**NHS Education for Scotland**

**Transcript of ‘Spiritual Care, Faith and Mourning Rituals: Understanding how to support people around the time of death’**

**NES Bereavement Conference 2021 session recording**

**Speaker**: Linda Dunbar, Practice Educator, Spiritual Care and Chaplaincy, NHS Education for Scotland

**Chair**:Dr Donald Macaskill, Chief Executive, Scottish Care

Dr Donald Macaskill (DM): Hello, everybody. Welcome to this breakout session. I'm Donald Macaskill and I'm facilitating the session and I'm delighted that our speaker is here and hopefully Linda will shortly be able to share her screen with you. The format of this presentation is that we will have a brief presentation from Linda and then we'll have questions but I want to introduce Linda first of all to you. So, Linda is the Practice Educator for Spiritual Care and Chaplaincy within NES. Her work involves identifying, developing and delivering a variety of educational sources to support and enable spiritual care all over the health and social care system. It takes her across Scotland as she delivers training and works with local teams and networks. Linda is also an ordained Interfaith Minister and Staff Support Chaplain within NHS Lothian. She has extensive experience and knowledge of end-of-life support and the spiritual care which is involved in that. So, I'm going to hand over to Linda now who will hopefully take over the screen.

Linda Dunbar (LD): So, we're beginning with a poll just to see where people are working, what setting. On the chat screen to the right-hand-side of this, you'll see one of the, the kind of links is polls. If people click on that, this poll will go live and you'll get various options for just telling us the setting that you work in and we'll give that a few seconds for folk to type in and we'll just see who is that is joining with us this morning. So, we seem to have three, kind of front-runners. Acute NHS, Hospice and Other. So quite a variety, though. People from different settings. I wonder if we can go to the next slide please.

So, this session is looking at Faith, Spiritual Care and Mourning Rituals. And it's long been understood that health is not simply the absence of the disease but actually includes caring for the physical, psychological, social and the spiritual well-being of people. So spiritual care is a key component of well-being, not just an add-on, and it's not just a touchy-feely thing for people on the margins. It's one of the four pillars of human, human well-being. And then we could have the next slide please.

And one of the key liminal, the key thin times in people's lives, when spiritual needs can come to the fore, are times around death and dying. It's a time when people might ask questions, they might do soul-searching and might be acutely conscious of a sense of the other, something bigger, something more than them. A sense of the divine, a sense of it being a sacred space. And the next slide please.

For people accompanying those who are dying, relatives and friends of those who are dying, there are a great number of printed resources available. Within NHS Education for Scotland, just this year two resources have been extensively revised. You can get electronic copies of these resources available on TURAS. One is Spiritual Care Matters: An introductory resource. And that is a handbook which goes through the context of spiritual care within the NHS and offers comment on context, on skills, on attitudes which are important for spiritual care delivered by everybody within the NHS. This, this resource references some of the frameworks and the guidelines which already contribute to spiritual care awareness and practice.

A second resource there is Spiritual Care: A multifaith resource and this is a key resource which offers guidance on many of the key elements of different faith and belief paths. It doesn't cover them all but it covers a good number and it gives a spectrum of information for each faith or belief path. Such as here are typical religious practices, here are birth customs, here are issues of modesty of dress, as well as here are issues of death customs and things that it would be good to be aware of, might be important for people of different faith and belief paths. So those resources are printed resources which are available free to download on the TURAS website. And if we could have the next slide please.

Another good resource are the Spiritual Care Teams within the NHS Boards. These are teams of people

with specialist knowledge on all different aspects of spiritual care and they are available to be

contacted for information, for practical support in coming alongside patients or relatives or staff and they would be a first-hand resource within healthcare settings. They're not just there for end-of-life care, they are there for any advice or support that a patient, or relative or a staff member might need. Spiritual care begins with compassion in all of our human contacts and especially within the healthcare setting, and moves in whatever direction the patient or the relative needs. And in that sense, we are all spiritual caregivers. We all have a role to play in meeting people's spiritual needs. And when we're looking at the issues of death and bereavement, it's important to recognise that death is not just a medical process. For many, many people, it is also a profoundly spiritual process as well. Could we have the next slide please.

It would be great to be able to say to folk, "Here's the books, here's the resources, they contain all the answers. Just go and read these and you'll be able to deal with all situations that arise," but I'm sure you know that life and people and spirituality is not that simple. Because quite simply, people don't fit into nice, neat boxes and neither do people's faith and belief paths. And because of that, I'd like to spend some time exploring how to have a good approach to people's spiritual needs, how it might be appropriate to ask questions, to listen, to be open, to not presume, to not put people into boxes when you are supporting them around death and bereavement. Can we have the next slide please.

And this is our second poll, and just a very simple question. What do you think was the largest faith and belief group in the 2011 Census within Scotland? What do you think was the largest faith and belief group in the 2011 Census in Scotland? Just going to give a few seconds more. I was just about to say the poll was coming out with a strong lead for Christian. It still has a, a slight lead. Just as I say that, it changes. The actual answer is none. 37% of people said that they did not have a faith belief within that census poll. So that is an indication of what is going on within Scotland.

If we go to the next slide that is another poll. And this is just a little thing to just make us slightly mindful of what we do with statistics and their limitations. So, this question says 32% of people in that poll claimed membership of the Church of Scotland. That was in the census, but if we look at membership statistics from the Church of Scotland itself, what percentage of the population do you actually think were members? And the actual answer is, as is indicated with the majority vote, is 8%, so actually 8% if you go by the church's own membership figures. So just to be aware that just what you read in the papers, what you read in the census, about where spiritual faith and belief paths lie within Scotland, take with a pinch of salt and be mindful of asking people individually rather than going by generalised discussions.

And then the next slide is the last poll for a short while. What is the fastest growing faith and belief group in Scotland? What is the fastest growing, not the largest, the fastest growing faith and belief group in Scotland. The actual answer to that one is Neo-pagan / Earth spirituality. Neo-Pagan had an estimated growth in the last decade of 1,500% growth in followers. If we can move on to the next slide please.

What I hope you get from those few brief polls is that trying to pin down people's spirituality, people's faith and belief path is not straightforward. And even more so when you consider that many people don't fit into these nice, neat denominational or particular faith boxes. People's belief systems are very individual. Many people do have values and beliefs but they don't find it easy to say exactly where they belong. For a lot of people, they’re no longer convinced by the religious absolutes of childhood and they actually pursue a working belief that engages with their life and their understanding. And all this goes to show that spirituality is incredibly complicated. And as you work with a person or a family and attend to their spiritual needs, we all need to be very mindful that just as people are individual, so too are their beliefs and practices and those beliefs and practices might not fit into a neat box either. So, it's important to see people as people and not as a faith or belief label with an off-the-shelf response or off-the-shelf needs. Now if we go to the next slide please.

So, faith and belief paths will impact on people, how they approach death, how a family mourns, but there are a lot more factors than what a person believes, what faith path they follow. There are a lot of factors that actually impact on how people approach death and how people mourn. If we go to the next slide, here’s another poll. And I'm just wondering if this is a poll because I've got down in my notes that it’s chat. But this is, as well as faith, what other factors do you think might affect or influence the death and mourning customs and actions of people? And it is a poll. So what other factors, as well as faith, might influence people in how they approach death, how they mourn? This is a slightly unfair poll because you're only allowed one choice and in actual fact all of these factors come into play. If we go on to the next slide.

We'll see these and some other ones that will affect how people approach their own death, how they approach the death of a loved one, how they mourn. So, things like place - where a person lives or dies or is buried will impact on what people do. What happens in the Highlands and Islands will be different to what happens within the Central Belt. Family tradition - people might have family burial plots. They might have a song that has always been sung at all the family funerals. Hidden information. If people have particular diseases, that might change what is said at a funeral. Financial status - there might be a need to show how much a family cared for a person by how much money is spent on the funeral. How much money is spent on the tea afterwards. Sometimes the cause of death impacts. If somebody has died by suicide, that might change how the family mourn, how the family talk of the person. Sometimes faith leaders can have a profound influence on what happens within a mourning ritual, with expectations. So, there's lots of different things that can impact on how we can support people as they approach death or how we can support families as they deal with the death of a loved one and go into mourning.

And on the next slide, you'll see the question - and this is really the nub of what I hope to, to be able to share today is - How do you discover what people's spiritual needs and wishes are at times of death and mourning? If it's all so complicated, if nothing is straightforward, everything is bespoke, how do we discover what would be best care for those people? And if we look at the next slide.

Here is, for me, what is the key thing – is to ask. To speak to people and ask them "What's important for you?" "What do you want to happen when you die?" "What do you NOT want to happen?" And sometimes that is perhaps even a more important question than asking what they want to happen. Asking them "Does anything worry you?" Asking them, "Is there is a faith leader?" Is there a spiritual practice that would be useful for them? Do they need to reconcile with anyone? Would they like particular music or sights or smells? Would they like a visit from a pet? Asking them "What is going to work best for you?" Because they are the people with the wisdom that know what the answers are.

And on the next slide you'll see that just because you ask the question, you then need to listen to their response. Listen to their story and don't presume you know the answer and don't impose what you think their answer should be or ought to have been. There's no point in asking questions if you don't then listen for the answer.

So, on the next slide I’m going to give you a suggestion of one way that you can do this asking and listening and this uses one of the tools from Values Based Reflective Practice and it's a tool called the Three levels of seeing. And this is encouraging you to be curious with people and just notice things that are going on. Maybe things that are said, maybe things by a bedside, pictures within a room. And so you can ask non-intrusive questions just by saying "I notice...that you have rosary beads by your bed. I wonder if it would be helpful for you to contact a priest?" "I notice you have said how much you miss the dog. I wonder if it would be important for you if we try to arrange a visit?" Just be curious and be attentive to what you actually see and hear when you're dealing with this person. If you notice that they always want to be still at a certain time of day to pray or meditate, mention it. "I notice how important this is for you, how can we help to facilitate that better?" So that's the first level of Seeing is being curious and saying what you notice, without judgement, without interpretation.

On the next slide, you'll see the second level of Seeing and that is wondering. So after you have noticed something you can then wonder. "I notice after your brother visited you became very quiet. I wonder if you worried about that visit?" "I notice the rosary beads, I wonder how important that is for you?" "I notice you like a time of stillness, I wonder if the ward is quiet enough for you or can we facilitate a separate area?" So that encourages a person to voice what would work for them. The first level - I notice. Second level - I wonder.

And then on the next slide, we have the third and final level of Seeing and that is realising. Very often within VBRP, this level of Seeing is left for the person telling the story in a reflective practice session but in the context of caring for those approaching death and those who are bereaved, it can be us that then realises what we can do differently. So, some examples here are saying after, you know, noticing that somebody has maybe got quite quiet after a doctor’s come in to talk to them and you've asked them "I wonder if you actually understand what was said?" You might then realise that you can do something to help explain things better. Or if you are taking the example of the rosary beads, you then might realise how important faith is to that person and realise how you might be able to make it better. So that third level of Seeing - realising - what practical interventions can you facilitate?

And then on the next slide. Another resource is going back to using the Spiritual Care Team. So just as you would call on other specialists for, for example, wound care or nutritional support, call on the Spiritual Care Team for help, for spiritual care or spiritual nourishment or spiritual support. This is always done with the absolute consent of the patient or the family. So ask them, "I wonder if you would like to speak to someone from the Spiritual Care Team?" And within the NHS in Scotland, the stress on this is spiritual care and not just religious care. Yes, the Spiritual Care Team can facilitate religious care, they can get an imam in, they can get a priest in, they can get a minister in, but they can also offer spiritual care from within the team. Being alongside, listening, supporting, encouraging people on their journey. And they work with people of all faith and belief paths and people of no particular faith or belief path. The spiritual care is there to support. And even if a patient or a family doesn't want to see a chaplain, you yourself can still get in touch to ask for advice, to ask for resources, to ask for contacts of local faith leaders on your behalf. The team will have resources. They'll have Bibles, copies of the Koran. They may well have recorded prayers or chants or music. They are a good resource to use. That's just been a very quick run through of how you can be a resource yourself to people you encounter and encouraging them. And hopefully, just challenging some thinking to realise that people are all individual and it is in seeing them as individuals and treating them as individuals that you can then enable the best care and the best support to be given.

And then on the last side, this word namaste which means the divine in me honours the divine in you. And for me, that summarises and sums up what spiritual care is all about. It is recognising the absolute value and preciousness and worth of individual people as individuals. Not as boxes, not as people to get slotted into pigeonholes, but these are individual people. That is the end of what I have to say here but I'm very, very happy to answer questions, to hear discussion, to see what would be useful to continue talking about and exploring within this. Thank you.

DM: Linda, thank you very much for that presentation and for stressing the person-centred nature of spiritual care and taking the lead from the person and introducing - certainly to me - the Three ways of seeing. I'm just opening it up to others, if there are any questions which you'd like to ask Linda just put them into the chat. But maybe as people are thinking, Linda, could, could I ask you - because so many people have lost the vocabulary or the confidence to talk about issues of spirituality, how, how do you, if you're supporting or caring for somebody as a non-practitioner in spiritual care, how do you find the language for somebody who might be reticent? They may not have the rosary beads, they may not have a Bible sitting or a Koran sitting with them. How do you enter into that dialogue if you sense that somebody wants to go there?

LD: I think, for me, a key question is always asking people "What, what is really important to you?" Now they might come away with individuals or places but they then might go down a spiritual path and say being outside, going to church, going to the temple. It's, it’s that asking of open question that then gives the power back to the individual as to how they choose to answer. And an awful lot of this will come by building up trust in relationship. People may well be reluctant to be vulnerable and talk about of their faith or belief path until they get to know people a little bit better. So it's, again it’s back to this person-centred care, seeing the person. What is important for you? What are key things and what, what can we do to support? And just seeing what the answer is. Always be mindful not to impose what you think they might be going to answer.

DM: Ok, thanks, Linda. A question's just come in about how do you encourage, how do we encourage all staff to just begin the conversations? Often there is a degree of hesitancy and staff don't feel skilled enough. You know, it's a bit like the old adage that you never talk about sex, politics and religion. Combine spirituality and dying and it's probably a double whammy. So how do we encourage staff to have the confidence to have these conversations?

LD: That is such a hard question to answer. I know that when people are clerked in, there used to be you know ‘tick which, which faith group you belong to’ and people would get a sense of what was important at that stage. That isn't always possible now with the busyness and all the rest of it. For me, it still goes back to trying to find out what is important. I think there is value in always saying to people, you know, there is a Spiritual Care Team available. They’re not on all sites but they are certainly within all Boards and even if they're not on a particular site, people will travel to support patients. And making clear that, you know, spirituality is an aspect of healthcare. And what enthuses you, what your passion is, what your sense of identity is, is part of what helps you stay well and gives you purpose in life. And it might be having those kind of conversation -where is the purpose in your life, what, what gets you up in the morning? The word spirit is the same word for spiritus, for breath, and sometimes that’s a good way into it is, is what gives you energy? What gets you up in the morning? What fills your lungs and, and makes life worth living? And that might be a way in of asking.

DM: Thanks, Linda and questions are coming in now just as we're coming towards the end but Linda, do you think, from your perspective, that there is sufficient elements around spiritual care within the training of all health and clinical staff, porters, cleaners, domestics and others in a, a hospital setting? If we just take it as that and then I’ll go on to other things in a minute.

LD: I think there can always be more and I think it's, as you say, it's having the conversation even with staff at the induction stage, at the training stage. And for me, it's people being aware that spirituality is recognised as one of the pillars of well-being. And we would have little issue in talking about how physical health is important, how mental health is important. Hopefully we can get to the, the stage where we say and spiritual health is important as well and it becomes a very normative thing to recognise.

DM: And there's another related question that's come up in that in a sense, though it's challenging, it's relatively easier, relatively to engage in spiritual care in a hospital or an environment which is building-based, that would also be true of care homes, but what about spiritual care in the community? Because clearly there are thousands of NHS colleagues working in the community and there are also even more working in social care in the community. So, where, if we could maybe just leave it to the NHS for this instance, where do those staff turn? Because they may not have a Spiritual Care Team close by.

LD: Spiritual, members of Spiritual Care Teams are I think throughout Scotland classed as Health and Social Care Chaplains. So there is a recognition that the Chaplaincy Service works within social care. I totally get that there is a, a capacity issue. There are also, in a lot of Boards, the likes of Community Mental Health Chaplains that do go out into the community and work with people. And also, within the community, there is the Community Chaplaincy Listening Service in a lot of Boards that work out with, out of GP surgeries. So, it might be worth getting in touch with your local Board Spiritual Care Team and finding out what, what they do deliver within the community and outwith the buildings.

DM: Thanks for that. I think you highlight and the questioners highlighting that if we’re serious about the holistic dimension of care and support, including spiritual care, then that cannot just be at acute setting but at community and in social care. And that's a jump, I think, for all of us to attend to. We’re, we’re coming to the end now, Linda, and somebody has mentioned how they have shared with their colleagues Kathryn Mannix's book ‘With The End In Mind’, which any of us, I think, who have read it will have found it to be extremely enrichening. Is there any work or book - you've mentioned the publications on TURAS and revisions of, of really significant works - but is there anything which you can personally recommend which you might give to somebody who is beginning to explore these issues?

LD: It would, it would be very kind of personal choice. What works for me is poetry and imagery and pictures and I totally get it's back to this, it's person-centred. What works for one, won't necessarily work for someone else. So, I'd be reluctant to, to name a thing because that would just be me imposing where I come from and what works for me.

DM: Another question has just come in and, and this is a whopper, Linda, so sorry, but is there a broader societal discomfort in talking around this that needs to be addressed? The person's reflecting that the Listening Service in their area provides a great service, but is there a broader societal discomfort around spiritual care and maybe, let's be honest, is there a discomfort within health and care services about exploring the dimension of spiritual care, which you've talked about this morning, this afternoon?

LD: I think there is and I think some of it is not quite recognising fully how much within Scotland we have moved I think in the last 11, 12, 13 years from a religious care model to a spiritual care model. And I think that was a huge sea change in the approach and the outlook and I think there's education to go around that. That it's not just you have to belong to one of the main faith or belief paths or denominations in order to get support from the Spiritual Care and I think that's a conversation that needs to be ongoing.

DM: So, do you need to have that in undergraduate-level training and learning and development? Is there sufficient there to start that conversation, Linda?

LD: Within some Boards there are. I'm aware that in Greater Glasgow and Clyde, certainly for FY1 doctors, there's a system called FRAPS that is doing a lot in, at that level, saying this is what spiritual care offers and almost dispelling the myths before they, they take root. So, yes, I think a big, big role in education, a big role in, in just giving people permission to talk about spiritual things because for a lot of people that is really, really important but it doesn't always feel safe in a lot of contexts to talk about it.

DM: And, and this, I promise, is the final question. I think many of us as practitioners at end-of-life will have experience of people who have reached a stage, for instance, with advanced dementia, of no longer being able to communicate in traditional ways, vocally or, or, or, or in any other way. If you are supporting somebody who has a spirituality which you have discovered in conversation by using the Three approaches of Seeing that you've mentioned, how are you, how do you support that person's spiritual care when they are no longer able to verbalise and communicate in traditional formats?

LD: I think a big thing is, going back again, person-centred care, seeing the person as a person and not an empty vessel. Being fully attentive and present in the moment with them. I firmly believe there are more ways of communicating than just with words, that something goes on just interpersonally. And also, for, for people with, with dementia, going back to very familiar things or childhood things. So, traditional songs, traditional prayers, traditional readings, objects that, that they would recognise and being a presence.

DM: Linda, I think on behalf of all the participants in this workshop, I think we want to thank you for giving us a space to reflect on such a critical area of end-of-life support and also bereavement support and grief support. You opened by talking about being curious and being attentive, two characteristics which I often feel are indicative of childhood but which we lose the older we get, being curious and attentive about other people. Thank you for giving us that space and for creating curiosity with us. And can I request, thank you, Linda and can I request and just remind everybody that there is now an opportunity to look at the posters which really illustrate the extensive range of bereavement and grief support which is occurring in Scotland. So, spend a little bit of time before you grab your lunch looking at the posters and look forward to seeing many of you later today. Thank you and thank you, Linda.

LD: Thank you.

The film was produced in November 2021 and can be found at [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or <https://vimeo.com/685451837>

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or contact SupportAroundDeath@nes.scot.nhs.uk

© NHS Education for Scotland 2021. You can copy or reproduce the information in this document for use within NHSScotland and for non-commercial purposes. Use of this document for commercial purposes is permitted only with the written permission of NES.