Meeting the spiritual needs of older people across diverse faith and cultures

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Spirituality and Religion

- Religion is an organized system of beliefs, practices, rituals and symbols designed to facilitate closeness to the sacred.
- Spirituality is defined as the personal quest for understanding answers to ultimate questions about life, about meaning.
- Religion cannot be divorced from spirituality; spirituality is the dimension from which religion arises.
- The spiritual dimension is part of being human

Mediating the spiritual dimension

The Person

Ali’s story

- Ali has diabetes and moved into residential care after a stroke. He soon became depressed and anxious.
- Qur’an, prayer and halal food are central to him.
- Ali refused medication and became more distressed.
- The Imam visited and gave him peace regarding fasting and praying in his traditional way.
- His depression considerably improved although Ramadan is still a difficult time for him.
Tashi’s story
- Tashi is a Zen Buddhist with Chinese cultural heritage and traditions.
- Tashi had cancer but remained in her own home with social care support.
- Deterioration in health caused her distress and she refused pain medication.
- Need to prepare for peaceful passing was critical.
- Care service arranged for Nun to visit, chants and music, pictures, statues, flowers.
- Spiritual care focused on finding meaning of life.

Rachael’s story
- Rachel is a practicing Jew receiving home care.
- Carers frequently found her crying in bed.
- Her congregation has dwindled, she is less able to leave her home and the Kosher butcher has closed up.
- It emerges she feels isolated, disconnected from community and alone.
- Care service arranges kosher products to be brought in, video and audio copies of services and links her with Jewish community group who visit and take her to events.

Dave’s story
- Dave grew up as an Anglican, but as an adult he has waivered between describing himself agnostic or atheist.
- As Dave’s body was affected by stroke, he became bed-bound experiencing insomnia and nightmares.
- He spoke very little, but when he did, it was generally related to feelings of worthlessness and hopelessness.
- Interventions such as medication and diversional therapy were marginally successful in the short term.
- A spiritual assessment was conducted and a plan was implemented (affirmation, listening, reminiscence).
- Sleep improved and he died a peaceful death.

A systematic approach
- Spiritual Screening
- Spiritual Assessments
- Spiritual Interventions
- Evaluation

‘Measuring’ spirituality
- External evaluation: accreditation/audit/inspection
- Levels of attachment
- Stages of faith – Fowler, M Scott-Peck
- Mosaic of beliefs and faiths
- Ageing theories
- Journey and continuum

Provision spiritual care
- Spiritual care vs psychological therapy.
- Who should provide spiritual care?
- Authenticity, trust and creating a sacred space.
- Care giver’s spirituality and spiritual boundaries.
- Integration of spiritual care with other care.
Spiritual assessment
- 'Religiosity' or spiritual assessment?
- Must be done as part of a wholistic assessment of physical, social and spiritual and emotional needs
- Who will do the assessment?
- What will be assessed?
- What will the information be used for?
- How will interventions be evaluated?

Goals/themes of spiritual care
- Purpose and meaning in life
- What a person's life has meant
- Inner resources to cope with loss, disabilities, grief
- Unifying connectedness and relationships
- Transcendence

Signs of spiritual distress
- Clients may say they are brokenhearted
- I don't know why this has happened to me?
- Feelings of worthlessness, bitterness, denial, guilt, fear
- Nightmares and or sleep disturbances
- Anorexia and refusal to eat
- Withdrawal from social interactions
- Depression and anxiety
- Alterations in mood/behaviour (crying, apathy, anger)
- Physical conditions aggravated by stress
- Aggrieved by religious experiences/relationships

Spiritual opportunities
- Loss of a loved one
- Low self-esteem
- Mental illness
- Natural disasters
- Physical illnesses
- Situational losses
- Substance abuse
- Poor relationships
- Inability to forgive
- Impeding death

Spiritual interventions
<table>
<thead>
<tr>
<th>Standards</th>
<th>Features</th>
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<tbody>
<tr>
<td>Spiritual care</td>
<td>Initial and ongoing spiritual assessment, visits from clergy, faith</td>
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<td></td>
<td>communities and volunteers</td>
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<td>Communication</td>
<td>Listening, communicating affirmation through actions, seeking to</td>
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<tr>
<td>and relationships</td>
<td>understand and value every utterance, however vague</td>
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<tr>
<td>Worship, rituals</td>
<td>Prayers, beads, communion, candles, holding symbols, reading from sacred</td>
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<tr>
<td>symbols</td>
<td>scripture</td>
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<tr>
<td>Narrative</td>
<td>Reminiscence, life review, writing and telling stories that encourage</td>
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<td></td>
<td>residents to make meaning of their lives</td>
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<td>Art, music and</td>
<td>Painting, listening to familiar music, singing familiar and</td>
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<tr>
<td>singing</td>
<td>revered songs of the past that bring back memories and feelings</td>
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<tr>
<td>Nature and</td>
<td>Bringing the outside in, and taking residents out to experience nature</td>
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<td>environment</td>
<td>even if through images, fragrances, tactile experiences</td>
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Our response to ageing
- Do I have 'unfinished business' or relationships?
- What will my life have meant when I'm old?
- Will I transcend losses, disabilities and suffering?
- What will I be when I move from 'doing to being'?
- How will I behave towards ageing?
- What paradigm will I view ageing - as a problem, pathology or a mystery?
References

1. Figure 1 - Kanitsaki, O. 2002, Mental Health, Culture, and Spirituality: Implications for Effective Psychotherapeutic Care of Australia’s Ageing Migrant Population. In MacKinlay, E. Mental Health and Spirituality in Later Life. P. 17
2. Figure 2 – Rev James Ellor, 2008, Journal of Geriatric Care Management, Vol 18, Issue 2, p.9
5. Khan, S. Ahmad, M. 2013, Islamic Information Centre of South Australia (IICSA)