



# **The Spirit of Caring:**

**A Volunteer  
Education Resource**

## **Module 2: Spiritual Diversity in the Health Care Setting**

**Developed by:  
Provincial Spiritual Health Care Management Network**

## Module 2 – Session Guide

### Spiritual Diversity in the Health Care Setting

#### Facilitators Overview/Outline

TIME	ACTIVITY	RESOURCE	COMMENT
30 min	Opening Activity	Pages 2 and 3 Appendices 1-4	Choose one or two activities to raise awareness of the existence of many spiritual traditions and to identify those that your volunteers may encounter in their service
15 min	Questions for Discussion	Page 3	
10 min	The Manitoba Story: Changing the focus from “Pastoral” to “Spiritual”	Pages 3-5	
15 min	Break		
20 min	<u>Case Scenarios</u> (role plays) or, <u>DVD</u> or, Invite <u>guest speaker</u> from a spiritual tradition to speak about that tradition and things to keep in mind in a health care setting	Pages 5-9  Appendix 5	Chose two of the cases and work through them, asking one student to be the patient, another to be the spiritual care volunteer and the rest to observe and interact with the encounter.
15 min	Discussion of case scenario(s), DVD or guest sharing		
10 min	Prayer in Interfaith Visits	Pages 10-14  Appendices 6 and 7	
10 min	Conclusion: Self-Assessment	Appendix 8	

# Spiritual Diversity in the Health Care Setting

Leah Bueckert

## Objectives

- To reflect on spiritual care in spiritually diverse health care settings
- To discuss the attitudes and characteristics of the competent spiritual caregiver
- To identify guidelines for interfaith/inter-spiritual care in health care setting

## Opening Activity (choose one or two)

1. Print on slips of paper the festivals/holy days of different religious traditions found on the Multifaith Calendar (Published by Multifaith Action Society) for the month during which the session is being held. Have participants take turns reading the explanations of the different holy days. (Purpose: to raise awareness of the religious and spiritual diversity all around us.) The multifaith calendar can be ordered for a reasonable charge from the Baha'i Institute Distribution Centre, 9-945 Middlefield Rd. Scarborough, ON, M1V 5E1, 1-800-465-3287 or 1-416-609-9900. Or,
2. Read a newspaper clipping that highlights an issue related to religious/spiritual diversity. Or,
3. Read a story about an interfaith/intercultural encounter (See Appendix 1 for an example).
4. Display of Multifaith symbols<sup>1</sup> (See Appendix 2). This collection of symbols can be used to identify religious traditions that the group is and is not familiar with. The facilitator could also block out the names below the symbols, list the names separately and have the group match the names with the symbols. The facilitator could also invite members of the group to draw or create their own religious symbol.
5. Display and/or invite participants to bring symbols that people associate with spirituality, for example, a small fountain, stones, various forms of art, a plant or flower, a seed, candles, pottery, etc. Talk about how the objects are symbols of spirituality.
6. Definitions - Connect the Terms Exercise (Appendix 3)
7. Scarborough Mission - Golden Rule (See Appendix 4)

Links to additional resources for the use of the Golden Rule

[http://www.scarboromissions.ca/Golden\\_rule/index.php](http://www.scarboromissions.ca/Golden_rule/index.php)

[http://www.scarboromissions.ca/Golden\\_rule/workshop\\_guidelines.php](http://www.scarboromissions.ca/Golden_rule/workshop_guidelines.php)

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<sup>1</sup> <http://marketing4marketeers.files.wordpress.com/2010/04/world-religions.jpg>

8. Use a DVD clip from “Multi-faith Perspectives on End of Life Issues” from the Ottawa Hospital, Ottawa, Ontario or “Council on Palliative Care & McGill Volunteer Training Videos” From Montreal, Quebec.
9. As a cultural/spiritual self-awareness exercise, have participants identify the various facets of their life within the “ADDRESSING” model. This model, developed by Pamela A. Hays is described by Anke Flohr in “Competencies for pastoral work in multicultural and multifaith societies”, Chapter 11 of *Interfaith Spiritual Care: Understandings and Practices*, edited by Daniel S. Schipani and Leah Dawn Bueckert, 2009.

Questions for Discussion:

1. What is the spiritual diversity of the community/region in which you live? Ethnic diversity?
2. From your experience, what are some of the gifts of visiting with people from a different spiritual perspective? What are some of the challenges?
3. What would you hope for when visiting with someone in a health care facility whose spiritual perspective is different than yours? What might the other person hope for?

**A person’s spirituality may or may not be expressed through religious affiliation**

“Many patients have no formal attachment to a faith community. In part, this reflects a general decline in religious practice in contemporary society, but it cannot be assumed that people do not have any beliefs or a spiritual dimension to their lives. Despite the prevalence of secular attitudes, spiritual experiences and expressions persist; the sacred and secular are not mutually exclusive. This is reinforced from a psychological perspective in that beliefs and faith are necessary for human development and in making sense of and finding meaning in life. In this way, spirituality serves a common human purpose which may be disoriented or dislocated in the face of illness, suffering and loss. Thus, a health crisis may precipitate a spiritual challenge which may enrich or diminish a person.”<sup>2</sup>

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<sup>2</sup> Cobb, Mark and Vanessa Robshaw, editors, *The Spiritual Challenge of Healthcare*. Edinburgh: Churchill Livingstone, 1998.

## The Manitoba Story: Transitioning the focus from “Pastoral” to “Spiritual”

Pam Driedger, former Director of Spiritual Care at Eden Mental Health Centre in Winkler, Manitoba<sup>3</sup>:

“In the past the focus [for pastoral care in the health care setting] was on the rights of faith groups to practice their faith regardless of what others thought. Today the focus is on the spiritual nature of all people, those within and those outside of faith groups, and the importance of giving attention to that spiritual nature in any quest for health or rehabilitation.”<sup>4</sup>

“I have come to believe that a multifaith outlook is not rooted in finding the common content or common beliefs in different religious traditions, but rather in recognizing the common process of faith and of orienting one’s life around one’s faith.”<sup>5</sup>

Driedger identifies 6 tasks of the Spiritual Caregiver:

- (1) Understand how individual and communal belief systems impact a person’s health
- (2) Enter into the faith paradigm of the patient
- (3) Be a listening presence
- (4) Enable patients to use the resources which they can see in their (*the patient’s*) own faith (*which they can discern*) as sources of strength, hope, meaning, purpose
- (5) Help the health care team recognize the conflicts that arise that have to do with faith/spiritual convictions
- (6) Help patient and health care team address these conflicts

She also writes:

“It is important that the caregiver be rooted in his or her own faith tradition because that rootedness enables the caregiver to truly understand the significance of the spiritual process. As with any health care practitioner, the specific faith of the caregiver may motivate the caregiver and may give meaning and purpose to his or her work, but the terms of the caregiver’s faith are not the focus of a spiritual care visit.”<sup>6</sup>

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<sup>3</sup> Pam Driedger, “Different lyrics but the same tune: multifaith spiritual care in a Canadian context” in *Interfaith Spiritual Care: Understandings and Practices*, Kitchener: Pandora Press, 2009, p. 139.

<sup>4</sup> Ibid, p. 133

<sup>5</sup> Ibid, p. 132

<sup>6</sup> Ibid, p. 141

Guidelines from Health Sciences Centre – Spiritual Health Services Volunteer material:<sup>7</sup>

If a patient asks about our own religious connections and/or background, it is OK to answer the question briefly and directly.

- a. Stress that, as a member of the Spiritual Health Services, we do not represent any particular religious group.
- b. That having been said, it is OK to let the person know your own faith tradition and association – briefly.
- c. Avoid getting into “discussions” about different faiths, beliefs, and practices.
  - i. Occasionally these discussions can be stimulating and informative for both visitor and patient/family;
  - ii. But often, these discussions can become debates that do not promote peace, harmony, healing, and hope.

## Break

### Case Scenarios

**See Appendix 5 for several case scenarios.** These are offered as potential examples/tools which the facilitator may select from for group discussion. While these scenarios are not repeated in subsequent modules, they may be used to apply concepts developed in other modules.

#### Reflection on Case Studies

1. What is the goal of spiritual care?
2. What are the person’s needs/hopes?
3. Where do we see the person’s spirituality showing?
4. In what ways might the spiritual caregiver be of support?

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<sup>7</sup> “Spiritual Health Services Volunteer Visitors’ Program: Some Guidelines and Suggestions”, Health Sciences Centre, Winnipeg, MB. For a copy of the full package, see materials for Spiritual Health Care Volunteer Training Module 3.

## **Guideposts for interfaith spiritual care:**

“Wisdom in interfaith care involves not only what we know  
but also what we are and what we do.”<sup>8</sup>

[Brainstorm on flipchart 3 questions]: What would be important to know/be/do in this role? A few guidelines...

- a. Knowing:
  - i. Our own philosophy of spiritual care
  - ii. Being aware of things to keep in mind in interfaith situations
  - iii. Know who to talk to for referral (clinician or spiritual health)
  
- b. Being:
  - i. Aware of our own beliefs and assumptions
  - ii. Capacity for wonder & respect when with the ‘stranger’
  - iii. Sense of personal and spiritual wellbeing and integrity
  
- c. Doing:
  - i. Listening to patients and engaging their spirituality
  - ii. Communicating well with patient, family and staff
  - iii. Practicing good self-care

## **Prayer in interfaith visits**<sup>9</sup> (Appendices 6 and 7)

“Prayer is a common mode of expression for people from a variety of worldviews and traditions. Prayer is a way of articulating our deepest pain, deepest joy, greatest fears, greatest hopes, and our most closely held values. It is an acknowledgment of the limitations and deep longings of our human selves. Prayer is an act of faith in which the one praying decides to trust that care and healing are, or will be, somehow available....

Extending welcome to care receivers of faiths different than ours may generate feelings of insecurity and anxiety. Questions about our own spiritual integrity may surface. We may feel uncomfortable if we are unfamiliar with certain cultural and religious traditions. While it is helpful and important to become more familiar with the customs and beliefs of diverse traditions, we must remember that people of any heritage – ourselves included – will have their own particular ways of interpreting and living the tradition. Our task is to learn how we might partner with them in drawing upon their values and beliefs in meaningful ways, whether they are religious or nonreligious.”<sup>10</sup>

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<sup>8</sup> From “Epilogue”, *Interfaith Spiritual Care*, p. 315.

<sup>9</sup> For additional helpful resources on this topic see also: (1) *Multifaith Information Manual*, 5<sup>th</sup> edition, produced by the Ontario Multifaith Council, (2) *Multifaith Information Document: What Health Care Staff Need to Know*, produced by the Manitoba Interfaith Council, (3) “Spiritual Health Services Volunteer Visitors’ Program: Some Guidelines and Suggestions”, Health Sciences Centre, Winnipeg, MB, (4) “Reflections, Prayers” booklet, produced by Interlake RHA.

<sup>10</sup> Leah Dawn Bueckert, “Stepping into the Borderlands: Prayer with People of Different Faiths”, in *Interfaith Spiritual Care: Understandings and Practices* (Kitchener: Pandora Press, 2009), 30-1.

Questions for discussion:

1. Is prayer part of your spiritual practice? If so, what kind of prayer do you find meaningful?
2. How might you respond if a patient from a religion or spirituality different from your own asked you to pray with them?

Dr. Pat Fosarelli speaks to the issue of prayer in interfaith encounters in her description of the content and rationale for her handbook, *Prayers & Rituals at a Time of Illness & Dying: The Practices of Five World Religions*:<sup>11</sup>

“At times of illness, especially terminal illness, religious practices should serve as a unifying force and not as a divisive one. When we are most vulnerable in terms of life’s struggles and tragedies, our belief in God should be a help and not a hindrance...Even when we cannot permit a certain practice because of regulations in Western hospital settings (e.g., burning incense when oxygen is in use), we can respectfully explain why such a practice cannot be done and look for practices that can.

Having respect for another’s belief does not mean, of course, that one is not holding firmly to one’s own beliefs or that one is trying to homogenize all belief systems so that they seem to be all the same. They are not all the same and never will be. Each religion has its own identity, and efforts to blur or minimize differences is dangerously naive and erroneous. We cannot homogenize the essence of the various world religions without losing their distinctive marks, marks for which adherents have dedicate their lives or even for which they have died. That would be to trivialize that which is of utmost importance to millions of people.

Permitting an ill or dying person (or his/her family) to engage in spiritual rituals that have particular meaning to them does not imply that we are being unfaithful to our own religion. It simply means that we are secure enough in our own beliefs in God that we permit others to be secure in theirs. In the end, it means respecting others, a major tenet of every major religion. Mutual respect is important at all times, but especially so when one is vulnerable, such as times of illness, dying, or loss.”

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<sup>11</sup> Pat Fosarelli, “Introduction” in *Prayers & Rituals at a Time of Illness & Dying: The Practices of Five World Religions* (Conshohocken: Templeton Foundation Press, 2008), vii-xiii.



Different ways prayer might be included in visits:

- The patient might ask the volunteer to pray for him/her
- The volunteer might offer to pray aloud for or with the person if appropriate, based on the conversation that has been shared (one might ask if the person has a specific request)
- If volunteer and patient share similar beliefs the volunteer might draw upon prayers familiar to both (the Lord's Prayer would be a Christian example). Also, keep in mind that even when both people are of the same faith they will likely still have different ways of praying.
- If volunteer and patient are from different faith traditions, the volunteer might become familiar with and offer prayers from that tradition (Note: it would be important that both the patient and the volunteer feel comfortable with this)<sup>12</sup>
- The volunteer may offer to keep the patient in his/her prayers outside of the direct time of visiting (if this is offered it is important to do so)
- In some cases the patient may feel comfortable teaching the volunteer about prayers that are said in his/her tradition
- The volunteer may speak with staff to arrange for someone from the patient's faith community to come and visit
- Other...

"It is implied, of course, that caregivers must remember that not everyone will welcome prayer and the caregiver must respect this. Prayer is inappropriate when it stems from the [volunteer's] need to do so rather than from the development of the caregiving relationship and the patient's needs and spiritual resourcefulness."<sup>13</sup>

**See Appendix 6 for illustrations of addressing prayer in conversations between a volunteer and a patient.**

### **Conclusion**

Have participants share one thing they will take with them. Or, use SELF-ASSESSMENT TOOL. (Appendix 8)

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<sup>12</sup> For a helpful example see Illustration 3 below.

<sup>13</sup> Bueckert, "Stepping into the Borderlands," 32

### Sources Cited/Referenced:

1. Multi-faith Calendar: can be ordered for a reasonable charge from the Baha’I Institute Distribution Centre, 9-945 Middlefield Rd. Scarborough, ON, M1V 5E1, 1-800-465-3287 or 1-416-609-9900. Also sold at McNally Robinson’s booksellers.
2. DVD: “Multi-faith Perspectives on End of Life Issues”, The Ottawa Hospital
3. DVD: “Council on Palliative Care & McGill Volunteer Training Videos”, Montreal
4. Book: *The Spiritual Challenge of Healthcare*, Mark Cobb and Vanessa Robshaw, editors, Edinburgh: Church Livingstone, 1998.
5. Book: *Interfaith Spiritual Care: Understandings and practices*, Daniel S. Schipani and Leah Dawn Bueckert, editors. Kitchener: Pandora Press, 2009.
6. “Spiritual Health Services Volunteer Visitors’ Program: Some Guidelines and Suggestions”, Health Sciences Centre, Winnipeg, MB. For a copy of the full package, see materials for Spiritual Health Care Volunteer Training Module 3.
7. Book: *Spiritual Caregiving in the Hospital: Windows to Chaplaincy Ministry*, Leah Dawn Bueckert and Daniel S. Schipani, editors. Kitchener: Pandora Press, 2006.
8. *Multifaith Information Manual*, 5<sup>th</sup> edition, produced by the Ontario Multifaith Council
9. *Multifaith Information Document: What Health Care Staff Need to Know*, produced by the Manitoba Interfaith Council
10. “Reflections, Prayers” booklet, produced by Interlake RHA.
11. Book: *Prayers & Rituals at a Time of Illness & Dying: The Practices of Five World Religions*, by Pat Fosarelli, (Conshohocken: Templeton Foundation Press, 2008).
12. *More than a parting prayer: lessons in care-giving for the dying*, by William H. Griffith, (Valley Forge, PA: Judson Press, 2004).
13. Appendices

## Offering Comfort to the Sick and Blessings to their Healers<sup>14</sup>

By Jan Hoffman

At 1 p.m. on a weekday, the emergency department at St. Luke's-Roosevelt Hospital in Upper Manhattan is in full cry, with bays crowded, patients on stretchers lining the hallways, and paramedics bringing in more sick people. Time for the Rev. Margaret A. Muncie to work the floor.

Not shy, this pastor with the clerical collar, the Ann Taylor blazer and the cheerful insistence of one whose own mother called her a steamroller. Among the first women ordained an Episcopal priest and a self-described "Caucasian minority," she's an odd bird among the ethnically diverse staff and especially the patients, most of the black or Latino. But she keeps peeking her head behind curtains, parting gatherings of worried family members, impervious to startled looks of suspicion.

"Hi, I'm Peggy Muncie, a hospital chaplain," she says. "Would you like a visit?" She's not there to thump. Deftly, she asks people how they're feeling, then lets them vent their pain and fear, their anxiety and frustration. She nods, a little pushy with her probing. She flags a nurse. "Can you direct a doctor toward that patient?" she whispers.

And always, at the end of a visit: "Would it be all right if I prayed with you?" The health care chaplain will touch a forehead, hold a hand and quietly pray worries to the Divine, speaking with inflections that, as needed, may be Pentecostal, Roman Catholic, Hindu, Jewish, Muslim. For the Baptist woman in Bed 7 whose anxieties are making her chest pain worse, the chaplain prays for calm to allow the medicine to work. Gradually, the patient's breathing slows.

"My job is to be present to patients without judgment," Chaplain Muncie says as she pumps a hand sanitizer, "and to help them find out what is meaningful to guide them through the stress of illness."

Most health care facilities around the country work with clergy members. But their involvement varies widely. Some hospitals merely have a list of on-call pastors; others retain professionally trained, board-certified health care chaplains, like Ms. Muncie, who is the only full-time cleric at St. Luke's. (The hospital also has a rabbi and an imam part-time, and a supervisory program for theological students.)

These varying levels of commitment have less to do with differing philosophies about spirituality and healing than with the bottom line. Insurance carriers do not reimburse for a chaplain's salary.

"We're a non-revenue-producing service, and in the economics of modern health care, that's not a good place to be," said the Rev. George F. Handzo, a vice president at

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<sup>14</sup> This article originally appeared in the New York Times on July 17, 2007. It was subsequently published by permission in *Interfaith Spiritual Care: Understandings and Practices*, edited by Daniel S. Schipani and Leah Dawn Bueckert, (Kitchener: Pandora Press, 2009), 105-108.

the HealthCare Chaplaincy, a New York City organization that trains and places many chaplains.

“But there is a lot of indirect contribution to the mission of a hospital,” he added, “as well as to its margin: customer satisfaction, customer retention and goodwill in the community. From a revenue standpoint, that’s crucial.”

The chaplain is also expected to minister to the hospital staff. As Chaplain Muncie, 59, makes her way throughout St. Luke’s with a painstaking limp, she chats easily with doctors and nurses. She has sat with an intern who sobbed uncontrollably after pronouncing her first death and prayed with a ward clerk whose mother was in intensive care.

Every year, the chaplain performs a “Blessing of the Hands.” She wheels a cart adorned with a tablecloth, flowers, a bowl and an MP3 player. Surgeons, nurses, aides crowd around as she dips their hands in water, blessing their healing work.

Although intercessory praying for the sick has existed since the time of ancient shamans, the chaplain’s role now reflects the impact of modern technology on medicine. In her nearly five years at St. Luke’s, Ms. Muncie has helped mediate “do not resuscitate” decisions, organ donations and bioethics disputes. After a visit, she puts the details in a patient’s chart.

Now she’s off to the intensive care unit, where many patients are intubated or comatose. Undeterred, Chaplain Muncie goes room by room, soul-searching. From one bed, eyes watch drowsily but intently; from another, a gurgle: “Ahhh,” then, faintly, “mennnn.”

“They say the last sense to leave is a person’s hearing,” she says. “Well, I was a cheerleader and I can belt it out as loud as anyone.”

Spotting the chaplain, a woman jumps up from a bedside and embraces her. “Her husband is semicomatose,” Ms. Muncie explains later. “She is going to be a widow soon and she knows it. She trusts me now, so I can begin to ask the difficult questions: ‘Have you started to plan for your future?’”

One of Chaplain Muncie’s signature responsibilities is to stand with a patient’s family in the bleak early hours of death. The St. Luke’s chaplains are paged when a child or a staff member dies; if a death is traumatic; or in the event of a calamity like a fire. But though raw, savage grief has no vocabulary, Chaplain Muncie must give it voice, in a multitude of languages.

Recently, a woman from Mexico who spoke no English had to be told that her eldest son, 16, had been stabbed, and died just after surgery. As Chaplain Muncie helped deliver the news, she realized that the shocked woman was Pentecostal. So the chaplain held her, praying in the name of Jesus that Jesus would take her son to Heaven, that Jesus would give her strength to bear this.

A few weeks ago, the chaplain had to prepare a Jewish family for a morgue viewing of their father. “I know that in Judaism, you don’t say that the deceased goes to heaven,” she says now. “You talk about memory and legacy. This family was having a hard time getting closure. So I said: ‘What would your father be saying to help you get through this? What memory will you hold of him?’ And their mood changed.”

Her core belief about healing, says Chaplain Muncie, is animated by Psalm 121: “My help cometh from the Lord, who made heaven and earth” – spirit and body; faith and medicine. In 1996, doctors found a benign tumor in her brain the size of a tennis ball. The day after it was removed, she had a stroke. Her right side became paralyzed.

“I was frightened and mad,” she says, over a hasty salad. “But mostly I worried about my husband and daughters: What about them?”

So many people prayed for her. She was not allowed to abandon hope, not through the years of pain and physical therapy that reduced the paralysis to a lurching limp, thanks to a device she was recently fitted for – “an electronic doohickey, my own little miracle.”

She hitches up a pants-leg to show off the gadget, a neurostimulator. “I walk faster now,” she says. “I’m the kick-butt chaplain.” The experience deeply informs her ministry. “In the Scripture it says, ‘Get up from your bed and walk, your faith has made you well,’” she continues.

“‘Well’ doesn’t mean perfect. But wholeness and healing can happen, even when there is still brokenness on the outside,” she adds, tears spilling. “I’m more whole now than 12 years ago. But I still walk a little funny.”

After lunch she visits the acute-care floor, sitting at the bedside of an 87-year-old glaucoma patient.

“The hospital can be a busy, lonely place,” Chaplain Muncie says. “Who is there to walk this journey with you?”

The patient doesn’t hold back. Brittle-thin, blind, she lives in public housing with her grandson, 19. But he’s in serious trouble with the law. If she doesn’t kick him out in three days, she says, she’ll be evicted. The grandmother is heartsick about ejecting her grandson, yet terrified by looming homelessness.

The chaplain promises to alert a social worker. Immediately.

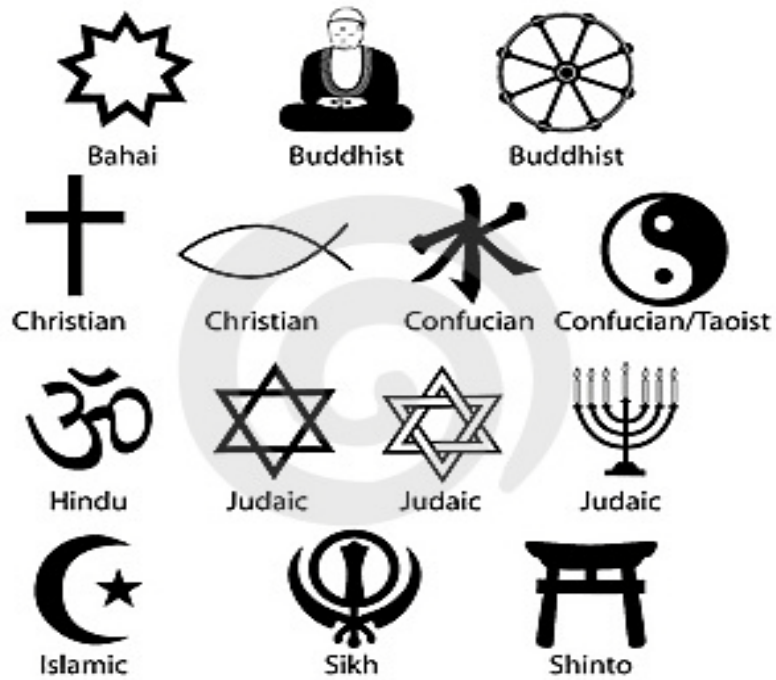
The patient pleads: “Would you call my grandson and ask him to visit? He hasn’t been by.”

The chaplain agrees. She gently mentions the parable of the Prodigal Son, of letting a profligate young man go so that he may one day return, mature and penitent.

Hands clasped, the women pray.

Chaplain Muncie stands to leave. “Oh, you lifted my spirit!” the patient calls out. “Will you visit me again?”

## Symbols of Major World Religions<sup>15</sup>



<sup>15</sup> <http://marketing4marketeers.files.wordpress.com/2010/04/world-religions.jpg>

### Appendix 3

Print, cut out the cards, shuffle and distribute them evenly between the participants.  
Participants have to find the correct definition for each term.

Spiritual Care Volunteer

This individual complements the professional health services by establishing supportive relationships with clients, their family and/or staff. Such relationships provide opportunity to address spiritual well being in the context of illness, injury, aging or loss.  
NEHA Spiritual Care Volunteer position description

Belief System

An organized set of beliefs and values about life and meaning that may or may not take the form of traditional religious perspectives.

Religious/Spiritual Leader

An individual who leads and represents a religious or spiritual community (eg. First Nations, Lutheran, Humanist, Catholic)

Interfaith

“Multifaith” is a description of the *context* in which one is working/living whereas \_\_\_\_\_ describes the *interaction* between people of different belief systems

## Spiritual Health Care Practitioner

This person is employed by the health care system. She or he “may be rooted in formal religion or have a clearly-defined spiritual practice.” This person “enters into a therapeutic relationship which is directed by client need. Accompaniment and listening are the key components of the practice.”  
Core Competencies for Spiritual Health Care Practitioners (Draft). Created by the Spiritual Health Care – Core Competency Ad Hoc Working Group, November 23, 2010.

## Pastoral Care

“a dimension of the ministry of the church...[It] may include various functions – guiding, nurturing, sustaining, comforting, reconciling, and healing”

Bueckert, Leah Dawn and Daniel S. Schipani

## Spiritual

“...the fundamental capacity to have faith, to make meaning, to create community and culture, to long for and practice love, peace, and justice, and to be oriented toward wholeness.”

Bueckert, Leah Dawn and Daniel S. Schipani, “Introduction”, in *Spiritual Caregiving in the Hospital: Windows to Chaplaincy Ministry*, ...

## Humanism

“Any system or mode of thought or action in which human interests, values, and dignity predominate...a variety of ethical theory and practice that emphasizes reason, scientific inquiry and human fulfillment in the natural world and often rejects the importance of belief in god.” – Dictionary.com

## Existentialism

“a philosophical attitude associated esp. with Heidegger, Jaspers, Marcel, and Sartre, and opposed to rationalism and empiricism, that stresses the individual's unique position as a self-determining agent responsible for the authenticity of his or her choices.” – Dictionary.com



Atheism

“The doctrine or belief that there is no god.”

Dictionary .com

Paganism

“...refers to the authentic religions of ancient Greece and Rome as well as surrounding areas. It originated from the Neolithic (Stone Age) era. The term...is derived from the Latin word...which means a country dweller. The \_\_\_\_\_ usually has a belief in many gods (polytheistic), but only one is chosen as the one to worship which represents the chief god and supreme godhead.”

<http://www.allaboutspirituality.org/paganism.htm>,

October 4, 2010.

Buddhism

The religious tradition that involves the “search for Enlightenment (Nirvana).” There are four noble truths which are lived out by following the Eightfold Path.

Mary M. Toole. *Handbook for Chaplains: Comfort My People* (New York: Paulist Press, 2006), 1.

Islam

“Means the submission or surrender of one’s will to the only true god, *Allah*...there are five ways, called the *Five Pillars of Faith*, that [these believers] follow God’s call to mercy and goodness.”

Mary M. Toole. *Handbook for Chaplains: Comfort My People* (New York: Paulist Press, 2006), 23.

## Hinduism

“Religion is a way of life, not separate from everyday life. [These] beliefs include the existence of a soul; the reincarnation of the soul going through many births until enlightenment has been attained (*moksha*); good actions, thoughts, and words that bring good karma and happiness.”

Mary M. Toole. *Handbook for Chaplains: Comfort My People* (New York: Paulist Press, 2006), 15.

## Aboriginal Spirituality

People of these cultures “throughout the world use the Medicine Wheel to teach their beliefs and values...the understanding is that everything is connected to one another and to Mother Earth.”

Aboriginal Cultural Awareness Training, Participant’s Manual. North Eastman Health Association, Pinawa, Manitoba, 2005.

## Judaism

Fundamental elements of this religious tradition include God, Torah, and Israel.<sup>1</sup> It “stresses human responsibility in this life...[and] places emphasis upon living a moral and ethical life rather than being preoccupied with eternal rewards.”






Neville A. Kirkwood. *A Hospital Handbook on Multiculturalism and Religion*, Revised Edition. (Harrisburg, PA: Morehouse Publishing, 2005). 42.








## Christianity

This religious tradition includes those “who believe in Jesus Christ as the Son of God, the Messiah, who died on the cross to redeem the world and rose to heaven. Jesus taught that God is love, and that love is the greatest commandment.”

Mary M. Toole. *Handbook for Chaplains: Comfort My People* (New York: Paulist Press, 2006), 5.

## The Golden Rule Across the World's Religions Thirteen Sacred Texts

<p><b><i>Bahá'í Faith</i></b></p> <p>Lay not on any soul a load that you would not wish to be laid upon you, and desire not for anyone the things you would not desire for yourself.</p> <p style="text-align: right;"><i>Bahá'u'lláh, Gleanings</i></p>	
<p><b><i>Buddhism</i></b></p> <p>Treat not others in ways that you yourself would find hurtful.</p> <p style="text-align: right;"><i>The Buddha, Udana-Varga 5.18</i></p>	
<p><b><i>Christianity</i></b></p> <p>In everything, do to others as you would have them do to you; for this is the law and the prophets.</p> <p style="text-align: right;"><i>Jesus, Matthew 7:12</i></p>	
<p><b><i>Confucianism</i></b></p> <p>One word which sums up the basis of all good conduct....loving-kindness. Do not do to others what you do not want done to yourself.</p> <p style="text-align: right;"><i>Confucius, Analects 15.23</i></p>	
<p><b><i>Hinduism</i></b></p> <p>This is the sum of duty: do not do to others what would cause pain if done to you.</p> <p style="text-align: right;"><i>Mahabharata 5:1517</i></p>	
<p><b><i>Islam</i></b></p> <p>Not one of you truly believes until you wish for others what you wish for yourself.</p> <p style="text-align: right;"><i>The Prophet Muhammad, Hadith</i></p>	

<p><b>Jainism</b></p> <p>One should treat all creatures in the world as one would like to be treated.</p> <p style="text-align: right;"><i>Mahavira, Suttrakritanga 1.11.33</i></p>	
<p><b>Judaism</b></p> <p>What is hateful to you, do not do to your neighbour. This is the whole Torah; all the rest is commentary. Go and learn it.</p> <p style="text-align: right;"><i>Hillel, Talmud, Shabbath 31a</i></p>	
<p><b>Native Spirituality</b></p> <p>We are as much alive as we keep the earth alive.</p> <p style="text-align: right;"><i>Chief Dan George</i></p>	
<p><b>Sikhism</b></p> <p>I am a stranger to no one; and no one is a stranger to me. Indeed, I am a friend to all.</p> <p style="text-align: right;"><i>Guru Granth Sahib, p.1299</i></p>	
<p><b>Taoism</b></p> <p>Regard your neighbour's gain as your own gain and your neighbour's loss as your own loss.</p> <p style="text-align: right;"><i>Lao Tzu, T'ai Shang Kan Ying P'ien, 213-218</i></p>	
<p><b>Unitarianism</b></p> <p>We affirm and promote respect for the interdependent web of all existence of which we are a part.</p> <p style="text-align: right;"><b>Unitarian principle</b></p>	
<p><b>Zoroastrianism</b></p> <p>Do not do unto others whatever is injurious to yourself.</p> <p style="text-align: right;"><b>Shayast-na-Shayast 13.29</b></p>	

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## Case Scenarios

Case #1<sup>16</sup>: Ms. N

Ms. N is a 94-year-old female Japanese American living in a nursing home. I [Anke] have known her since she moved to the nursing home eight years ago. Due to strokes her speech is very slow and reduced to words and short sentences. She speaks English and Japanese. The charge nurse asked me to see Ms. N because she was “upset because she experienced spirits in her room.”

Ms. N and her family have always belonged to a temple in Honolulu of the Honpa Hongwanji Mission. Ms. N said that she did not go to the temple that much but followed the main teachings. I learned that her generation lived faith by doing and practicing the teachings in ordinary things. When I offered to contact her temple and asked whether she would like to see members of her temple and/or the minister, Ms. N declined. Ms. N said she also grew up with many Christians in the area, and that she was never dogmatic about faith, but quite open. She stated that of main importance for her is that people act kindly, compassionately, respectfully, and with gratitude for life. Ms. N occasionally joined some of the Christian Sunday worship services. Her granddaughter is the one in the family who nurtures the Buddhist roots. She brings in Buddhist teachings to her grandmother and Buddhist friends to visit the nursing home.

I found Ms. N in the dining room at her table, much earlier than lunch time. Her table mates had not arrived yet. I asked her whether I could sit down with her. She smiled and invited me to sit down. The visit lasted 40 minutes.

C = Chaplain

N = Ms. N

*Italic () = Chaplain's feelings, thoughts, internal conversation*

Non-italic () = description of what is happening

- C1: (sitting at the table) “Good morning, Ms. N. I am glad to see you today. How are you feeling today? *(I always enjoy visiting with Ms. N. I have warm and caring feelings for her.)*”
- N1: Not so good. (She stops smiling.)
- C2: (soft spoken) Oh. (silent moment) I am sorry to hear that you are not feeling so good today.
- N2: (with tears) I could not sleep.
- C3: You did not get good rest last night?
- N3: No. (still teary) *(My heart goes out to her.)*
- C4: I have learned about you in the last years that you need your rest to feel good. What was keeping you awake?

<sup>16</sup> Adapted from Anke Flohr’s chapter, “Competencies for pastoral work in multicultural and multifaith societies”, in *Interfaith Spiritual Care: Understandings and practices*, Daniel S. Schipani and Leah Dawn Bueckert, editors. Kitchener: Pandora Press, 2009, pp. 155-162.

N4: Spirits.  
C5: Spirits? *(I am curious to learn more about her experience.)*  
N5: *(She nods her head.)*  
C6: Would you like to tell me more about last night and the spirits?  
N6: They are bad. *(She makes a scared face.)*  
C7: Last night the bad spirits scared you?  
N7: Yes. All week long.  
C8: Every night this week you felt scared by the spirits. *(I try to understand what was disturbing her rest.)*  
N8: *(She nods.)* Since Elsie came. *(Elsie is her new roommate.)*  
C9: Elsie moved in on Monday. Since then you could not sleep at night and felt bad spirits? It is Thursday today. You must be very exhausted by now and upset about your new roommate.  
N9: *(new tears)* I am so upset and scared.  
C10: *(I pull my chair a bit closer and gently put my hand on her hand which she has put on the table – silent moment.)* Ms. N, you have been through a lot this week. *(I feel so sorry that she could not rest well. I would like to hear more about her experience in this week since Elsie moved in.)*  
N10: *(She nods and cries quietly.)*  
C11: What is it that makes you feel so bad?  
N11: Elsie uses bad words. Loud. *(I am familiar with Elsie. She frequently talks to herself in a loud voice and often uses swear words.)*  
C12: When Elsie uses bad words and speaks loudly you feel bad spirits are in your room?  
N12: Yes. Because of her bad words.  
C13: And then you feel scared. It sounds like you miss the peace and harmony you had with Nancy, your old roommate. *(Nancy died a week ago on Friday.) (I am sure Ms. N is grieving the loss of her good roommate who also became a friend. I feel for her since Nancy has been one of several roommates who died since Ms. N moved to the nursing home eight years ago.)*  
N13: *(She nods.)* We had peace. Much peace. I miss that. *(pause)* I miss Nancy.  
C14: *(silent moment)* I remember that you and Nancy got along so well. *(I reminisce a bit about their relationship. Ms. N smiled.)* And now everything is different and you do not feel happy and peaceful anymore. And you miss your good friend Nancy. *(I miss Nancy too. She was such a serene person. Nancy and Ms. N were a good match.)*  
N14: *(tears)*  
C15: *(I feel sad. There are so many deaths in the nursing home and constant adjustments needed.) (We sit quietly.) (I am thinking of the spirits that Ms. N experienced. Often after a death of a resident the staff calls me to report spirits and asks for a traditional blessing. I wonder whether Ms. N would find comfort in a blessing. Her sense of peace is clearly disturbed.)*  
N15: *(squeezing my hand)*

- C16: Ms. N what would help you to feel better? You miss Nancy, have not slept in days, you are scared about bad spirits and are upset about Elsie.
- N16: (She nods.) Thank you for coming. (silent moment) It helps.
- C17: I am very glad to be here with you. (silent moment) I am concerned about your well-being.
- N17: I don't feel peaceful anymore. (silent) What now?
- C18: I am thinking of two things: One is for you to speak with J, the director of nursing about finding another roommate who is quieter. The other is to have a blessing of your room so peace may be restored. Would you like that?
- N18: Yes. A blessing (pause) and talking to J.
- C19: I will ask J to visit with you so you may share your feelings and distress with her. I will come back this afternoon at 4 p.m. to bless your room. Is that a good time for you?
- N19: Yes. (She smiles.) Please come back. (silent) I feel better.
- C20: Ms. N, I will be back this afternoon. See you later. (standing up and leaving)
- N20: (She gives me a little wave.)

(I approach the director of nursing after my visit with Ms. N. She was already aware of the situation and had discussed switching roommates with the care team. She said she would talk with Ms. N and find another roommate.)

I returned in the afternoon. Ms. N was in her bed, watching TV. She was alone in her room. She waved me in, switched off the TV. She smiled when she saw the ti leaves, ocean water and Koa bowl.

- N21: Good.
- C21: I am here to bless your room.
- N22: (smile) Yes. Peace again.
- C22: Yes. (I sit down next to her bed after asking permission. I show her the elements of the Hawaiian blessing. Ms. N is familiar with them. They have been part of her life in Hawaii. She also remembered the annual facility blessings in the nursing home. I invite her to pray with me. We remember Nancy with gratitude and pray for peace in this room, restored harmony, restful nights, harmonious relationships and bad spirits to vanish. She puts some salt in the blessing bowl and says: "Peace." Then I sprinkle the salt water with the ti leaves in her room. After that I sit with her for awhile, quietly. Ms. N falls asleep, looking peaceful.)

## Case #2<sup>17</sup>: Steve

Steve was a sixty-year-old man with terminal lung cancer. When I introduced myself as a chaplain, he told me that religion was not really a part of his life. He seemed dubious at first about conversing with me. I suggested that I would tell him about my role as a chaplain and he could then decide if he was interested in continuing the conversation. I told Steve that I was interested to know how the hospital team might best support him during his stay and I wanted to inquire about personal sources of support which for some people include a religious community and for other do not. Steve nodded and proceeded to describe his philosophy of life, stating that he considered himself an existentialist. According to Steve, human existence and experience are authoritative; “God” is not part of the picture. Human beings are free agents, and there is no source of absolute truth or definitive code of morality. Steve also shared a vibrant interest in, and deep respect for, the varieties of religious expression in the world, expressing appreciation for the different paths in the human quest for meaning. I articulated a similar admiration and respect for the many different religious traditions.

Steve told me about his prior experiences in the Christian church and about the way its exclusivism had turned him off; he was angry about the church’s arrogance in presuming to determine who is acceptable to God and who is not. He told me about extended family members who continue to pray for him in their anxiety about his destination in the afterlife. I asked Steve about what sustained him now during his struggle with lung cancer. He told me about significant relationships with family and friends and spoke about the experiences that had brought him great joy in life, such as traveling. Reflecting further on the illness, he elaborated by saying, “I don’t believe there is anything after this life. But that’s okay. I’ve had my kick at the can. My kids are grown and married and have good jobs. They’ll be fine.”

Near the end of the visit, I thanked Steve for his openness in talking with me. I expressed gratitude for our meeting and for the sources of support that he had. I voiced the desire that he would continue to experience care during his hospitalization. I told Steve that I would return in a couple of days to say hello, if that was all right with him. He replied that he would welcome my visit, and then we said goodbye.

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<sup>17</sup> Adapted from Leah Bueckert, “Interfaith spiritual caregiving: the case for language care” in *Spiritual Caregiving in the Hospital: Windows to Chaplaincy Ministry*, Leah Dawn Bueckert and Daniel S. Schipani, editors. Kitchener: Pandora Press, 2006, pp. 247-248.



### Case #3

In a mid size regional hospital a forty-eight year old man has been diagnosed with terminal cancer. At this stage he appears to be rejecting the diagnosis. He is known to the hospital staff a “rugged individualist”, someone who “has charted his own course”. His care is becoming increasingly difficult as he becomes increasingly angry.

There has been a social work and psychiatric referral but the chart indicates he told them to “stay out of his room and his life”.

The physician has recommended a spiritual care referral.

The spiritual care staff person visits, and discovers in no uncertain terms that this man is a clearly avowed atheist. As he puts it, “if there were any god-damned god” this wouldn’t be happening to me.

He asks the spiritual care person, “Just what the hell do you think you can do to help me?” The spiritual care person is a woman, a Christian, theologically trained, along with spiritual health care skills. What can she offer to his care?

### Case #4

Betty is a 35 year old that has been admitted to the hospital to deal with a serious infection that was contracted in the course of her work as a prostitute. She asks to see a spiritual health care provider and in the initial visit, she openly admits that she doesn’t particularly believe in anything except that we live and we die and then – who knows. She clearly confesses that she finds nothing morally wrong with selling her body for the sexual pleasure of men and that it has provided her the means to rent a decent apartment and have many of the things she has wanted in life. You might say she is a pragmatist believing that if something works for you, then it is OK. However, this hospitalization has scared her and she is having trouble understanding why she is so afraid? Thus, her request to see a Spiritual Health Care provider.

Case #5<sup>18</sup>

A young non-Aboriginal woman approaches me in my office to ask when I will offer another sweat lodge ceremony. We talk about the possibilities open to her in light of her scheduled appointments with various professionals in the health care facility. She has been in the facility nearly a year and has found that Aboriginal spiritual ceremonies bring her peace and comfort for her mind, body and spirit.

This will be her eighth sweat lodge ceremony since I have come to know her. We have a separate sweat lodge on the property just for women. Since the building of the women's lodge, many of them come to my door to ask specifically for a ceremony.

Like so many others, this young woman comes with a history of having suffered various forms of violence and abuse. It has been difficult for her to find a place in the world where she is accepted for who she is and where she feels she 'fits in' without judgment. Self harm is still very evident and is part of the past cycle of abuse.

She clearly demonstrates a deep inward knowing of when it is time for her to participate in a sweat lodge ceremony. Being able to request that for herself is a positive step in her recovery and an indicator of growth in self confidence.

Healing work is not for the faint hearted and the road to recovery is often a long one that requires great patience. One step forward, two steps back, two steps forward, one back. Spiritual care is vital. The physical body mends itself much more quickly than the mental, emotion and spiritual dimensions of our selves. For today, this young woman like so many others has taken another small step toward her road to recovery. Tomorrow she may experience another fork in the road. Whichever direction she moves there will be spiritual care offered and we will once again travel the road together...

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<sup>18</sup> Elder Melody A. McKellar, "Two Voices on Aboriginal Spiritual Care Giving", in *Multifaith Voices*, edited by Daniel S. Schipani, forthcoming. Melody McKellar is an Aboriginal Elder at Selkirk Mental Health Centre in Selkirk, Manitoba.

Case #6<sup>19</sup>

It is late in the afternoon and I receive a call from nursing staff on one of the wards. An elderly man with dementia is very restless and his family won't be able to sit with him until early evening. This man is slowly making the transition from this world to the spirit world. My eyes gaze upward to the eagle feather that his family had placed on the wall and the dream catcher beside it. I greet him and ask his permission to sit with him for a while. We hold hands and I offer a prayer for his peace of mind, body and spirit. His restlessness continues as he looks about the room and tries to climb out of the bed.

A nurse comes in and considers giving him a medication to decrease his restlessness and asks for my opinion. I suggest that we wait and see how he is doing while I sit with him. When the man and I are alone in the room I bring out my traditional hand drum and begin to softly sing him a 'travelling song'. This will help his spirit make the transitional journey home when the time is right and when he is ready.

The sounds of the gentle heartbeat of the drum must bring some comfort as I note he is slowly beginning to relax. He understands the words of the sacred song because they are sung in his language. Regardless, his spirit understands and recognizes the prayer song no matter what language the prayer is sung.

The fire marshal for the health care institution comes to the door of the man's room to let me know they have isolated the smoke alarm in his room and they have shut it off for the next hour. (When I had arrived on the ward, I had asked the nursing staff to request the smoke alarm to be shut off).

I take out my smudge bow and prepare the ceremony as our ancestors had prepared it for millennia. I take out my eagle fan and ever so gently smudge this elderly man with the smoke from the shell. As I do so, I offer prayers of blessing and comfort. He has now fallen asleep. I found a CD of fiddle music in the lounge and left it playing softly in the background for a man who loved to play the fiddle for his family.

A teaching from the Dakota people says that there are only two sacred times in a person's life; the moment we are born and the moment we die. It is I who receive such a blessing as to be able to sit with one who is ready to make the journey back to Creator. I left the elderly gentleman sleeping peacefully while a nurse on the ward came to sit with him when it was my time to move on.

I would have time to sit with him once again before he passed. For now his mind, body and spirit were peacefully taking a rest.....

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<sup>19</sup> Ibid.

**Examples of addressing prayer in conversations between a volunteer and patient:**

Illustration 1:

Volunteer: What helps you through difficult times?  
Patient: Oh, I have some good friends. It helps to talk to them. And I pray. I don't know where I would be without my faith in God.  
Volunteer: It sounds like your friends and your faith are a real support to you.  
Patient: Oh yes.  
Volunteer: Would you like for us to pray together while I am here?  
Patient: Yes, I would really appreciate that.  
Volunteer: Among the things we've talked about, is there anything you would especially like me to pray for?  
Patient: Well, I'd like to feel better soon.  
Volunteer: Okay.

Illustration 2:

Volunteer: I understand you wanted to see someone from spiritual care.  
Patient: Yes. I'm feeling lonely and I wanted to talk to somebody.  
Volunteer: Okay, sure. What's on your mind?  
Patient: I miss my home. I miss my family.  
Volunteer: Are you far away from home?  
Patient: Yes. My family is in Pakistan. Only my brother and I live here in Canada.  
Volunteer: Wow, I can understand how that could get lonely.  
Patient: Yes. I'm having surgery tomorrow and I'm a bit nervous.  
Volunteer: Oh. Would you like to talk about it?  
Patient: Well, they say it is supposed to be a simple procedure. I need to have a lump removed. It's not cancer, but I'm still a bit jittery about it.  
Volunteer: Yes, it can be scary to face a procedure that involves our own body.  
Patient: Yes, it is. Would you say a prayer for me? I'm Muslim, but I believe there is one God.  
Volunteer: Sure. Is there a particular kind of prayer that you have that you would like me to pray?  
Patient: No. Just pray the way you would pray.  
Volunteer: Okay.

Illustration 3:<sup>20</sup>

“It was Saturday evening when my pager contact informed me of a need at one of our palliative care units. When I heard the name of the patient, I immediately suspected that he might be Jewish. When I arrived at the patient’s room, I found it to be filled with family members. The young men were wearing yarmulkes (skullcaps). A woman with gray hair who was standing by the bed looked at me as I entered the room; I concluded that she was the wife of the dying man. I introduced myself to her, and she said, ‘Pastor, thank you for coming. Jacob is not going to make it, and we need you to be here.’

Not that there was much doubt, but I confirmed with them that they were Jewish and then asked if it would be helpful if I contacted a Rabbi for them. The woman smiled and said, ‘No, our God is your God, and he hears our prayers.’

I affirmed her statement and, since Jacob was not responding, I asked her if he had the assurance of God’s love and care in these dying days. She smiled again and said, ‘Oh, yes, he knew.’

I then was introduced to every person in the room, and the woman directed a grandson to get me a chair so that I could sit with her by the bed. I sat down, and I invited the people in the room to tell me about Jacob as they knew him. Different ones spoke up, telling me about their relationship with him and sharing some little remembrance of how special he was to them. There was laughter as they remembered things that had happened or lessons they had learned.

An hour passed so quickly, and when the time was appropriate, I stood and told them how special it was for Jacob and his wife to have such a loving family present at such a time. I encouraged them to keep telling stories and to tell Jacob how much he meant to them. I usually conclude my visits with a prayer, and I wanted to be sensitive to how I, a Baptist, could best minister to this Jewish family, so I asked them if I could leave them with a prayer and a blessing from the Old Testament.

They agreed this would be very good, so I read to them the twenty-third Psalm, offered a prayer, and then blessed them with the benediction from Deuteronomy 31:8: ‘It is the LORD who goes before you. He will be with you; he will not fail you or forsake you. Do not fear or be dismayed.’

As I rode the elevator to the lobby, I was very much aware that I had just experienced a special moment unlike any I had ever experienced before. I was able to facilitate a meaningful closure with people whose religious experiences were in some ways similar and yet very different from mine. It was affirming to know that being sensitive to the belief system that has given people hope through the years makes it possible to connect with them in a very special way.”

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<sup>20</sup> William H. Griffith, “Honor the Care Receiver’s Faith” in *More than a parting prayer: lessons in caregiving for the dying* (Valley Forge, PA: Judson Press, 2004), 56-7.

## A Selection of Prayers from Different Religious Traditions<sup>21</sup>

### **Buddhism**

“When a Buddhist is ill, a visit from a Buddhist monk or nun should be arranged. The sick room should have a place for meditation before an image of Buddha....A ceremony to support the ill would include (1) an opening ceremony (sitting meditation, incense offering, touching the earth); (2) a Sutra opening verse; (3) words about mindfulness of loved ones; (4) a passage about the Lotus of Wonderful Dharma; (5) introductory words...; (6) praise of the Bodhisattva of Compassion; (7) a wish for the day to be well; (8) words for protecting and transforming; (9) words for the three refuges (Buddha, Dharma, Sangha); (10) sharing the merit; (11) words of gratitude.”<sup>22</sup>

#### *Prayers*

##### *Mindfulness of Beloved Ones*

“Brothers and Sisters, it is time to bring our beloved ones to mind; those to whom we wish to send the healing energy of love and compassion. Let us sit and enjoy our breathing for a few moments, allowing our beloved ones to be present with us now [ten breaths in silence].”

##### *Protecting and Transforming*

“We, your disciples, who from beginning-less time have made ourselves unhappy out of confusion and ignorance, being born and dying with no direction, have now found confidence in the highest awakening.

However much we may have drifted on the ocean of suffering, today we see clearly that there is a beautiful path. We turn toward the light of loving-kindness to direct us. We bow deeply to the Awakened One and to our spiritual ancestors who light up the path before us, guiding every step [bell].

The wrongdoings and sufferings that imprison us are brought about by craving, hatred, ignorance, and pride. Today, we begin anew to purify and free our hearts. With awakened wisdom, bright as the sun and the full moon, and immeasurable compassion to help humankind, we resolve to live beautifully. With all of our heart, we go for refuge to the Three Precious Jewels. With the boat of loving-kindness, we cross over the ocean of suffering. With the light of wisdom, we leave behind the forest of confusion. With determination, we learn, reflect, and practice. Right View is the ground of our actions in body, speech, and mind.

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<sup>21</sup> Prayers excerpted from Pat Fosarelli, *Prayers and Rituals at a time of Illness and Dying: The Practices of Five World Religions*, (West Conshohocken, PA: Templeton Foundation Press, 2008).

<sup>22</sup> Ibid, 6, 10-11

Right Mindfulness embraces us, walking, standing, lying down, and sitting, speaking, smiling, coming in, and going out. Whenever anger or anxiety enter our heart, we are determined to breathe mindfully and come back to ourselves. With every step, we will walk within the Pure Land. With every look, the Dharmakaya is revealed. We are careful and attentive as sense organs touch sense objects so all habit energies can be observed and easily transformed.

May our heart's garden of awakening bloom with hundreds of flowers. May we bring the feelings of peace and joy into every household. May we plant wholesome seeds on the ten thousand paths. May we never have the need to leave the Sangha body. May we never attempt to leave the sufferings of the world, always being present whenever beings need our help. May mountains and rivers be our witness in this moment as we bow our heads and request the Lord of Compassion to embrace us all [two bells].

### **Christianity**

"Most Roman Catholics appreciate a visit from a Roman Catholic chaplain or priest when they are ill to provide the sacraments, prayer, and emotional support....In mainstream Protestant churches, communion can be brought by an ordained or licensed lay person..."<sup>23</sup> Religious items such as rosaries for Roman Catholics or Bibles may be requested for prayers.

### *Prayers*

"Our Father, who art in heaven, hallowed be Thy name. Thy kingdom come; Thy will be done, on earth as it is in heaven. Give us this day our daily bread. And forgive us our trespasses [debts] as we forgive those who trespass against us [our debtors]. And lead us not into temptation but deliver us from evil. For Thine is the kingdom, and the power, and the glory, forever. Amen."

### *Episcopalian*

"O Father of mercies and God of all comfort, our only help in time of need: We humbly beseech thee to behold, visit, and relieve thy sick servant [NAME] for whom our prayers are desired. Look upon him/her with the eyes of thy mercy; comfort him/her with a sense of goodness; preserve him/her from the temptation of the enemy; and give him/her patience under his/her affliction. In thy good time, restore him/her to health, and enable him/her to lead the residue of his/her life in thy fear, and to thy glory; and grant that finally he/she may dwell with thee in life everlasting; through Jesus Christ our Lord. Amen."

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<sup>23</sup> Ibid, 19,20

## *Roman Catholic*

“Father, your Son accepted our sufferings to teach us the virtue of patience in human illness. Hear the prayers we offer for our sick brother/sister. May all who suffer pain, illness, or disease realize that they have been chosen to be saints and know that they are joined to Christ in his suffering for the salvation of the world. We ask this through Christ our Lord. Amen.”

## **Hinduism**

“Illness is a result of one’s karma. A good Hindu knows this and is expected to accept illness, frequently with the help of a Hindu priest. Incense is frequently used around an ill person. Either the patient or those around him or her can read from the Hindu scripture [Vedas, eg. Bhagavad Gita] to assist in the acceptance.”<sup>24</sup>

## *Prayers*

### *Impermanence of death:*

“The wise grieve not for those who live; and they grieve not for those who die – for life and death shall pass away. Because we all have been for all time: I, thou, and kings of men. And we shall be for all time...As the Spirit of our mortal body wanders on in childhood, youth, and old age, the Spirit wanders on to a new body...”

“The unreal never is; the Real never is not....Interwoven in his creation, the Spirit is beyond destruction. No one can bring to an end the Spirit which is everlasting.”

“Beyond the power of sword and fire, beyond the power of waters and winds, the Spirit is everlasting, omnipresent, never-changing, never-moving, ever One. Inevitable is he to mortal eyes, beyond thought and beyond change. Know that he is, and cease from sorrow. But if he were born again and again, and again and again, he were to die, even then, victorious man, cease thou from sorrow. For all things born in truth must die, and out of death in truth comes life. Face to face with what must be, cease thou from sorrow. Invisible before birth are all beings and after death invisible again. They are seen between two unseens. Why in this truth find sorrow?

## **Islam**

“Ritual washing must be done before prayer, and so a basin at the bedside should be provided for those who are bed-bound. If the person is too ill for even a light washing at bedside, a dry cleansing may be done. An imam visits the ill person and recites portions of the Qur’an with him or her; if an imam is not present, a family member may do the same. Christian clergy might be acceptable if no imam is available, since ‘Jesus is the

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<sup>24</sup> Ibid, 46



only healing prophet in the Qur'an.' Many Muslims do not name the ill person in the prayers, since they believe that would demonstrate criticism of Allah's will."<sup>25</sup>

### *Prayers*

"Merciful and Compassionate God, we bow before you, in full submission. The weakness in body, mind, and spirit is filling [NAME] with dread. You have planned our days before we were born. You are the only God. Beside you, there is no other God. In your mercy, look upon [NAME] in his/her present condition. There is pain and other anxieties....We bring [NAME] before you that you might exercise your great compassion on him/her. Ease the pain. Give him/her strength for each day's need. We ask this so that his/her mind will not be filled with problems of his/her body but will be concentrated upon you. May his/her thoughts be focused upon you as one who is in Islam. Keep him/her obedient to your will at all times so that on the Day, [NAME] will walk in the Garden. In the name of God – Bishmi'llah."

"You are the All-Powerful, Benevolent God. We come before you not with confidence in ourselves but with full trust in you. You are the All-Wise One who created [NAME], who is before us in pain of body, distress of mind, and fearful in spirit. His/her illness is taking its toll upon him/her. We ask, Oh! Holy One, that you will be pleased to give him/her patience to endure the pain in thankfulness to you. May strength to cope with each day's burdens be granted him/her. We ask this not for ourselves but that his/her faith in you and submission to your will may not falter. Grant that faith will be sufficient unto the day when you summon all before the Judgment. On that Day, may he/she be granted entry to Paradise. Insha'llah – in the will of God."

### **Judaism**

"Sacred writings are the Tanakh (the Hebrew Scripture as a whole, including the Torah – the first five books of the Bible); the Mishnah (regulations connected with Jewish life); and the Talmud (rabbinic teaching on the Tanakh and Mishnah)....Religious Jews pray three times each day (or more), observe the Sabbath (sundown on Friday until sundown on Saturday), and follow the kosher dietary laws....All Jews...are called to visit the ill, but a rabbi of the ill person's same tradition should be called."<sup>26</sup>

### *Prayers*

"May the One who blessed our forefathers Abraham, Isaac, and Jacob, and our foremothers Sarah, Rebecca, Rachel, and Leah, bless and heal [NAME], the son/daughter of [NAMES]. May the Holy One, blessed be G-d, be merciful and strengthen and heal him/her. Grant him/her a complete and speedy recovery – healing of body and healing of soul, along with all the ill. And let us say Amen."

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<sup>25</sup> Ibid, 58

<sup>26</sup> Ibid, 70-72

“God of wholeness, God of healing, Hear our words, Accept our prayers; Send a special blessing of healing to [NAME], son/daughter of [MOTHER’S NAME], among all those of Your children who are in need of Your healing blessing.”

*For one who has died*

“O G-d, full of compassion, Who dwells on high, grant perfect rest beneath the shadow of thy divine presence in the exalted places among the holy and pure, who shine like the glow of the firmament for the soul of [NAME], who went on to his/her eternal home. In the merit that we remember them and recall all their good deeds. May You, O G-d of mercy, shelter him/her forever under the wings of Your divine presence. May his/her soul be bound up in the bond of life eternal, and grant that his/her memories ever inspire us always to a noble and consecrated living. Amen.”

### **Aboriginal Spirituality**<sup>27</sup>

“First Nations people throughout the world use the Medicine Wheel to teach their beliefs and values. It is also used as a guide for daily living. There are many illustrations, representations and examples for the Medicine Wheel, however, there is a common understanding among all First Nations people of what the Medicine Wheel means. The understanding is that everything is connected to one another and to Mother Earth. The teachings of the Medicine Wheel were given to the people, in order to keep balance and happiness with oneself and Mother Earth. Each of the four directions gives specific significance and relationship to colors, animals, powers, and spirit guides. A circle represents the Medicine Wheel, which is divided into quarters. The circle represents the First Nation understanding of the many cycles of life and creation....The wheel can be practically used to help understand and deal with specific life circumstances for example, jobs, relationships and illnesses.”

“In Aboriginal cultures, smudging is a ceremonial cleansing of oneself. It is a spiritual uplifting of your heart, body, mind and spirit and is thus a sacred act. To prepare a smudging, traditional medicines are placed in a bowl and burned. The burning of traditional medicines give off a steady flow of smoke. As the smoke rises, the individual cleans their body with the smoke in a washing type motion....Some medicines used in the smudging are sage, tobacco, cedar and sweet grass....Elders or Spiritual Teachers provide the sacred teachings for a smudge ceremony as they learned it from their ancestors.”

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<sup>27</sup> Excerpts from North Eastman Health Association’s *Aboriginal Workforce Strategy: Aboriginal Cultural Awareness Training – Participant’s Manual*, (Pinawa, MB: 2005).

## *Prayers*

### Prayer to the Four Directions<sup>28</sup> Chief Seattle

Great Spirit of Light, come to me out of the East (red) with the power of the rising sun. Let there be light in my words, let there be light on my path that I walk. Let me remember always that you give the gift of a new day. And never let me be burdened with sorrow by not starting over again.

Great Spirit of Love, come to me with the power of the North (white). Make me courageous when the cold wind falls upon me. Give me strength and endurance for everything that is harsh, everything that hurts, everything that makes me squint. Let me move through life ready to take what comes from the north.

Great-Life Giving Spirit, I face the West (black), the direction of sundown. Let me remember everyday that the moment will come when my sun will go down. Never let me forget that I must fade into you. Give me a beautiful color, give me a great sky for setting, so that when it is my time to meet you, I can come with glory.

Great Spirit of Creation, send me the warm and soothing winds from the South (yellow). Comfort me and caress me when I am tired and cold. Unfold me like the gentle breezes that unfold the leaves on the trees. As you give to all the earth your warm, moving wind, give to me, so that I may grow close to you in warmth. <sup>29</sup>Mortals did not create the web of life, we are is but a strand in it. Whatever Mortals do to the web, we do to ourselves.

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<sup>28</sup> <http://www.starstuffs.com/prayers/fourdirections.html>, February 8, 2012

<sup>29</sup> Changed Man to Mortals

Self-Assessment Tool for Volunteers for Competence in Inter-spiritual Visits

Consider the following list of core competencies for caring well in inter-spiritual situations. On a scale of 1 to 4 indicate how you view yourself regarding each of the competencies listed (1 = “area for further growth”, 4 = “area of strength”).

“BEING” competencies (*presence*)<sup>30</sup>

1. I have a clear sense of my own strengths and limitations and how these impact my role as a volunteer.

1                      2                      3                      4

2. I am able to be with someone I’m visiting without feeling the need to do something or give answers. I am able to be present with the person and to admire and appreciate them.

1                      2                      3                      4

3. I am involved in spiritual practices which are meaningful for me and nurture my spirituality. I have an overall sense of personal well being, integrity and worth.

1                      2                      3                      4

4. My spirituality allows room for embracing diversity and ambiguity with integrity.

1                      2                      3                      4

“KNOWING” competencies (*understanding*)

5. I am able to describe my understanding of spirituality and spiritual care.

1                      2                      3                      4

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<sup>30</sup> Based on material covered in the Epilogue, “Growing in *wisdom* as spiritual caregivers” in *Interfaith Spiritual Care: Understandings and Practices*, edited by Daniel S. Schipani and Leah Dawn Bueckert (Kitchener: Pandora Press, 2009), 315-19.

6. I understand the importance of honouring the multi-dimensional nature of being human: physical, mental, emotional, social, spiritual.

1                      2                      3                      4

7. I would be able to describe *how* my spirituality/faith frees me to receive and be received by someone whose spirituality/faith is different than mine.

1                      2                      3                      4

8. I am familiar with the beliefs and practices of one or more faith traditions or spiritualities other than my own.

1                      2                      3                      4

“DOING” competencies (*companioning*)

9. When I relate to patients or residents I do so in a way that engages that person’s spirituality.

1                      2                      3                      4

10. When I visit someone I listen closely so that I can discern what gestures from me might be most helpful (support, encouragement, hearing their pain, validating their feelings, offering a prayer, thanking them for sharing the gift of their story, arranging for someone from their faith community to come and visit, etc.)

1                      2                      3                      4

11. When I visit someone of a different spirituality/faith I am able to monitor my own internal responses at the same time and am aware of when I feel comfortable or uncomfortable with the conversation.

1                      2                      3                      4

12. I practice good self-care as I also care for others. I pay attention to my own emotional and relational needs and to spiritual nourishment.

1                      2                      3                      4