

**Title:**

The spiritual care of older people.  
The report of a group research study

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## **Abstract**

This article focuses on both methods and outcomes of a piece of participatory research. The intention was to combine an educational experience with the production of useful research. Here we see that a group approach to research might serve chaplaincy well. The combination of perspectives and skills is greater than the parts. This article shows that reflection and discussion can produce “new horizons”. We have used the gadamerian stages of the hermeneutic cycle as headings for the presentation of the data. We have also identified the findings before showing the workings. This deviates from the standard presentation of research but we think that it allows the research story and the workings to be exposed more helpfully. Our conclusions show that adaptation both internally and externally are required in old age and a major task for chaplaincy is to help in the adaptive process through focussing on the underlying meaning to a life’s experience.

## **Introduction**

This paper reports a study undertaken as part of an educational programme which aimed at developing research method skills in health care chaplaincy. This particular project considered the idea of “gerontological chaplaincy”.

The intention of the educational programme was to offer participants an interactive, customised and flexible experience of doing research. This would enhance their understanding of research methods and develop practical research skills. The intention was also to devise a method of collecting and analysing data about the spiritual care of older people in healthcare settings which is appropriate to healthcare chaplaincy and its core beliefs and principles. This meant that a method needed to be found whereby theological reflection and social science analysis could work together.

This was achieved by working as a collaborative group made up of chaplains, spiritual care givers and spiritual care researchers. The substance of the field work was to gather naturally occurring case study material of spiritual care work with older people. We recorded and analysed these case studies as a research group. We identified

key themes and generalisable issues using qualitative research techniques of analysis and theological reflection, drawing on the various skills of the group.

This paper reports the findings of this study and comments on the process of doing collaborative research.

### **Background : Gerontological chaplaincy**

The assumption underlying this research topic was that older people have particular spiritual needs which are distinct from those of others, particularly in times of illhealth and death and dying. These needs have been under researched and under acknowledged in healthcare chaplaincy practice.

As individuals we are often not receptive to our own ageing, tending to see ageing as something that others do. As a society we struggle to value ageing, seeing youth as more interesting and enlivening.

Health care chaplains are not immune from these cultural sentiments which influence their practice.

## **Working out the research question**

The research team were either working as healthcare chaplains, full or part time or spiritual care researchers. In addition there were three course leaders. The total group of 9 collectively had backgrounds in medicine, psychology, learning disability, theology, nursing, sociology, business, accounting, education and engineering.

The intention was to reflectively work through the research process in order to identify new ways of working with older people based on empirical evidence. We were trying to combine theological reflection on a situation with empirical observation and analysis. This process combined the ideas of Gadamar (1975) and the hermeneutical circle and the expression of the action research cycle found in Swinton and Mowat(2006). In both cases the importance of reflection, change and use of research knowledge is highlighted. The work of Gerkin (1989) has also influenced our thinking in particular in considering the reflective task and the relationship between the researcher and the researched.

The group were asked to prepare themselves for the discussion by reading a variety of articles given to them in the pre course materials.

(Reid 2009, Wolfe 2007, Mowat 2008, Mowat 2007 and Sadler and Biggs 2006).

Our first two days spent together were dedicated to working out the research question and the method. In terms of the Gadamerian reflective cycle these two days moved from "pre understanding" to the experience of "being brought up short". There were a variety of presentations to stimulate discussion which included the nature of knowledge, how can we know what we know, the idea of ageing, successful ageing and the link between ageing and the spiritual journey. Each member of the group was asked to write up a known case, somebody for whom they had cared, who had spiritual needs and for whom they had spiritually cared. They were asked to use the research technique of thick description. The anthropological task of thick description requires a detailed unpacking of the situation so that the nuances and subtleties of the interactions can be understood more fully. (Geertz 1973) Using Gerkin's ideas we also encouraged the team to write up their own reflections and selves into the description and analysis.

Our discussions brought us to the conclusion that it might be difficult and possibly undesirable, to differentiate older people's spiritual needs

from that of any body else. The idea that ageing had a particular spiritual imperative and indeed that ageing gave us an opportunity to develop spiritually was critically discussed.

The result was that a new perspective was found. Instead of accepting uncritically that there *were* specific characteristics of spiritual care for older people and that the task was to identify them, a new question was posed:

Are there ***specific*** characteristics of spiritual care for older people: should older people be seen as having different needs to others?

### **The method**

During our group discussions we refined the method taking into account the practicalities of research being conducted by people with other, full time jobs. The end result was

- Each participant reviewed one book and summarised for the others

- Each participant wrote two thick descriptions based on their real life practice. They drew these descriptions from their own experience of working with an older person often during bereavement or illness.
- Each participant analysed two of the descriptions. One of their own and one of someone else's.
- Two participants carried out consensus group discussions with groups of older people linked to churches.
- Each participant produced a written piece reflecting on an aspect of the research data.

### **The literature "review".**

At the beginning of a piece of research it is important to establish what has gone before. Typically an exhaustive review of the literature will lead naturally into the research question. In reality people do not have time or the resources to do this kind of work and the available materials now on line vastly overwhelm capacity to take in the knowledge.

We asked the participants to read one book *in depth and reflectively* and to write up an account of it as it related to the research question. Each of these books was written by established authors in the field.

Some of them were edited books. (Woodward 2008: Killinger 2005: White 2006: Mackinlay ed 2008: Mackinlay ed 2001: Jewell ed 2004)

Our group discussions of their literature showed that pre understandings had been shifted and that they were experiencing the “being brought up short” referred to by Gadamar(in Osmer 2008). None of the participants started with a particular knowledge about ageing. All of them found issues, ideas and knowledge in these books that made them start to view the world of ageing slightly differently. Building on these insights we started to formulate a way of analyzing the data by creating themes that came from the literature that linked with the themes that came out of the data.

This literature “voice” revealed four themes to the participants.

<b>Definitions of Ageing:</b>	Ageing is a spiritual journey, helps you become more true to yourself, is normal, something we all do, involves existential angst
<b>The relationship</b>	Spirituality waxes and wanes with age

<p><b>between Ageing, Spirituality and Religious faith</b></p>	<p>Spiritual maturation is possible in old age</p> <p>We have a crisis in faith as we age</p> <p>Christian faith can be a matrix/resource for ageing (Woodward)</p> <p>The Church denies age</p> <p>Is about the relationship with the ultimate</p>
<p><b>The requirements of ageing and spirituality</b></p>	<p>A search for meaning and purpose</p> <p>Seeing things differently. Only see the stars when its dark</p> <p>A challenge to existing beliefs</p>
<p><b>Methods of supplying spiritual support</b></p>	<p>Talking and listening</p> <p>Non anxious presence</p> <p>Friendship</p> <p>Time</p> <p>Memory</p> <p>Journaling</p> <p>Faith community as holder of memories</p> <p>Reminiscence</p> <p>Anticipation of loss – ritual</p>

	Life review Prayer Staff discussion friendship Use of language Strategies for communication Playfulness Compassion and cheer Sense of Belonging Welcome Relationships
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The group noted several key analytical points which formed the basis of the review of the data.

- What is seen as a strength in early life can become a weakness in later life

- The process of ageing *requires* a process of spiritual support
- For this current generation of over 70's, spousal relationships are specifically important and central and arguably different in nature to the next generation spousal relationships
- Finding meaning is the crucial basis upon from which the carer and those being cared for can emerge and spiritual care cannot be fulfilled unless that basis is found or recognised.

Armed with these insights and reflections we moved on to the data.

The richness of the data is never done justice to in the write up because there is always too much data to include.

### **The data "voice" – Dialogical interplay**

This stage in the cycle allows the texts to reveal themselves to us.

The data voice came from the thick descriptions, the consensus group work, the analysis of these data by individuals and the group discussions. This reflects the view that data is inevitably interpretive.

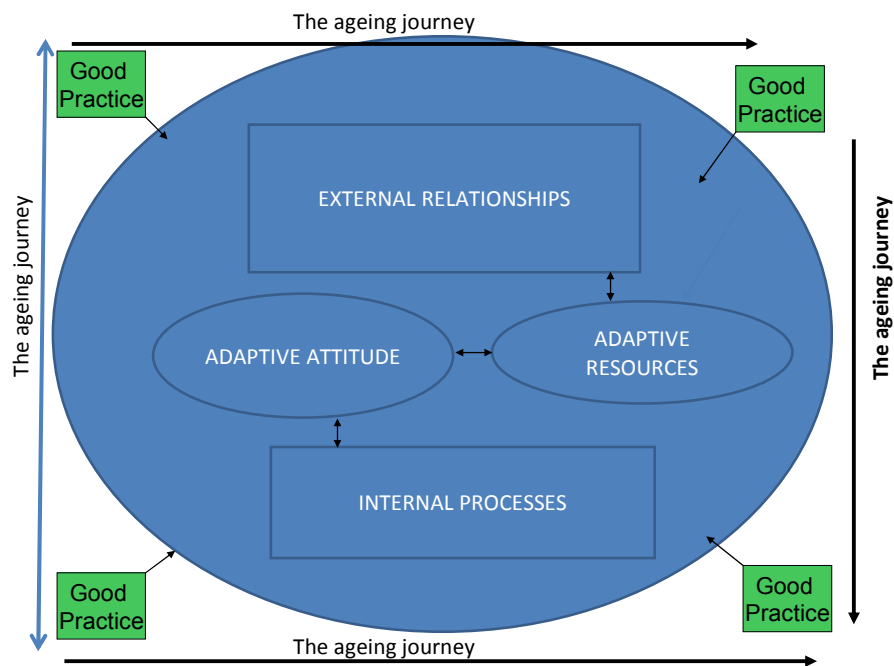
We have tried to show the “workings” of that interpretation. The job of the reader is to consider the interpretation presented here in the light of her/his own pre understandings in order to continue the hermeneutic process.

These were prepared during the field work period and each participant had access to all the data for the two day analysis period. SB led the analysis process which involved deriving themes and substantiating them through the data.

This was not a typical analysis process in so far as it was collapsed into two days rather than spread out over a period of time with spaces for reflection. This had the benefit of focussing the discussion but the disadvantages of not allowing ideas to emerge and ferment.

**Summary of the findings:**

Through group discussion, reflection and thematic analysis we derived a method of spiritual care for older people which is expressed in the diagram. This was the 'fusion of horizons' which we achieved following our 'dialogical interplay'.



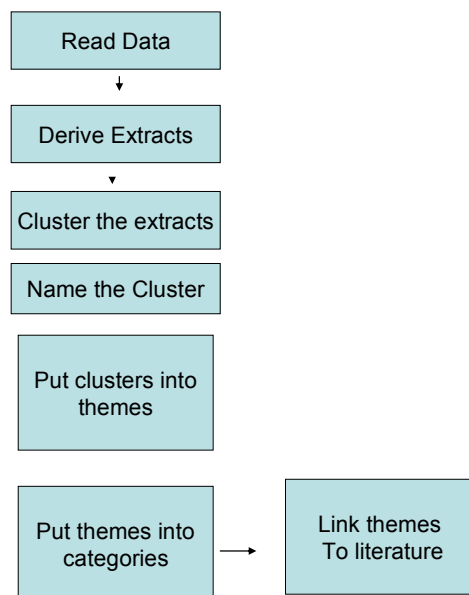
The diagram shows that adaptation was central to ageing as well as possible. This is consistent with the work on “successful” ageing. (Baltes and Baltes 1990). Adaptation and adaptive capacity depended to some extent on the nature of the ageing journey. The findings showed that in all cases ageing was a journey to be taken seriously and which had a number of common characteristics. There were two kinds of adaptation required. An adaptive attitude referred to the internal work and processes of the individual and the adaptive resources referred to the way in which the outer world was responded to, the external relationships. The task of the spiritual carer, expressed as good practice, is therefore to support the adaptive capacity in both spheres. The major way to do this was by engaging in the search for meaning and adopting the practices listed under methods of supplying spiritual support shown in the literature review summary in the table above.

### **The data analysis “journey” – dialogical interplay**

The model described above came at the end of a long and sometimes quite challenging process of trying to make sense of the data. The intention had not necessarily been to come up with a model of good

spiritual care but to answer the question about specific spiritual care for older people. The development of the themes expressed in the diagram above and their configuration as a model for good spiritual care practice came out of the discussions about the data within the group who were themselves applying prior knowledge and theory to the data.

The process of doing this is expressed in the diagram below.



## The ageing journey

It quickly became obvious that older people in the case studies were “journeying” and that this journey involved a number of common experiences.

Table 1 shows examples of the material from the case studies that supports the categories. This table demonstrates the process of moving from the data, to clusters, themes and category and then to the model described above.

<b><i>Raw data extracts(detailed refs available in data files)</i></b>	<b><i>Clusters(agreed by group)</i></b>	<b><i>Themes (named after discussing clusters)</i></b>	<b><i>Category(appears on model)</i></b>
<i>. I think about God and How good he has been to me. I... I liked being in the church doing things for the church. You know that I was an elder and in the guild . I miss the people whom I used to be friendly with at church ..is X still there? (021)</i>	<i>shrinking horizons missing church community restrictions to daily living</i>	Narrowing and shrinking of horizons	<i>The ageing Journey</i>

<p><i>M has always been a keen gardener, but as she became less able to tend flower beds, J has progressively planted more of the garden as lawn.(062)</i></p>	<p><i>gradual adjustment to loss</i></p> <p><i>Wobbly balance between independence and dependence</i></p>	<p>Loss</p>	<p><i>The Ageing Journey</i></p>
<p><i>After much deliberation she suggested that she would like to go into a Residential Care home rather than be looked after by one of the family(031)</i></p>	<p><i>accepting that carers become the cared for affect on the carers</i></p>	<p>Acceptance</p>	<p><i>The ageing Journey</i></p>

The ageing journey for these cases was helped by adaptive capacity.

There seemed to be two components to adaptation that were derived from our data set.

### **Adaptive attitudes**

Adaptive attitudes seemed to revolve around concepts which are familiar in discourse around spirituality and successful ageing; specifically these were thankfulness,

*..dear wife was taken from their home and never survived to reach hospital – and so was spared needless suffering. He was simply so glad she had passed away quickly and painlessly (01)*

acceptance, peace of mind, maintaining routines and rituals and finding a continued role in life.

*He was at ease ...and spoke with characteristic ease and grace with a real sense of gladness about his wife's peaceful painless passing and never referring as to what the future held for him... there was no apprehension or anxiety about his own fate, instead he readily planned his weekly shopping trip when he drove himself to the supermarket..(01)*

The internal work of adaptive attitudes was influenced by a number of themes. Faith, personal characteristics, finding new purposes, looking forward, retaining and rehearsing memories and addressing the question of meaning.

<b>Raw data extracts(detailed refs available in data files)</b>	<b>Clusters</b>	<b>Themes</b>	<b>Category</b>
<p><i>Mr and Mrs X chose to retire here from a gregarious life style elsewhere and their own social skills ensured that they were accepted within their onw locality as well as the church. ..they had a substantial network of friends and this gave them support and encouragement (011)</i></p>	<p><i>practiced social and emotional mobility primary identification of self as family member core consistency of self aided by routine oblivious to the idea of ageing</i></p>	<p>personal characteristics</p>	<p><i>internal processes</i></p>
<p><i>on recovering (from a stroke).. something had changed. P was wanting to pray and be part of a group which he had never done before..we</i></p>	<p><i>questions about life after death strong faith constant relationship with God prayer brings peace</i></p>	<p>faith as a support in life</p>	

<p><i>wondered if he would like to go to church and someone said "he doesn't get up any other day before 11"(051)</i></p>	<p><i>faith as progress, means of getting nearer to God affirmation of spirituality</i></p>		
<p><i>The group reflected on the cumulative emotional effect of all his losses, compounded by a sense of grievance arising from medical mishap..the feeling of accumulated and accentuated loss fed into an absence of hope, the collective feeling of "what's the point"(04103)</i></p>	<p><i>existential anger questioning God and faith</i></p>	<p>meaning/ finding purpose</p>	
<p><i>Some new activities and relationships became available to S....providing a much needed structure to the week... he continued regularly</i></p>	<p><i>making active positive choices in facing challenges making new connections making decisions</i></p>	<p>looking forward</p>	

<i>attending the church he had gone to as a child and also linked up with a befriender ( 052)</i>			
<i>He did not mindlessly recall and recite past happenings, featuring his late wife but would include her whenever it was appropriate, just as if she were out shopping and not present to contribute to the discussion(011)</i>	<i>memories as part of resilience memories of church and family</i>	memories	

### **External Relationships**

The other component part of adaptation was in terms of resources. We described these as external relationships. In our sample these seemed to be the way in which the case study individuals engaged with and related to their families, nature, spousal relationships, community support and involvement in the church. All these factors seemed

important in helping adaptation to the ageing process. Again these component parts give a framework for approaching the spiritual care of individuals.

<b>Raw data extracts(detailed refs available in data files)</b>	<b>Clusters</b>	<b>Themes</b>	<b>Category</b>
<p><i>the family (who lived a good distance away) would phone them regularly and visit when able. That worked out at about a monthly visit during the winter, more often in the summer.</i></p> <p><i>(062)</i></p> <p><i>She maintained her interest in family events</i></p>	<p>family blockage</p> <p>geography</p> <p>intergenerational relationships</p> <p>meaningful and contributory loving family relationships</p> <p>connections</p>	<p>families</p>	<p><i>external relationships</i></p>

<p><i>and when her grandson was married she felt she did not have the confidence to be taken to the wedding, so the wedding came to her. In between the reception and the evening party the bride and groom accompanied by a variety of bridesmaids went out to visit her..(031)</i></p>			
	<p><i>ultimate, faith through gardening</i></p>	<p>nature</p>	
<p><i>L with her dementia has an inner self awareness through memories of long ago, whereas her husband is more aware of the present. L displays a greater sense of contentment and serenity</i></p>	<p><i>burdensome loneliness duration of relationship mutual dependency endurance love</i></p>	<p>spousal relationships</p>	

<i>than her husband(062)</i>			
<i>he has good neighbours who bring his daily paper and use this an opportunity to see that he is up and about... (061)</i>	<i>belonging to a neighbourhood friends connections to place and across generations</i>	community support	
<i>She still enjoys going to church but now relies on neighbours to take her there and back if her husband is too stiff to walk.. she is always welcoming to people who visit her ( 062)</i>	<i>connection to active church, engagement with the church community, a sense of belonging. It implied a network of support and a sense of continuing purpose. Some of the individuals written up in the case studies actively sought to maintain church involvement.</i>	Church involvement	

The good practice for the spiritual care of these individuals seemed to be to stimulate an adaptive attitude through addressing the internal and external components of the life. This means encouraging and discussing an adaptive attitude and stimulating and supporting adaptive resources.

## **Conclusions**

This experimental study has come up with a model for spiritual care of older people. It draws on empirical data derived from case studies and two focus groups and a multidisciplinary group of researchers who generated themes through reflection and discussion using the techniques of the reflective cycle. It suggests that those who are serious about supporting older people in their spiritual journey will focus on both the internal and external resources available to the people they are visiting and encourage in their patients an adaptive approach to their ageing process. This is very much in tune with the idea of adaptation, compensation and optimisation which Baltes and Baltes generated. Adaptation is in itself a spiritual task and needs help.

## **Limitations**

This was an experimental study which attempted to use a collaborative approach to a topic and to combine the social science qualitative method with a directly reflective cycle. The data is second hand in the sense that it comes from the researchers' memories of interactions and situations. It is thus highly interpretive. However if we believe that all data is interpretation then we have tried to identify show our "workings" in order that the reader can judge for themselves the value of the emerging model.

## **Implications – application to the real world**

Application to the real world is the final part of the Gadamerian cycle.. It is here that we consider the new insights that this work has given us.

Firstly we will consider the insights about chaplains' capacity to engage in action research. This project was hard work for everyone and had to be fitted in to busy lives elsewhere. However the time to reflect and think has served the chaplains well and the model of collaborative research where researchers from different perspectives

are engaged with each other is very appealing and workable. This strengthens the work and allows the theological aspects of the work to maintain their place along side the social science drive towards themes and generalisations.

Secondly we consider the the spiritual work required at the end of life when bereavement , loss and decline are common place. Healthcare chaplains whether in the community or in hospital are inevitably dealing with such topics with patients and more than likely a great number of them will be elderly. We think that this model of spiritual care gives a real and helpful framework to support older people and to offer practical, spiritual and emotional comfort. It offers a vehicle by which meaning in old age can be sought and found.

In the end our spiritual journey is just that, ours. However we can walk alongside each other as companions for some of the way. We can gently ask the questions, both practical and philosophical, that need to be asked so that adaptive capacity can be maximised and spiritual lives enhanced and enriched.

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