

IST2021

Spiritual Care in Death, Dying, Grief and Loss

Kelly Arora, PhD

John Wesley Iliff Senior Adjunct Lecturer in Spiritual Care





**B.S.
Industrial
Engineering**



**M.A.
Religion**



**Ph.D. Religious &
Theological Studies**





ucdenver.edu/MSPC



Spiritual direction Shamanic guidance

www.TalksWithSpirit.com



Lutheran
Presbyterian
Buddhist
Hindu
Unitarian Universalist
United Methodist
Episcopal
Catholic
Core Shamanism





Fall 2017

Spiritual Care in Death & Dying, Grief & Loss

Home

Modules

Syllabus

Assignments

Discussions

People

Grades

Policies & Services

Pages

Files





Home

Modules

Syllabus

Assignments

Discussions

People

Grades

Policies & Services

Pages

Files

▼ Week 2 Personal Values, Beliefs & Meanings



Week 2 Personal Values and Beliefs: Instructions



Week 2 Personal Values and Beliefs

Sep 24 | 150 pts

▼ Week 3 Aging, Loss & Grief



Week 3 Aging, Loss & Grief: Instructions



Week 3 Aging, Loss & Grief

Oct 1 | 70 pts

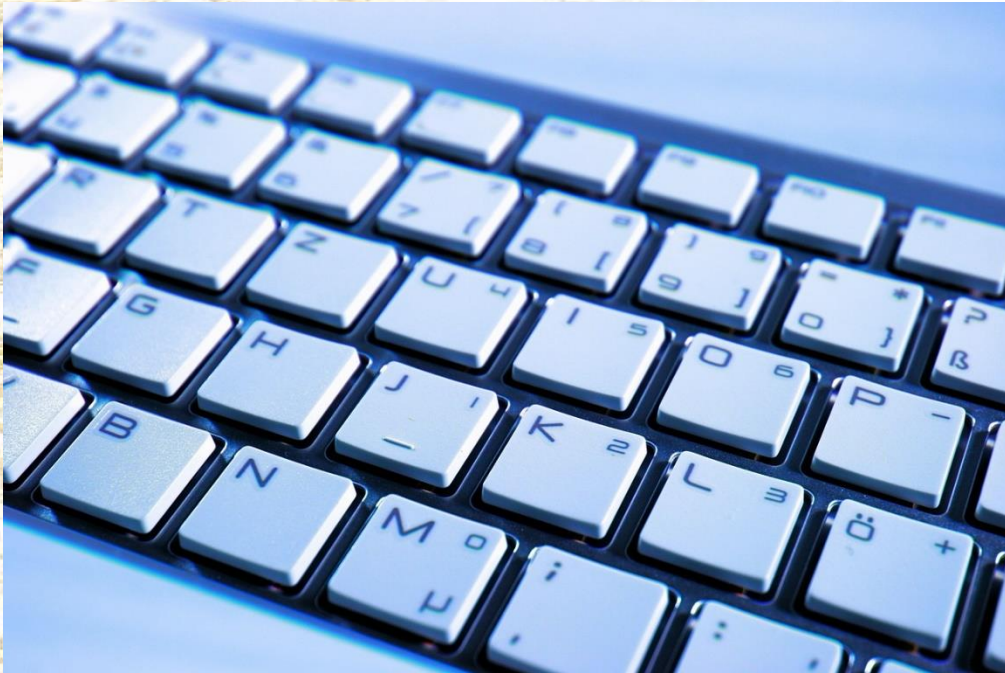


Week 3 Extra Credit Artwork Discussion

Oct 1 | 0 pts



Tech Questions



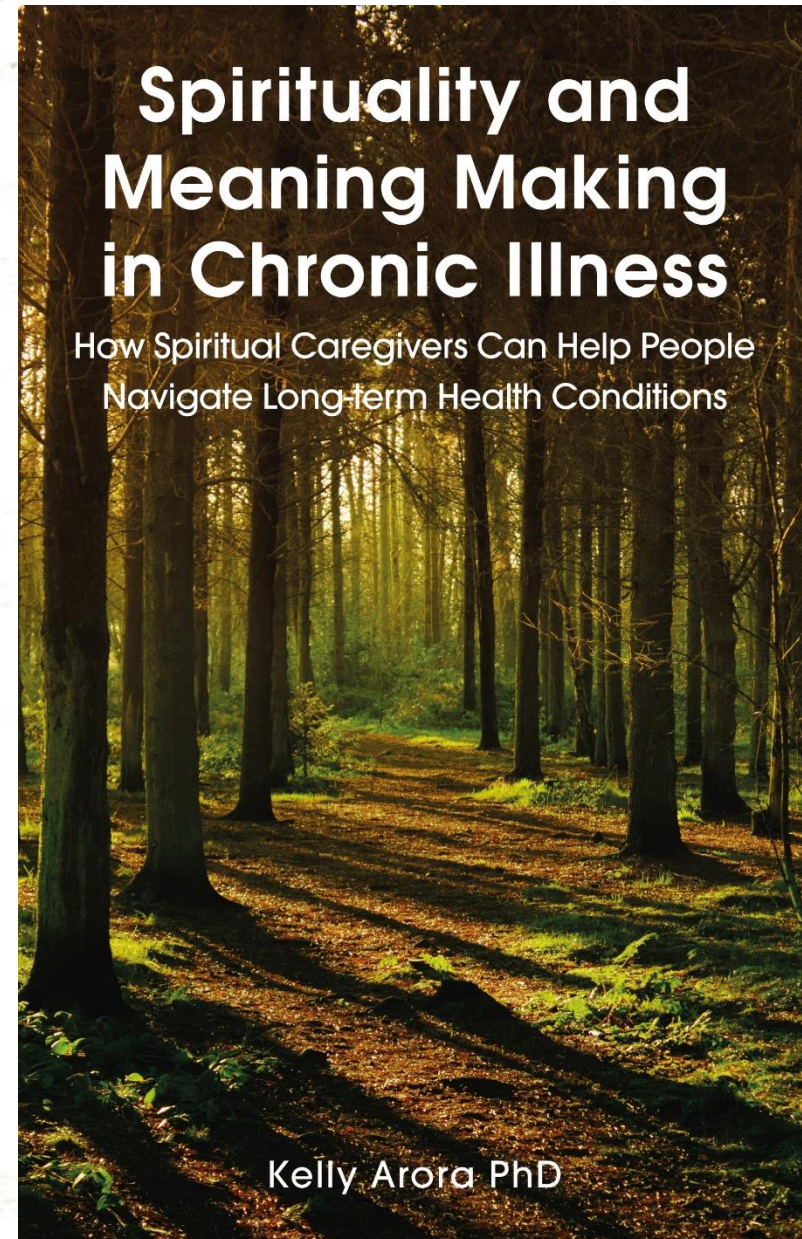
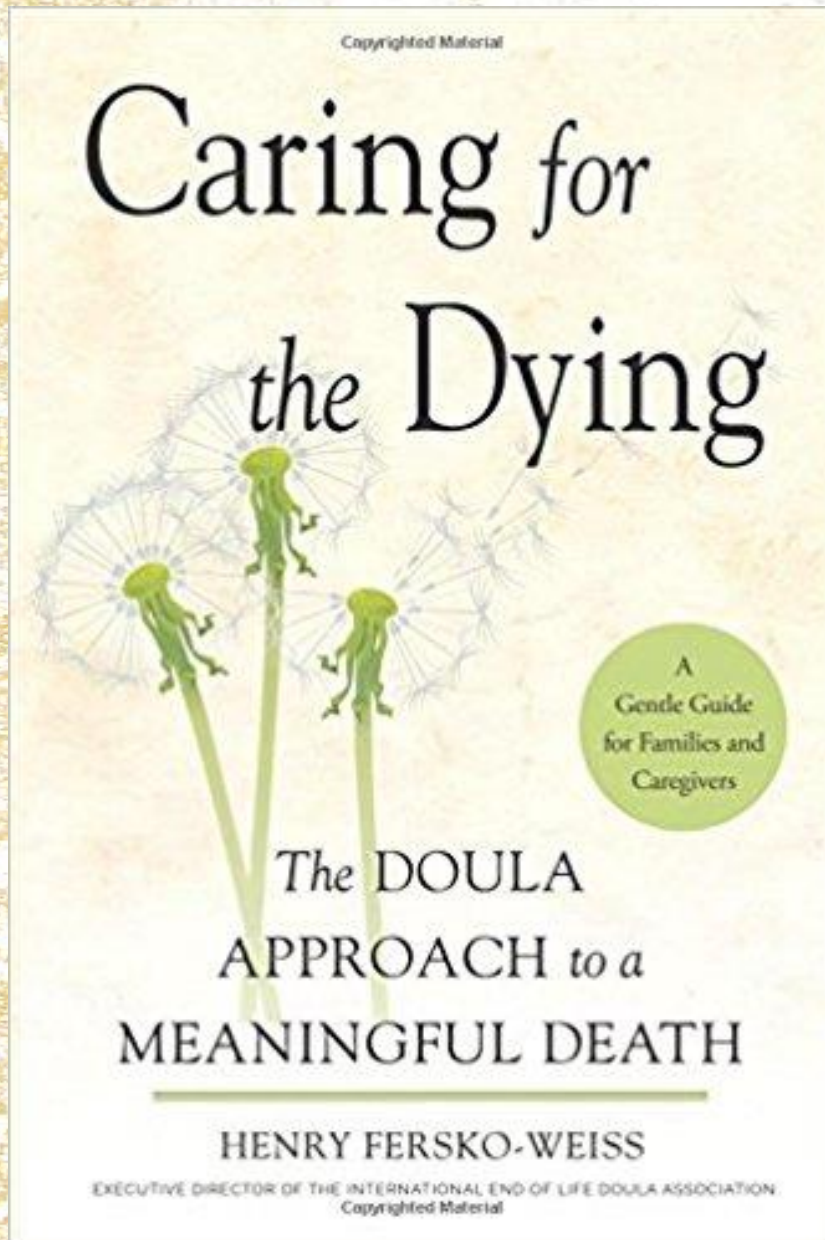
support@Iliff.edu

Content Questions



karora@Iliff.edu







Required readings:

[Chast The New Yorker, March 10, 2014.pdf](#)   (12 pgs)

[Insight into death attitudes MNT2016.pdf](#)   (4 pgs)

[Moschella Spir autobio & older adults.pdf](#)   (5 pgs)

[Nelson-Becker - Memory Dementia & Spir Care.pdf](#)   (15 pgs)

[Nelson-Becker - Social gerontology.pdf](#)   (4 pgs)

[Nelson-Becker - Successful Aging.pdf](#)   (4 pgs)

[Petrou - Grandma has a boyfriend at 90 - HP2017.pdf](#)   (7 pgs)

[Turesky & Schultz spir in older adults.pdf](#)   (19 pgs)



Introduction

Cultural issues impact on behaviours and beliefs, and issues is observed in almost to lifestyle risk factors for access to access to Human S

Conclusions

This is the first review of the literature investigating Hasidic populations. Despite, at times significant, reviewed studies reveal that Hasidic Jews experience a relation to illness and health care across a variety of issues not considered by these authors, indicates that different groups may express similar beliefs and behaviours. An in-depth analysis of Hasidic thought and practice, in relation to other groups, some behaviour and beliefs, and specific religious and sociocultural characteristics.

Study Findings

Although the reviewed studies are diverse in subject matter, methods, level of analysis and quality, making it difficult to draw overall conclusions concerning the health care behaviours and beliefs of Hasidic Jews, several themes emerge:

Spiritual Healing

Methods

Several methods were used to identify relevant research articles. Firstly, we searched the databases AMED, CINAHL Plus, EMBASE, OVID MEDLINE (R) and PsycINFO individually from the earliest to the most recent issue relative to the search date (April week 4 2010) using each of the following keywords and phrases: (C)has(s)idic, (c)haredi, ultra-orthodox Jew(ish), and orthodox Jew(ish). Secondly, references of papers identified were retrieved, as were references of papers identified by authors of identified papers were asked whether they knew of published research. Finally, experts in the field were asked whether they knew of published research. Initial assessment of suitability for inclusion was conducted by reading the abstracts of papers identified. These initial stages of paper identification indicated a range of research methodologies, and we decided that papers incorporating a range of methodologies including quantitative and qualitative and case series and case reports would be suitable for inclusion. We also decided to include reports on both medical and mental health. Psychological reports were excluded as were papers describing optimum practice or professional guidance. During the early stages of article identification, papers remained eligible for inclusion if they reported on an empirical investigation into health care behaviours or beliefs in a Hasidic, haredi, ultra-orthodox or orthodox Jewish sample. Where the sample was described as haredi, ultra-orthodox or orthodox Jewish, the authors were asked whether participants were known to have been Hasidic. Where all or some were, the paper was included. Where only some



Citing sources

(authorlastname, slide/page#)

Ex: (Arora, slide 7) or (Porter, p.15)

2 articles/presentations by the same author:

(authorlastname, Brief reference title, page/slide#)

Ex: (Arora, Intro, slide 3)



Week 3 Aging, Loss & Grief

This week you are assigned to small groups. Your initial post is due by 11:59pm on September 28th (50 points). Your responses to at least 2 group members are due by 11:59pm on October 1st (20 points). You will not be able to see other posts until you have posted.



**Respond to all
parts of all
prompts**

**Number your
responses to
match the
prompts**

**Follow word
limits/ranges**

1. Describe **at least 2** losses you witness in Grant's experiences. Describe **at least 2** losses you witness in Fiona's experiences. (150 words max total)

2. Imagine that you are Grant's spiritual caregiver. You meet with him after his day of observation at the care facility (Clip #2). Select quotes from **2** of this week's readings that help prepare you to offer spiritual care to Grant after *this* experience. Explain why you choose these quotes (150 words max, excluding quotes).

3. A few weeks pass before you meet with Grant again. He describes the events shown in Clip #3. Select different quotes from **2** of this week's readings that help prepare you to offer spiritual care to Grant after *this* experience. Explain why you choose these quotes (150 words max, excluding quotes).



Week 2 Personal Values and Beliefs

[Submit Assignment](#)

Due [REDACTED] Points 150

Submitting a text entry box or a file upload

In this assignment, we explore the embedded beliefs and values that we may hold—often without being aware of them—around loss, grief, dying and death. In this course, we'll use Fersko-Weiss' language, calling this “our own personal *mythology* about death and dying” (39, italics added). As spiritual caregivers, it's critical that we're aware of our mythologies around loss, grief, dying and death so that we can maintain a self-differentiated stance in relationship with care seekers. In other words, we want to appropriately manage our own emotional responses to the care seeker's situation, and we want to honor the care seeker's mythology by not imposing our beliefs and values on him or her.

Use the required readings to help you reflect on your own mythologies around loss, grief, dying and death. As you review the Frank article, ask yourself why



Week 7 Interviews



Extra Credit Reflections





karora@Iliff.edu

