

Bar Ilan University

Spiritual Accompaniment and Support of Terminal Patients Role Perception from the Perspective of the Support-Provider

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Abstract

The current study examines the perception of the role of the spiritual guide. In the last decade, spiritual guidance to terminally ill patients has become a new and developing field in Israel. Spiritual guides are mostly active within the Palliative Care treatment, which coexists alongside the designated hospital wards and the "hospice" frameworks. The spiritual guide offers the terminally ill patient accompaniment during a very shaky period of dealing with a terminal illness, in their final chapter of life. The current study included 10 subjects, male or female, of a varied personal and professional background, with varied ethnicity and religious affiliation, all between the ages 35-65. The study examined the perception of the role of guides according to several parameters: their background, their skills and their training, as expressed by the tool box in their work methods.

The perception of the role was examined by several parameters: **1. The Meaning of life** – a person can find meaning in life by setting personal goals he strives to accomplish out of his need for eternity (Frenkl, 1970, 1984). **2. Coping with death anxiety** – a person who experiences death anxiety due to an imminent life threatening illness, develops an excessive need to use anxiety filters, such as: strengthening his self-esteem, strengthening the cultural outlook as well as meaningful social relationships and connecting to goals beyond “the self” (Pyszczynski et al. 2002; Solomon et al., 1991 (lifton, 1968, 1973;)). **3. Spirituality as a resource for dealing with death anxiety** – Spirituality as a source of strength in times of crisis and distress as well as in a life threatening illness, and the value of a terminally ill patient’s life according to the “Halacha” (Steinberg, 2003; Yardley, Walshe & Parr, 2009 ; Sinclair, Mysak & Hagen, 2009 ; Kernohan, Waldron & al, 2007). **4. Supportive-Palliative treatment** – a framework operating alongside the designated hospital wards taking care of the terminally ill, based on the recognition of the value of the patient and his family’s life quality, with spiritual guidance as a field within (Krauss & Goldfischer, 1995; Colombo & Ziegler, 2003; Cherny & Cohen, 2006; Cherny, Faloch-Shimon & Katan, 2006). **5. Spiritual guidance** – the place of the spiritual process within the system taking care of the terminally ill, the spiritual guide with his various support tools is present and assists the person to maintain his personal identity during a distress he undergoes in life (Kübler-Ross, 1969; Colombo & Ziegler, 2003; Bentor & Razinsky, 2009; Eigen, 2014).

The findings indicate that seemingly, spiritual guides possess a very high level of emotional intelligence, realized in their relationship with the patient they accompany, his family members and the medical staff (Mayer & Salovey, 1990; Lopes, et al., 2003). Furthermore, the perception of the role of spiritual guides correlates with the salutogenic approach (Antonovsky, 1987), a theory from field of wellness and emotional wellbeing, which places the person, rather than the illness, in the center.

In addition, it was found that the spiritual guide is characterized by an optimistic approach towards the patient and a view of the person as a whole outside the illness, whose role is to find meaning in his situation, even while suffering, and recruit his inner spiritual resources to cope through this period.

A spiritual guide may, according to his perspective and role perception, offer spiritual guidance to any person, regardless of his ethnicity and religious affiliation. As can be seen from the results, this is based on the perception that guidance is being present in a place where a person is, without the effect of the guide's agenda.

The results of the study indicate an application of the approaches of the terror management theory (TMT) and the symbolic immortality (Pyszczynski et al. 2002; Solomon et al., 1991; Lifton, 1968, 1973) as anxiety filters in the role of the spiritual guidance, aiding the terminally ill patient to cope with his situation. The results further indicate that the principles of Frenkl's logotherapy approach (1973, 1970) are used as basis for spiritual support to terminally ill patients, while creating meaning in times of crisis.

It is recommended that further studies examine the role of the spiritual guide through the eyes of the patient, as well as the family's standpoint towards guidance. Practically, it should be considered to institutionally implement the profession of spiritual guidance in the system taking care of the terminally ill patient, while expanding the awareness of integrating spiritual support in patients as well as in the geriatric system.