement breaks
  - Breaks
  - Session review
  - Action planning
  - Evaluation
  - ClosurePlan each part of the session and timings in detail, using the session notes, **Part 2: Guidance for Facilitators** and the optional exercises in **Part 5: Additional Resources** for more detailed suggestions.
- 4 Photocopy any handouts and exercise sheets, and make sure that you have any other equipment listed under *Materials*.

## **3** Introducing the Module



30 minutes

Run through your planned introductory session which may include:

### **Quiet time**

### **Introductions/optional warm-up exercise**

### **Overview of session**

- Theme of session
- Aims and learning outcomes
- Programme/plan for the session
- Practical considerations
- Any questions

### **Setting the tone**

- Ground rules/principles
- Participants' expectations

### **Review of last session/homework**

See **Part 2: Guidance for Facilitators** for further guidance on introducing the session.

# 4

## The Exercises

### Session I: Exploring spirituality and healing

#### Exercise 7.1

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### A spiritual person



Process:

Reflection



30 minutes

#### Learning outcomes

At the end of this exercise participants should be able to:

- ✓ define the qualities of a spiritual person
- ✓ describe their own special qualities.

#### Materials



- Paper and pens
- Flipchart and marker pens

#### Facilitating the exercise

The exercise is in two parts.

#### **Part A: Qualities of a spiritual person (10 minutes)**

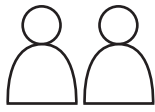
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I Ask participants to form pairs and lead them as follows:



“Spend a few moments on your own thinking of someone you know that you consider is ‘spiritual’. They may be a friend or colleague. If you cannot think of anyone, choose a historical or public figure you admire.”

Allow a minute or two before moving on.



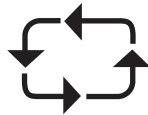
**2 Now invite participants to work in their pairs:**

“Try to describe to your partner what qualities that person has, or give examples of the sort of things they do and say that make them spiritual.

Discuss this person with your partner for a few minutes, and then change over and discuss the person they have been thinking of.”

**Allow up to 10 minutes, prompting participants to change over halfway through.**

**Feedback  
5 minutes**



Bring the group back together for a brief feedback, asking for one or two examples of a spiritual person from the group.

Discuss:

- *What is it about a spiritual person that makes them spiritual?*
- *What are their qualities and actions?*

Make two lists on the flipchart, one with the names of the spiritual person and the other list alongside, with their special qualities.

**Helpful hints**

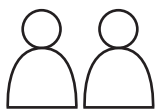
The two lists work well during feedback and discussion, especially when participants describe friends as well as famous people.

**Part B: Your own special qualities (10 minutes)**

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After collecting all the ‘data’ on spiritual people, move on to the second part of the exercise, inviting participants to reflect on their own qualities (this is covered more fully in **Module 1 Values, Session 1: Inner values**):



“Again in the same pairs, share with your partner what your special qualities are, and how you express them.”

**Allow up to 10 minutes, prompting partners to change over halfway through.**

**Feedback  
5 minutes**



In the main group, invite each person to choose one of their partner’s qualities and in turn, say this aloud to the group, for example, ‘This is John and he is patient.’ ‘This is Kathy and she is kind.’

## Exercise 7.2

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# Experiencing wonder



Process:

## Reflection and appreciation



20 minutes

### Learning outcome

At the end of this exercise participants should be able to:

- ✓ describe an experience of wonder (as a spiritual experience).

### Facilitating the exercise



- 1 Invite participants to form groups of three or four and lead the exercise as follows:

“ Sit in silence for two minutes and individually reflect on a special moment of wonder you have experienced, for example, in nature – walking in woods, on a mountain or watching a sunset. It may have been when you were with someone or alone.

Was there a time, however briefly, when you felt truly at one with everything? Or when you were so absorbed in a task that you seemed in a different space? Or when everything went just right?”

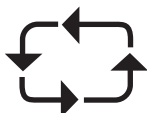
Allow two minutes.



- 2 Next, invite participants to share, within their groups, some examples of their experiences of wonder.

Allow up to 10 minutes.

### Feedback 5 minutes



Encourage participants to share some of their moments of wonder with the larger group.

### Helpful hints

Often it is best that stories are left without comment. Instead, encourage participants to share the feelings that reliving and telling these experiences aroused.



Point out the following:

- while each one is personal, everyone has these kinds of experiences
- it makes us feel good to remember them
- each experience is a gift we already have which cannot be bought or sold
- there are probably many more moments of wonder we have experienced but have forgotten.

In the healthcare context, it can be useful to encourage patients with chronic or terminal illness to remember these kinds of experiences in their life.



**Movement exercise**



5 minutes



**Break**



20 minutes

## Exercise 7.3

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# What is 'health' and 'healing'?



Process:

Reflection and sharing



30 minutes

### Learning outcomes

At the end of this exercise participants should be able to:

- ✓ clarify what the words 'health' and 'healing' mean to them
- ✓ provide definitions in relation to their own work and to healthcare in general.

### Materials



- Handout 7.3 Definitions of health and healing
- Paper and pens
- Flipchart and marker pen

### Facilitating the exercise



**1** Provide participants with paper and pens and invite them to find a partner.

**2** Ask everyone to sit quietly for a moment and work on their own, as follows:

“Think about what the words 'health' and 'healing' mean to you.

Write down some of the meanings for the word 'health', and then do the same for the word 'healing'.

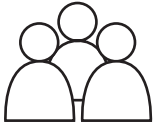
Now try and formulate a definition for 'health' and a definition for 'healing'.”

Allow up to 5 minutes for this.



**3** Now ask participants to work in their pairs and to share their meanings and definitions.

Allow 5 minutes



**4** Invite each pair to team up with another pair and to agree on a few definitions.

Allow up to 10 minutes.

**Feedback**  
**10 minutes**



Ask one person from each group of four to read out their definitions. Put their answers on a flipchart sheet for display during the rest of the session.

**Helpful hints**

You may wish to add to the list by drawing on some of the definitions included in **Handout 7.3 Definitions of health and healing**.

It may be helpful to invite groups to work on a specific definition for their particular work/team/department, and a more general one for healthcare.

## Exercise 7.4

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# What is 'spirit' and 'spirituality'?



Process:

## Creativity



20 minutes

### Learning outcomes

At the end of this exercise participants should be able to:

- ✓ describe the many meanings of the word 'spirit'
- ✓ provide a definition for the word 'spirituality' which might be relevant to a healthcare context.

### Materials



- Handout 7.4 What is 'spirit'?
- Paper and pens
- Flipchart and marker pen

### Facilitating the exercise



**I** Lead the exercise as follows:

“ Sit quietly for a minute and think of the word 'spirit'.

Write the word 'spirit' in the centre of a piece of paper.

Think of as many meanings of 'spirit' as you can and write or draw them around the central word. Draw lines that connect these various meanings to it. (You will end up with a spider diagram, with the word 'spirit' being the body and its legs joining to the words or pictures, its feet. You may get more than eight legs!).”

Allow a few minutes before asking participants to add a simple definition of the word 'spirituality' to their sheet of paper.

Allow a further few minutes and check that everyone is finished before proceeding to feedback.

**Feedback**  
**10–15 minutes**



- 1 In turn, ask everyone to read out a word or convey a visual image for the word 'spirit' and write/draw them on the flipchart.
- 2 Next, ask everyone for a simple definition of the word 'spirituality' and write these on the flipchart.
- 3 Ask if anyone has any more meanings they would like to add to either list.
- 4 Spend any remaining time considering how the word 'spirituality' can be used in a healthcare or medical context.

**Helpful hints**

Encourage participants to be creative in their spider diagrams, jotting down thoughts and using quick 'doodles', rather than spending time on detailed definitions or drawings. Refer to **Handout 7.4 What is 'spirit'?** for examples of 'spirit' words which can be added into the discussion.

It is helpful to emphasise the concept of spirituality at this point as 'looking inward and learning about ourselves'. A more detailed suggestion can be found in the background paper.

The ensuing discussion may be wide-ranging, covering areas such as religion, the soul and spirituality, but it is helpful to seek to give it a healthcare or medical context. For example, it is often at times of crisis, such as life-threatening illness or being given a terminal prognosis, that patients may begin to reflect on the spiritual aspect of their situation.

## Exercise 7.5

# What is ‘spiritual care’?



Process:

Reflection and sharing in pairs



30 minutes

### Learning outcomes

At the end of this exercise participants should be able to:

- ✓ provide definitions of spiritual care
- ✓ give examples of spiritual care in clinical practice.

### Materials



- Paper and pens
- Flipchart and marker pens
- Prepared flipchart sheet with the following questions written on it (allow space under each for noting responses during the feedback session):
  - ‘What does spiritual care mean to you?’
  - ‘When have you witnessed it?’

### Facilitating the exercise

**1** Ask participants to choose a partner to work with and to sit with them.

**2** Lead the exercise as follows:



“ Reflect individually for a few moments on the following questions (refer to the prepared flipcharts):

- ‘What does spiritual care mean to you?’
- ‘When have you witnessed it?’ ”

Allow up to 5 minutes before moving on to the next step.



**3** Invite participants to discuss their thoughts with a partner, sharing their descriptions of spiritual care and examples of when they have witnessed it. Ask them to note down their descriptions and examples together.

Allow about 10 minutes for this stage before moving into feedback.

**Feedback**  
**15 minutes**



**Helpful hints**

Gather people's comments/answers to the two questions, summarising and grouping these on the flipchart sheet under the two questions. Facilitate a discussion on what spiritual care is.

The concept of spiritual care being part of normal clinical/healthcare practice may be new to many participants and the questions are intended to encourage discussion and exploration.

The key to providing spiritual care is understanding that it is not *what* you do, but rather *how* you come across, ie *how* you are. Examples of spiritual skills include being peaceful, positive, practising compassion, co-operating with colleagues, and self-care. See the **Background Reading** paper for further information which may be useful to this discussion.

This initial exploration of spiritual care is quite short but will continue in **Session II**.



## Exercise 7.6

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# Inner sanctuary



Process:

**Meditation**



**10 minutes**

### Learning outcome

At the end of this exercise participants should be able to:

- ✓ visualise a safe inner space as part of their own spiritual care.

### Materials



- CD track no. 20 Inner sanctuary (or relaxing background music)
- CD player/tape recorder (optional)

### Facilitating the exercise

**1** Introduce the visualisation using the following note:

“This visualisation exercise is intended to create a safe space in your own imagination, as an element of your own spiritual care.”

**2** Invite people to sit comfortably and relax. Encourage participants to sit upright, their hands held loosely in their laps, legs uncrossed and feet placed firmly on the floor.

**3** Play **CD track no. 20 Inner sanctuary**, or read the following text to the group. Read slowly and clearly in a gentle voice, pausing at ellipses (...), and play background music if you wish.

“ Sit comfortably and relax. Take a few deep breaths and turn your attention inwards. You are going to create a sanctuary... your own special place where you will feel safe.

In your imagination, choose a scene in nature that you particularly like... by the sea... in the mountains... by a lake... or in a wood... it can be a place you know or you can create it as you would like it.

It is peaceful... and very beautiful. It is your ideal place... completely safe and secure... your own special place.

What does it look like...? Are there trees and flowers...? Do you notice any animals...? Are there any smells and sounds...?

Now create a building – a place where you can stay in complete safety, which no one else can enter... What does the building look like...? Use whatever materials you like... be as lavish and creative as you like... Is it made of wood or stone...? What shape is the roof...? Where are the doors and windows...? Now see it set in a garden.

See yourself walking up to this building set in your perfect scene, and enter it... What is it like inside...? Remember, this is your sanctuary, where everything is to your liking... Choose the furnishings for your comfort... choose the lighting and colours... make it really special. Make it a place where you feel really at home... where you feel peaceful and positive about yourself and the world...

Your sanctuary has a special atmosphere that seems to wash over you and make you feel good from the inside... absorb that atmosphere for a few minutes (**pause for 30 seconds**).

Now it is time to leave... have a last look around your place and take in the feeling of familiarity and happiness... then step out through the door to admire the view and the perfect setting of your house... breathe that in and feel a sense of contentment. You are leaving only temporarily, as it is a place you can revisit at any time.

And now in your own time, slowly come back to the room. Deepen your breathing... become aware of your chair and your feet on the floor. Open your eyes... rub your hands together... and have a stretch.”



## Lunch break

## Session II: Spiritual care in practice

### Exercise 7.7

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# Meeting the spiritual needs of patients and practitioners



Process:

Creativity and sharing in small groups



50 minutes

#### Learning outcomes

At the end of this exercise participants should be able to:

- ✓ identify the spiritual needs of patients and practitioners
- ✓ develop ideas for meeting the spiritual needs of patients and practitioners.

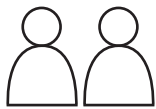
#### Materials



- Paper and pens
- Flipchart and marker pens

#### Facilitating the exercise

Briefly summarise the exercises in **Session I**, referring to the **Background Reading** paper and how they can now inform this exercise on considering spiritual needs.



### **Part A: Discussion in pairs (20 minutes)**

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**1** Invite participants to work in pairs for this part of the exercise. The first step can be done as a sharing, or telling a story, or as a role play:

“Relate a situation from the patient’s perspective of their experience of illness. What were their spiritual needs? What did they value besides physical care? (You can use your own experience of illness if you wish).”

Allow up to 10 minutes for this, before moving on to the next step.

**2** Invite participants to now consider the practitioner attending the patient. What spiritual needs might they have, as a practitioner, in the same situation? For example, some of the things patients say or do may affect and challenge them. They may find that they become emotionally involved or are asked questions to which they have no answer.

Allow a further 10 minutes for this step before moving on to Part B.



### **Part B: Working in small groups (15 minutes)**

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**1** Invite each pair to join up with another pair to form a group of 4, and to undertake the following task, writing up the 2 headings on a flipchart:

“Share some of the spiritual needs you identified in Part A of this exercise. Begin to consider specific suggestions for meeting these, under the headings ‘Patients’ needs’ and ‘Practitioners’ needs’. What are the skills and tools needed by practitioners and by the team? What facilities and environments are needed? Imagine there are no restrictions on resources. Note down any ideas.”

Allow up to 15 minutes for this part of the exercise.

### **Feedback 15 minutes**



**1** In the main group, ask each group to report back, showing what they have written on their flipchart paper under the two headings: ‘Meeting patients’ spiritual needs’ and ‘Meeting practitioners’ spiritual needs’.

**2** Compare the two lists – in what ways are they similar and in what ways do they differ?

- 3 Spend the remaining time inviting good practice ideas for spiritual care that are particular to participants' areas of work, and general guidelines for spiritual care within healthcare practice. Record these on a flipchart, identifying some which might lead to achievable actions.

**Helpful hints** Keep the flipchart notes from **Session 1** on display for participants to refer back to during this exercise.

Encourage participants to be creative in their thinking about ways of meeting spiritual needs.

Many of the ideas raised may be explored further in other *Values in Healthcare* modules, such as *finding a place to be quiet* (see **Module 2 Peace**), *making time to listen to patients* (see **Module 4 Compassion**) and *getting together as a team to talk about giving support* (see **Module 5 Co-operation**).

The final discussion and record of ideas for good practice can be returned to and developed further during the **Action Planning** part of this module.

## Exercise 7.8

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# Reflection on spiritual care



Process:

## Reflection



5 minutes

### Learning outcome

At the end of this exercise participants should be able to:

- ✓ further clarify their understanding of spiritual care.

### Materials



- Optional CD player/tape recorder and relaxing background music

### Facilitating the exercise

This brief reflection can be conducted in silence or accompanied by relaxing background music.

I Ask participants to sit comfortably in their chairs and guide them into a short reflection, as follows:

“Spend 5 minutes on your own, reflecting on what you have been discussing. What have you learned about spiritual care...? What feelings have been aroused in you...? What has inspired you...?”



### Movement exercise



5 minutes



### Break



15 minutes

## 5 Session Review



10 minutes

### Guidance notes

- 1 Briefly review the session by displaying the session aims, learning outcomes and session programme. Remind participants of the activities they have undertaken.
- 2 Pick out any highlights, referring to materials that participants have produced and which you have displayed.
- 3 Hand out the **Background Reading** paper for participants to take away, pointing out any references and resources for this module, should they wish to explore the theme in more depth.

See **Part 2: Guidance for Facilitators** for further guidance.

## 6 Action Planning

See **Part 2: Guidance for Facilitators** and **Part 5: Additional Resources** for information and guidance on action planning. Below is a suggested action planning exercise.

Alternatively, this action planning session could extend the following exercise, drawing on the ideas and flipcharts generated:

Exercise 7.7: Meeting the spiritual needs of patients and practitioners. For example:

- an action plan for improving spiritual care of patients who are dying
- developing guidelines for meeting the spiritual needs of patients and practitioners.

### Exercise 7.9

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## Assessing spiritual needs



Process:

Creativity and sharing in small groups



30 minutes

### Learning outcomes

At the end of this exercise participants should be able to:

- ✓ design a set of questions to assess patients' spiritual needs
- ✓ consider issues of confidentiality and the place of spiritual needs assessment in their own healthcare setting.

### Materials



- Handout 7.9 Questions to assess spiritual needs
- Paper and pens



### Facilitating the exercise



This exercise explores how practitioners might assess patients' spiritual needs in the same way as their physical, psychological and social needs.

#### 1 Ask participants to work on their own initially:

“Working on your own with pen and paper, think of some questions which could be used to assess the spiritual beliefs of patients and which you could ask in your own area of work in order to improve their spiritual and overall care.

Try to produce a set of questions you might wish to ask patients in order to make an assessment of their spiritual beliefs and which could be recorded in their notes.”

Allow 5–10 minutes before moving on to the next step.



#### 2 Invite participants to form groups of 3 or 4 and work together as follows:

“In your small group, share your questions and choose 3 which you feel would be most helpful as part of an assessment of patients' spiritual beliefs. How would finding out the answers to these questions help to improve the quality of spiritual and overall care which could be provided to the patient?”

Allow a further 10 minutes for this part of the exercise.

### Feedback 10–15 minutes



Spend the remaining time sharing answers within the main group. Discuss how patients' responses might be used to improve the quality of their spiritual and overall care.

You may also wish to consider the following:

- Should we ask about a patient's religion?
- Confidentiality issues – should we be recording patients' responses to our questions in the notes for everyone to see?

If you have time, you might wish to invite participants to consider whether and how spiritual needs should be assessed within their own healthcare settings.

### Helpful hints

You may need to distinguish between *religious* questions and broader *spiritual* questions concerning belief, bearing in mind that, often, patients' and practitioners' views may differ (see **Handout 7.9 Questions to assess spiritual needs** – some of these example questions could be written up on a flipchart for reference during the feedback session).

The key point about using these questions is to ask them at an appropriate moment and with the right intention. The intention is not to quiz or test the patient for an answer, but to create a 'safe place' in which they can explore these issues, if they wish. It is about the practitioner being genuine and sensitive.

## 7 Evaluation



10 minutes



### Materials

- Copies of evaluation *pro forma* (if being used)
- Pens

### Guidance notes

Run through your planned evaluation activity (see **Part 2: Guidance for Facilitators** and **Part 5: Additional Resources** for information and guidance on evaluation).

As an alternative or additional activity, you may also want to give out a more formal evaluation form at this point for participants to complete now or return by a given date.

Remember to plan in some time as soon as possible after the session to complete your own evaluation of how you think the session went.

## 8 Closure

Lead the group in your planned closure activity (see **Part 2: Guidance for Facilitators** and **Part 5: Additional Resources** for information and guidance on closures), or use the suggested Exercise 7.10 below. You might also wish to ask participants to take a moment's silence to reflect on:

- What notion of spiritual care did you have before this module or course?
- Have those ideas changed?
- What does spiritual care mean to you now?

### Exercise 7.10

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## Healing meditation



Process:

### Meditation



5–10 minutes

#### Learning outcome

At the end of this exercise participants should be able to:

- ✓ experience themselves as a source of healing energy which can be shared if they wish.

#### Materials



- CD track no. 21 Healing meditation (or relaxing background music)
- CD player/tape recorder (optional)
- Paper and pens

#### Facilitating the exercise

- 1 Ask the group to sit comfortably in their chairs.
- 2 Play **CD track no. 21 Healing meditation** or read the following text, playing background music if you wish. The text needs to be spoken slowly and clearly, pausing at ellipses (...).

“ Sit comfortably and relax... allow any tension in the muscles of your neck and shoulders to soften... take a deep breath in... then breathe out with a sigh. Either close your eyes or if you wish, keep them open and focus on a point in front of you.

Bring your attention to the rhythm of your breathing for a few moments... observe your breathing settle down into its own natural rhythm... experience calm come into your body and with it your thoughts slow down... Watch your thoughts and do not become entangled in them... allow them to drift past... as you become peaceful.

Feel that deep peace... and experience it as a point concentrated in the centre of your forehead... like a point of light... a deep peacefulness emits from this point of light... a point symbolic of your spirit or soul... Visualise this peaceful light emitting rays of tranquillity... rays of peace and light. Experience the energy of this light as relaxing and very peaceful.

Now move your attention to a space outside of your body... where there is another point of light, a point that is like an ocean of peace... an ocean of tranquillity... an ocean of love... Make a connection between yourself and that ocean... so that the light and energy from it flows to you, entering through your face and eyes... ... spreading out to fill every cell of your body with soft healing energy... Hold that image of the soft healing light coming from this infinite ocean of love and filling you with the same energy. You feel restored... replenished... healed.

Stay with that experience for a bit... then feel that same soft healing energy radiate from you... from your forehead... to your heart... to the people next to you... then fill the whole room... and stay connected to that ocean of peace and light... you feel the room is full of love... light... peacefulness...

Imagine there is a globe of the earth suspended in the centre of the room, a couple of feet off the floor... and imagine that your peaceful, healing energy concentrates in the centre of the room... surrounding it and all the people on the earth... You remain aware of being a peaceful, soft light... connected to an infinite resource of peace, love and light... your healing thoughts and energy are surrounding the globe... This healing energy flows gently between you and the world... ..

Stay with that a bit longer... then in your own time, become aware that you are sitting on your chair in this room... with your feet on the floor... Deepen your breathing, open your eyes and have a stretch... ”

**Helpful hints** You could invite participants to write down some words which capture what they felt.

## 9 Follow-on/homework

### Exercise 7.11

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# The place of ritual in healthcare



Process:

Reflection and sharing in pairs and small groups



40 minutes

#### Learning outcomes

At the end of this exercise participants should be able to:

- ✓ give examples of rituals in medical or healthcare
- ✓ identify ways in which rituals can enhance the quality of spiritual care.

#### Materials



- Flipchart and marker pens
- Flipchart with discussion questions written up for each part of the exercise (see below).

#### Facilitating the exercise

Introduce this exercise with examples of some rituals and ceremonies in everyday life and how some of these are part of customs around birth, marriage and death. Refer to the **Background Reading** paper for further information.

Begin by asking participants to find a partner or small group to work with. The discussion is in three parts:

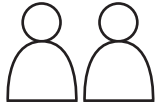


### **Part A: What makes a 'good' funeral? (10 minutes)**

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1 Invite everyone to spend the first few minutes reflecting on their own, as follows:

“Reflect on a funeral you have attended and think of a part of the ceremony that you had good feelings about.”



2 Next, ask pairs/small groups to take it in turns to share how they felt and what it was about the ceremony that made them feel good, before considering the question:

- What makes a 'good' funeral?

3 Ask each pair/small group to contribute one or two of their ideas to the main group before moving on to the next part of the exercise.

After 10 minutes, move on to the next part of the exercise.

### **Part B: How do rituals help? (10 minutes)**

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1 Ask each pair/small group to choose a simple situation at work where they have observed that there is a tradition or special way of dealing with an event or issue, for example, a staff meeting, a member of staff's birthday, or how they say goodbye to a patient.

2 Invite them to discuss the following questions:

- Is this ritual or tradition helpful to yourself and others involved? In what ways?
- How could it be improved or changed so that it is more helpful?

Allow 10 minutes before moving on to the next part of the exercise.

### **Part C: A significant situation (10 minutes)**

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1 Ask each pair/small group to identify a significant situation which occurs in their workplace, for example, a death, breaking bad news.

2 Invite them to discuss the following questions:

- What currently happens to mark or recognise that situation?
- How could this be improved through ritual?

Allow a further 10 minutes for this stage before moving into feedback.



**Feedback**

**10 minutes**



- 1 Invite the groups to share some of their examples.
- 2 Spend the rest of the time considering this following question:
  - What do these traditions/rituals add to your work and to the quality of spiritual care?

Make notes on a flipchart.

**Helpful hints**

It is best to choose a simple ritual first before tackling the bigger ones around death, such as laying out a body.

The discussion may lead from a personal, particular ritual to more general cultural and religious rituals around birth, illness and death. It may be an opportunity to encourage participants to research the subject by reading, visiting religious sites and conducting interviews with staff and patients which could be written up as a project, or which they could present back to the group or their work team.

Further time could be given to developing action plans for introducing or improving rituals around specific events in the work place, as a way of enhancing spiritual care.

## Exercise 7.12:

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# Healing through illness



Process:

## Reflection



Optional

### Learning outcome

At the end of this exercise participants should be able to:

- ✓ understand illness as more than a clinical challenge, through exploring it as a meaningful experience.

### Materials



- Paper and pens

### Facilitating the exercise



Participants should work individually on the following topics (this could be done as part of a follow-on session, or in their own time as homework, to be discussed in a later session).

Choice of topics:

#### Personal view

- “ Describe an illness you have suffered and how you felt through each stage. What helped you recover and what did you learn from the experience? ”

#### Memorable case

- “ Describe a patient that gave you an insight into the way you work. What did you learn? ”

#### The patient's story

- “ Write from the patient's perspective how they might record their care, either as a personal descriptive statement, a poem, a letter or a journal entry. ”

## Handout 7.3

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# Definitions of health and healing

### **Health:**

- ... sound in body, mind or spirit
- ... balance (harmony) of body, mind and spirit
- ... a state of well-being
- ... a feeling of being positive and full of energy
- ... 'a state of complete physical, mental and social well being' (WHO, 1947)
- ... 'being confident and positive and able to deal with life's ups and downs' (*Our Healthier Nation*, Green Paper, 1998)
- ... 'absence of disease and prevention of death' (*Our Healthier Nation*, White Paper, 1999)

### **Healing:**

- to make whole
- to make healthy
- to promote well-being
- to cure
- to restore to soundness
- to bring into balance
- to offer love
- to act as a channel of healing energy
- to bring peace and dignity
- to discover meaning

## Handout 7.4

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# What is 'spirit'?



## Handout 7.9

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# Questions to assess spiritual needs

### Questions about values and beliefs:

#### *General*

*What spiritual or religious practices are useful to you?*

*What would help you to express these?*

#### *Specific*

*Have you a religious or spiritual practice that may affect your healthcare?*

*Do you have any dietary needs associated with your practice?*

*Do you pray or meditate?*

*Are there any pieces of music, poems, books or objects that provide you with meaning or comfort?*

*Are there areas in your religious or spiritual beliefs or practice that you find difficult?*

### Questions about sense of self:

*Do you have a hero/heroine that inspires you?*

*Do you have any strong beliefs?*

*Do you have a special place which is safe and comforting to you?*

### Questions about meaning of life and illness:

#### *General*

*Why do you think you became ill?*

#### *Specific*

*What does this illness mean to you?*

*How do you see the future?*

*What do you think might help you on the road to recovery?*

*If you were to describe your life as a journey, how would you do that?*