

Chapter 16

Spiritual and Cultural Care***Overview***

There is evidence that spiritual health is connected to physical health. Some studies have found spirituality to be an important factor in coping with pain, dying, and bereavement. For example, one study found that HIV/AIDS patients who were spiritually active had less fear of death and less guilt about their illness. Twenty-six percent of patients who identified themselves as religious were more likely to be afraid of death if they believed their illness was a punishment from God. Fear of death diminished among patients who had regular spiritual practices or who stated that God was central to their lives (Magesa, 1997).

Spiritual care of the sick is very important in Africa. If well done, it can make a real difference to the sick and their families. Spiritual care should be provided not only in hospitals and other health care settings, but should in fact be a required subject for all pastoral agents and health care workers (HCWs) at every level of African society. Most African sick people are cared for within their own communities, families, or in the homes of traditional healers or medicine men and women. Spiritual care should reach them all and make a positive impact on the sick and their families wherever they are.

Spirituality is one very important aspect of a society's culture and is addressed extensively in this chapter. Culture provides people with a framework to understand experience and is therefore very important to consider it in the palliative care setting. Each cultural group has its own views about health, illness, and healthcare practices. These views affect how individuals respond to illness and their symptoms, including pain. HCWs need to recognize that culture itself evolves and that there are many cross-cultural effects and a diversity of sub-cultures in African societies.

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The spiritual and cultural aspects of holistic palliative care are very important. All HCWs can reach into the spiritual aspects of themselves to draw on the sensitivity and compassion needed to share with patients and their families what is important to them in facing chronic illness, death, and loss.

What is Spirituality?

One way of thinking of spirituality is as a sense of relationship to a transcendent dimension or something greater than oneself. Another view is that it is a person's relationship with a supernatural being, whether known as God, Jesus Christ, Mohammed, Buddha, or simply the Supreme Being. Spirituality can be a lifelong relationship with that dimension or being which takes on even more meaning in times of crisis and when approaching old age and death.

For many, existential questions are mainly expressed in a formal religion through belief in a deity, the theology of the religion, the concept of an afterlife, and the rituals and practices of the religion used to express those beliefs. Religions provide a way of incorporating spiritual beliefs into everyday life by offering a structured means for communicating with the Divine. They feature a system of ritual observances and a code of conduct which regulates an ordered existence.

It is important to point out that most religions incorporate various branches, off-shoots, and reformed ideas under their auspices. For instance Christianity includes Roman Catholicism as well as a variety of Protestant denominations. Other religions likewise feature diverse ideas and practices. For this reason it is never appropriate for health care workers (HCWs) to assume they understand what a person believes or practices because they 'know' that particular religion. It is best to ask the patient or family member what his or her particular beliefs and practices entail.

Many religions are practiced in Africa, including traditional African religion, Islam, many forms of Christianity, Judaism, Hinduism, Buddhism, the Baha'i faith, and numerous others. This chapter primarily addresses the African spiritual tradition, which permeates the practice of these other religions. A general framework is provided for spiritual care as part of palliative care, and some religious traditions have been highlighted as examples, but the chapter does not attempt to characterise the various religions practiced in Africa. HCWs must be sensitive to the cultural and spiritual differences between themselves and some of their patients, and be respectful of those differences in providing care.

Whatever form it takes, spirituality can help patients cope with the uncertainty of their illness, instil hope, bring comfort and support from others, and resolve existential concerns, particularly the fear of death. It is important that HCWs accept and honour all approaches to existential concerns. This requires open-mindedness, cultural sensitivity, and a willingness to learn from the life experiences of others.

African Spirituality

African spirituality strongly emphasizes a sense of belonging — to the soil, to one another, to oneself, to God, and to ancestors (or ‘living-dead’) who are believed to be with God and benevolent to their families, clans, communities, and society. Ubuntu, the sense of existing in relation to one another, is believed to be what makes us human (see Box 16.1). It provides a source of personal identity and connects us to the dead. Prayer is the most important ritual, and is seen as a real ‘telling it to God’.

For the traditional African person, spirituality encompasses all of life (Oduyoye, 1996). The holistic nature of African culture, which does not distinguish the ‘sacred’ from the ‘secular’, results in an intertwined belief system and culture. This sense of integration can be used to illustrate the connectedness of all life — including the sick and the healthy, the living, the ‘living-dead’, and the yet-to-be-born.

These links help the patient maintain a sense of identity, even in the face of sickness and death. They also provide a sense of continuity in the culture and of one’s personal heritage that yields feelings of self-worth, community, God, and the connections between the good in this life and the good in the afterlife.

Dying at home is important in Africa, because of the belief that the body is commended to the ancestors. Communities and members of the bereaved family’s faith community pay respects to them, keeping them company during the mourning period. Special messages are placed in front of the coffin to send the soul away.

It is important to understand the African concept of a ‘happy death’. This is when the dying person is rather old; has ensured the family lineage through children and even grand-children; has been adequately cared for by all relatives, friends, and community; has had time to reconcile with family members, the community, and beyond; has been able to express his or her will to specially trusted friends; has been able to feel that he or she is fully loved and treasured by all who have tried to save his or her life; and has accepted that he or she will be leaving this life to join the living-dead (ancestors).

For survivors, it is important to preserve and fulfil cultural values and ceremonies for the terminally ill, and provide proper funeral rites for loved ones who will be left behind in the extended family, clan, and community. It is also important to foster a deep and central sense of God, spirituality, community, abundance, and joy.

Box 16.1:

Ubuntu

The culture of Ubuntu is one that Africans can share with the world to the benefit of all cultures. Ubuntu is a way of life. African tradition is diverse but the philosophy of Ubuntu is a unifying factor across many African cultures. There are words describing this philosophy in different parts of the continent – Ubuntu (Zulu), Botho (Sesotho), Umntu (Xhosa), Nunhu (Shona), and Utu (Swahili). The key description of Ubuntu comes from the Xhosa saying ‘Ubuntu ungamuntu nagabanye abantu’ — ‘people are people through other people’. These values are echoed in palliative care settings and thus are a good guide to interaction with other people in particular with patients and family members.

Core Values of Ubuntu	Associated Values
Humanness	Warmth, tolerance, understanding, peace, humility
Caring	Empathy, sympathy, helpfulness, charity, friendliness
Sharing	Unconditional giving, redistribution, openhandedness
Respect	Commitment, dignity, obedience, order
Compassion	Love, cohesion, informality, forgiveness, spontaneity

Source: Broodryk, 2002.

Spiritual Care

The basis of spiritual care is compassion, being present to our patients in the midst of their suffering. By being present and caring for our patients, we connect to them as individuals. That connectedness at the level of our humanity helps to provide hope and comfort to our patients. By discussing issues of suffering, spiritual values, and conflict with our patients, we can help them heal by providing them with the opportunity to find a sense of resolution and perhaps peacefulness.

At its core, palliative care recognizes that emotional and spiritual healing can occur even when a physical cure or recovery is impossible. Although illness may disrupt a person's life, it can also offer the opportunity to see life in a different way. Many people with serious and terminal illness talk of seeing a richness and fullness in life that they had never seen before. Some people find new priorities and appreciation for aspects of their lives they never noticed before.

The combination of good clinical/technical care and psychosocial/spiritual care provides the best chance for healing at any stage of illness. For the dying, healing or restoration of wholeness may be manifested by a transcendent set of meaningful experiences while very ill, and by a peaceful death. In chronic illness, healing may be experienced as the acceptance of limitations.

The holistic African approach to end-of-life spiritual care addresses the innermost feelings, thoughts, values, joys, and fears to achieve peace, harmony, and proper relations with oneself, relatives, the community, the living and the living-dead (ancestors), the entire cosmos, the transcendental or supernatural powers, and the Supreme Being or Creator-God (see Box 16.2).

For spiritual care to be relevant and effective in Africa, it should capture correctly the inner feelings, worries, fears, and thoughts of the sick person and all related to him or her. An African proverb says, 'Illness and death are two things which no person can ever become familiar with' (Bauckham, 1999). Each person's illness is seen as unique, even if it resembles another's illness. Each death is also seen as unique.

Box 16.2:

Common Aspects of Spiritual Care From Major Religions

The three major religions of Africa—African traditional religion (ATR), Islam, and Christianity—share several principles the spiritual care provider should understand. They include:

The Loving, All-compassionate, All-powerful Creator-God

All three religions are based on a belief in a monotheistic divinity, a supreme being or Creator-God. They attribute the highest and best to God, using names that express God's love, power, wisdom, compassion, forgiveness, giving, guidance, and sustenance. During illness and nearness to death these titles, attributes, and powers of the Creator-God are invoked to offer praise and petitions on behalf of the sick person.

Just and Merciful Judgment

All three religions believe in a final judgment before God following a person's death, though each considers the judgment to take different forms. In the ATR, judgment is mainly given by the people left behind. When the community judges the deceased's life to have been good, exemplary, generous, responsible, and supportive of the values of the community and culture, that person is identified as having been a good person who will be included among the good living-dead (ancestors). Islam and Christianity hold that the judgment is mainly based on the Ten Commandments and the key pillars of each religion's beliefs. Islam believes that immediately after a person's death, angels come down to hear and record what people say about the dead person, which they present to God within 40 days after the death. Many denominations of Christianity hold that each person is to be judged at a final Day of Judgment that determines either eternal bliss or damnation.

The Resurrection of the Dead

A central belief of Islam and Christianity, though only vague in ATR, is that human life does not simply end at death but continues in a spiritual form that at the end of time will be reunited with the physical body for eternal life with God and all the ancestors. Islam and Christianity have been massively embraced in Africa in part because of their teaching on the resurrection of the dead and the everlasting life of joy in heaven. These beliefs are important to the spiritual care of the sick and the dying and in their relatives and communities. The hope and assurance they offer are strong enough to calm down excessive fear, worries, helplessness, and despair. They also help to unite the living with the ancestors and God.

The Importance of Prayer

It can be said that prayer is the heart and soul of proper spiritual care. But prayer must be appropriate and relevant to the situation of the sick and his or her family and friends. Prayer can be in words, but words that carry deep meaning. If the sick person is to join in the prayer, it should be brief and precise, such as: God loves me; God is with me and for me; God is my life and healer; God helps me endure this pain; God drive all fears from me; God do not let anything divert me from you; and God in your loving hands, I commend my total self.

The Tasks of Spiritual Care

The tasks of spiritual care are the same within most religious contexts. The example of end-of-life care for the Muslim patient is presented in Box 16.3, but guidance is not provided for each specific spiritual tradition. HCWs are encouraged to determine the wishes and practices of each patient and community for whom they provide care.

In general, to provide effective spiritual care as part of palliative care, one must do the following:

Transcend Religious Denominations

It is possible to provide spiritual care based on shared principles that transcend particular religions or branches of a religion. In general, Africans perceive God as the supreme healer and doctor. Both modern scientific medical specialists and traditional medicine men and women are seen as agents of the supreme doctor and healer. In taking any medicine, an African sick person usually prays to God for its effectiveness. Even when medical providers fail to discover the real cause of the disease, Africans believe that God knows the cause and is able to cure or heal any disease. The sick person and family still think and believe that God can and often does intervene directly to heal the terminally ill.

Spiritual care: The shared belief among Africans in a supreme being who is doctor and healer provides spiritual caregivers their best entry points with the patient. To ensure that spiritual healing takes place in a holistic way, the sick person and family can be urged to feel the presence of God and utilise that presence to call upon their inner religious energies and values in these moments of suffering, worry, and fears. At these moments, spiritual caregivers should never abuse their role by presenting to the sick person an image of God of anger, revenge, and justice-without-mercy-and-compassion. This should not be a time to create yet more fears in the sick that can lead to despair, self-hate, self-blame, and self-condemnation.

Provide Pastoral Counselling

Although the role of spiritual care provider may be distinct from pastoral counsellor in some developed countries, frequently in Africa the same individual fulfils both roles. Pastoral counselling becomes part of spiritual care when it is based on a person's spiritual, religious, and cultural needs and responds to the deep-rooted questions and anxieties of the sick person and the family.

Spiritual care: Spiritual care should be a committed, friendly, and wise accompaniment of the sick from the beginning to the end of their journey. It requires a relationship with the sick and the people connected with him or her. Spiritual care providers should possess a deep sense of God, of the sacred, of spirituality, and above all of love for the sick in carrying out their holistic service. A genuine ecumenical spirit and inter-faith dialogue and cooperation are much needed in spiritual care. Any adequately trained pastoral agent or hospital, hospice, or caring staff can and should undertake the pastoral counselling and spiritual care of the sick and their families. There should be well-planned coordination of spiritual care in every medical unit, religious bodies, communities, and even families that are looking after the sick. It is important to use great sensitivity in providing spiritual care to sick people of different religions, cultures, and backgrounds.

Define the Category of Disease

Africans believe there are categories of diseases, which often are reduced to four main ones: African disease, foreign disease, chronic disease, and plague. When sick, the individual and his or her relatives and community begin with this analysis or diagnosis. It is essential first to acceptably categorise the disease. An identified African disease is mainly dealt with using African indigenous medicines and medicine men and women. Modern scientific medicine and medical professionals are consulted to address a foreign disease. Both traditional modes and modern scientific treatment are often used simultaneously to address a chronic disease. A plague which kills many people suddenly, whether it is cholera, smallpox, or measles, is often seen as coming from malevolent forces within or without the community. It is mainly dealt with by the traditional indigenous medicines and practitioners (see Chapter 15: Traditional Medicine).

Spiritual care: At this initial stage, the only spiritual care to provide is in trying to understand the preoccupations of the sick person and the family. When adequately provided, this care can save the life of the sick and help the relatives and community to take the proper action in a holistic way.

Identify the Cause and Causer of the Sickness

The central focus in African spirituality on life and its preservation means that when life is threatened there is a wide and serious search for the cause and causer. Two opposing forces, the pro-life and anti-life, are believed to be operating. Such questions as, 'Why me?', 'Why our family?', and 'Why now?' are fundamental. Because nothing is believed to simply happen by chance, Africans question the meaning of even daily accidents. Until this question is convincingly answered, the sick and his or her relatives can never be at ease. Although some modern HCWs may consider this questioning to be primitive or due to ignorance and illiteracy, their view cannot end the questioning simply by dismissing it. Moreover, such a view is not sensitive to the cultural perspective of the person being cared for.

Spiritual care: Adequate spiritual care will help to properly address the 'why' questions of the sick and his or her people with reasonable, positive, and convincing answers that can remove any hatred, unwarranted suspicions, and dangerous divisions in the family and community which may result from this search for the external cause and causer of the illness. The key here is to build on religious and cultural values which emphasize peace of mind and heart, harmony in the community, and values of forgiveness, reconciliation, and courage in facing the illness without the disruptive hunt for the suspected causer of the illness.

Involve Every Concerned Person

The African principle of the centrality of life requires that everything possible should be done to preserve life, even when all signs are that a particular life cannot be saved. This communitarian concern to prevent death and protect life is the reason everyone close to the patient will offer suggestions of what else to try or which medicines to offer. Death is the most feared event for most Africans, although they see it every day. It must be prevented at all costs. Even when the sick person may seem reconciled to death, everyone around the person will continue struggling to save his or her life—even at the very last moments of that life.

Spiritual care: Intensive, empathic, and understanding spiritual care at this point should touch on the innermost feelings and values that point to a better future life with the ancestors. Spiritual care should connect the life on earth with the life after death. Religious and cultural beliefs in this matter are of utmost importance, both to the sick person and his or her relatives and community.

Foster Peace and Harmony in the Sick Person and Family

Understanding the African concept of ‘happy death’, described above, is a key to providing the spiritual care that an African person who is sick most wants.

Spiritual care: This stage is the essence of spiritual care. It is easier to offer spiritual care to older people than to younger individuals or children. In each case the spiritual care must address the specific situation and people concerned. At this stage it is important to highlight the religious and cultural beliefs and values of the patient and his or her community. This is not an easy task as it demands an adequate understanding of the proper situational context of all sick persons and their relatives and communities. It is essential at this stage to properly understand peace, harmony, reconciliation, and forgiveness—and to ensure that no dying person leaves behind un-peace, un-harmony, serious divisions, and unforgiving people.

Address Core Spiritual Challenges

There are central issues that challenge virtually everyone afflicted with life-threatening illness, and the spiritual care provider can help the patient address them and reach a point of peaceful acceptance.

There is No Disease Without a Cure

Most Africans believe that every disease has a cure, placed there by the Creator-God to save life. This cure can be derived from any living or non-living entity. The duty of the living and their specialists is only to find the cure with God’s guidance. Even the ancestors themselves are viewed as powerful sources of medicine and healing because they remain united to their families and are often invoked to protect the lives of their relatives and communities. The Sun, Moon, Stars, and all other realities above are considered medicinal for many diseases.

Whenever a cure for a particular disease is not forthcoming, Africans believe that wise people have not prayed enough for guidance from God in finding the proper cure. The entire community will continue the search until a cure is found. This applies to cancer as well as HIV/AIDS. There can never be a 'community give up' on finding a cure for any disease and a cure for the illness of any particular person.

Spiritual care: The HCW or spiritual caregiver must take account of the patient's beliefs, values, and practices. One important example is to note that every person who visits the sick is almost culturally bound to volunteer yet another possible medicine and another medicine man or woman or another modern doctor or hospital. Spiritual care should never give despair to the sick and relatives; on the contrary, it should provide hope—not necessarily of a prolonged physical existence, but of continued life even after death. Spiritual care is much needed at such moments to avoid confusion in the mind of the sick person and to prepare him or her for the inevitable event of death.

The Fear of Death

All human beings have a fear of death. Death 'steals' the best property and quality we have in life, which is life itself. It shatters all our dreams, visions, and plans in life. It separates us from our dear ones, whose lives were inseparable from ours. There is also the fear of the unknown and the type of life awaiting us after death. We also worry about how we have conducted ourselves in our earthly lives and what legacy we are leaving behind us.

Spiritual care: The care provider can help calm the patient's fear of death, responding to the anxieties of both the dying person and the relatives. It is also useful to draw upon the sick person's religious and cultural values and inner energies, including encouraging their hopes for the life after death.

For African Christians, Christ's passion and death are the centre of spiritual care. Death is seen as the last and fiercest struggle any human person will one day face. Those facing this struggle need the greatest support from all who care about them. In this struggle there are moments when sick people may feel abandoned by God. They need to hear God's whisper, either from within their own heart or from a spiritual carer, that God is fully with them even at this difficult moment, still loves them, and is not going to abandon them. It is important at this moment to emphasise the Christian beliefs in the resurrection, the life hereafter of joy and celebration with the ancestors.

Who Will Care for Those Left Behind?

Mothers, fathers, and guardians of others are preoccupied by this question as they confront their own struggle with illness and death. They feel this intensive worry for those directly under them, but also for their family's future, property left behind, and plans that may be left unfinished or not even started.

Spiritual care: The care provider has to help the patient to adequately and holistically address this major worry. It is useless to advise a dying mother who may have been abandoned by her husband simply to leave the care of her young children to God! A widow who has been the sole supporter of her children can never simply be consoled by the promise of God's care over the orphans. Spiritual care demands more than providing comfort or admonition. It involves the relatives and community in finding real solutions which can help calm down the dying person's worries.

Box 16.3:**Case Example: Special Considerations for the Muslim Patient at the End of Life**

The Muslim attitude towards death is generally captured by the words of condolence that Muslims are encouraged to speak: 'We belong to God, and to Him is our return'. Muslim patients do not consider illness as a punishment from Almighty God, though it may bring atonement from their sins. They also understand that dying is a part of living. Death bears immense religious significance, even for families who do not otherwise consider themselves to be particularly devout. It marks a transitional moment in existence, as the soul passes from the present life into the next.

A central Islamic teaching is that judgment awaits every dying soul. In this light we can understand a Muslim's preoccupation with prayer, supplication, and Qur'anic recitation when death approaches, as he or she seeks forgiveness and prepares to meet God. An important aspect of Muslim practice is the final, sincere enunciation of the Declaration of Faith, 'There is nothing worthy of worship except God', for its pronouncement is believed to earn a believer an everlasting place in Heaven.

Caring for the Muslim Patient

Muslims should have access to an Imam (Muslim learned scholar) who can read Qu'ran and make special prayers for them. The Imam should be involved in addressing the patient and staff's dietary needs; documenting end-of-life care issues and procedures; establishing prayer room and continuing services; and implementing the Islamic Volunteer Service Program.

Islamic health practices should govern the patient's care. These practices allow for providing blood transfusions after proper screening, prohibit assisted suicide and euthanasia, permit autopsy only if required by law, and do not encourage maintaining a terminally ill patient on artificial life support for a prolonged period in a vegetative state. All HCWs caring for Muslim patients are encouraged to:

- **Respect the patients' modesty and privacy.** Most examinations can be done over a gown.
- **Provide 'Halaal' Muslim meals.** The Qu'ran prohibits eating pork or pork products, meat of dead animals, blood, and all intoxicants. Allow the family to bring food from home if there are no restrictions.
- **Provide a quiet space and allow them to pray (Duah and Salah), if they can, and read the Qu'ran.**
- **Identify patients as Muslim in their charts, nametag, or bracelet.**
- **Respect the patient's wishes for a same-sex care provider if she or he feels strongly about it.** Although Islam does not prohibit examinations or treatment by the opposite sex, we recommend that any procedures involving physical contact be made by same-sex care providers.
- **Allow the family and Imam to follow Islamic guidelines for preparing the dead body for an Islamic funeral.** The female body should be given the same respect and privacy as when she was living.

At and Immediately Following the Patient's Death

It is important that funeral and burial arrangements be made whilst the patient is still living in consultation with the family and the patient.

When death is thought to be near, a dying Muslim may wish to be accompanied by family members and close friends. They are there to comfort the patient and to pray and recite from the Qu'ran. When death is imminent, another Muslim may prompt the patient to declare in Arabic the Declaration of Faith.

When death befalls the Muslim patient, the HCW should remove IVs, bandages, etc. from the body. Close the deceased patient's eyes and mouth, if possible. Clean the body's exterior from major impurities (bodily fluids, substances, etc.). Straighten out the limbs. Slightly elevate the body at the head and cover the body with a piece of cloth (a bed sheet will suffice) and if possible, direct the bed so that the feet point towards Mecca. Most Muslims will refuse autopsies.

Prompt washing and burial of the body is a key Muslim principle, ideally achieved within a day of passing. Non-Muslim staff do not need to attend to the proper care of a Muslim's body as it is a duty entrusted to members of the Muslim community, to whose wishes it is appropriate to defer.

What Is Culture?

Culture refers to learned patterns of behaviours, beliefs, and values shared by individuals in a particular social group. It provides people with both their identity and a framework for understanding experience. In its broadest sense, a culture is a group of people with similar ethnic background, language, religion, family values, and life views.

Spirituality is a predominant aspect of African cultures. The entire universe is seen as a living system with an interconnectedness, through a living spirit, of the individual, the family and community, the environment, and the world beyond the grave. For the most part, the multicultural and pluralistic societies of Africa, made up of members of different ethnic, racial, religious, and social groups, live side by side and maintain their own values and traditions.

Taking Culture Into Account

The central principle of culturally sensitive care is respect for the patient and his or her individuality, emphasizing the fact that good, respectful communication is the foundation of quality palliative care. HCWs need to notice whether the communication with the patient and/or family appears to be difficult or if they are responding in an unexpected way. This may be a clue that different cultural values are at work, and it is the responsibility of the HCW to respectfully explore this possibility. The most respectful act that the HCW can perform is to address the patient in his or her own language. This is clearly not possible in all cases, since Africa has so many different languages!

HCWs are often working with patients who come from other cultures, clans, or spiritual traditions. They may feel they know a great deal about their patients' cultures and spiritual traditions, including sensitive issues such as how to discuss the details of death. However, it is imperative that they ask patients about their preferences, and encourage them to talk about the different patterns of observance within their own religious and cultural group, as well as about the broad principles and practices. This is an opportunity for HCWs to learn about other traditions, other interpretations, and other acceptances.

When interacting with people from a different culture, unfamiliarity may create an attitude of superiority and viewing persons from another culture as being ignorant or inferior. It is important to approach people from another culture or ethnic group with respect and humility and a desire to understand their culture and perspective. This is particularly important in the health care setting and especially in palliative care where patients and their families are anxious and fearful. These emotions also act as barriers to communication and the caring HCW is sensitive to these issues.

African Cultural Traditions

The Concept of 'Home'

In African tradition, home does not merely mean the physical structure in which a person lives but also the biological, sociological, and spiritual roots of the individual. After birth the child is kept with the mother in seclusion until the umbilical cord falls off. The cord is buried in the ancestral home and symbolizes the link between the individual, the community, and the ancestral land. People should be buried in their places of birth, as the grave is the home from which the bones of the deceased are believed to speak. The grave is the home but the spirit is everywhere. Those buried away from their homes are believed to have been deserted by their clan and this can bring problems to the clan.

The Role of the Ancestors

Every member of a family is considered sacred and will after death become one of the ancestors. The ancestral spirits have a responsibility of protecting and disciplining their descendants. They show their displeasure to their descendants by creating illness or misfortune. They also look after the family, give people guidance, bring them luck, and look after the crops. Death is not seen as the end of life but as physical separation with the deceased joining the ancestral world.

Understanding of Illness

Western cultures identify the cause of illness as a physiological insult due to degeneration, infection, or other specific physical causative agent. African cultures define health not only as the absence of disease but also as the balance between the individual, the community, the environment, and the spiritual world. Illness is caused by imbalance of these systems. The sangoma can identify the cause of the imbalance and will advise as to the most appropriate intervention to restore the balance which may include western medicine, herbal treatments, or sacrifice to the ancestors (see Tasks of Spiritual Care in this chapter and also Chapter 15: Traditional Medicine.)

Addressing Cultural Differences in Communication

Discussing Illness, Prognosis, and Death

For HCWs to share bad news with patients of certain ethnic groups can cause harm if not done in a way that recognizes cultural values. In fact, even raising the possibility of a bad outcome can be seen as wishing that outcome on the person. This makes the important task of pre-bereavement counselling difficult because talking of a patient's impending death may be seen as causing the death. The sensitivity and words used in the palliative care setting are important. Nokuzola Mndende comments that if it is recognized that the 'day of departure' is near, African tradition teaches patients to accept the situation, examine what they are going to leave behind, and consider the world they will be entering. Instead of referring directly to death and dying alternative expressions are used (Mndende, 1997).

Translating Between Languages

Translation between HCW and patient can be a source of communication breakdown. Patients who have no understanding of the HCW's language often rely on relatives and family members to act as translators. Families sometimes want to shield their loved ones from serious diagnoses not because they are in denial but because they wish to protect their loved ones from the emotional impact of 'bad news'. (See Chapter 14: Communicating with Patients and Their Families.)

Family Spokespersons

Some patients and families expect HCWs to discuss health concerns with the family spokesperson, usually a son or a daughter and not directly with the patient.

End-of-Life Preferences

In African cultures, patients are not likely to communicate treatment preferences, complete advance directives, and withhold/withdraw life-prolonging treatments in the face of futility. In fact, patients are likely to ask for a temporary discharge so that they can consult traditional healers or ask to be allowed to go to their villages to die so that they can be buried next to the graves of their parents and other family elders.

Sexual Diversity

Miscommunication is not only limited to differences in ethnicity. Even in Africa, where HIV is primarily transmitted through sexual contact between men and women, HCWs may be caring for men who have sex with men. HCWs are often uncomfortable with sexuality in general, and when they must deal with sexual diversity, their discomfort and sense of judgement may make it difficult for their patients to talk openly about real issues surrounding their illness and how it affects their lives.

Non-verbal Communication

Misunderstandings in communication sometimes arise through the cultural differences in non-verbal cues. Western-trained HCWs may have adopted Western customs and may have become less sensitive to traditional African customs. Table 16.1 describes general differences between non-verbal cues in traditional African cultures and Western cultures.

Table 16.1: Differences Between Nonverbal Cues in Western and African Cultures

	African Cultures	Western Cultures
Eye contact	Look down to avoid gaze of another as a gesture of courtesy	Eye contact important during conversation, especially in palliative care setting
Hand shake	Less firm, 3-step process reflecting how you are, responding you are fine, confirming the other is well	Strong handshake
Personal space	Close to the other person, even touching	Prefer a distance +/- an arm's length
Sitting	Junior person will sit first as a sign of respect	Expect an invitation to be seated
Voice volume	Loud to indicate there are no secrets between speakers	Low to moderate

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Suggested Resources

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