ENGLISH SUMMARY

This thesis explores the concept spiritual care for dying people in contemporary hospice care. That spiritual care should be a task for health professionals become accepted following the inspiration of the modern hospice movement's idea of humanizing and specializing the care for the dying. However the role of spiritual care has been questioned and challenged. Contemporary palliative care is usually practiced in societies characterized by secularized and individualized approaches, both to death and dying and their spiritual meaning. Against this background the main research question of this thesis is: How can we understand spiritual care as an integrated part of hospice care in a late modern society?

This question is explored through two analytical perspectives:

- The first is a practice –based perspective. From this perspective spiritual care for dying people is explored as an ethical-existential phenomenon as it is described, and interpreted by the participant group of hospice nurses.

- The second explores spiritual care for dying people as a social practice and draws upon the values underpinning spiritual care in the light of the cultural and historical perspectives on "the good death" – described in the thesis as the thanato-sociological perspective.

Method
The research methodology of the thesis employs an explorative dialogical design which is based broadly upon, a phenomenological/hermeneutic approach. The empirical data within the thesis are drawn from a series of philosophical conversations with a participant group of 6 hospice nurses from Hospice Limfjord in Western Denmark. "Philosophical conversation" is based upon philosophical practice and brings an additional depth and authenticity to qualitative techniques. This approach positions the participants as co-interpreters of the phenomenon explored within the research. The participants were engaged in an iterative process of individual and group conversations carried out over a period of two years. This highly reflexive procedure enabled a layering of data that brought validity in depth to the evolving analysis. Over the two years participants were provided with the opportunity to describe and reflect upon their spiritual caring practices. All of the conversations were recorded and transcribed then subjected to the first analytic perspective, the practice- based perspective, which was followed by a close theoretical reading drawing upon thanato-sociological theories (the second analytical perspective).

Findings
Key findings from the practice-based perspective reveal an ethical-existential orientation. The accounts of spiritual care that emerge here are based upon *compassion* and *understanding* used by the nurses as "tools' for reaching out towards the individual patient. In addition two important dimensions of spirituality began to emerge articulated through two concepts *timeliness* (*timelighed*) and *space* (*nærværets rum*). *Timeliness* refers to the acknowledgement of the finiteness of life as an existential fact. The participants saw this as crucial to spiritual care because they saw that working to help the dying person acknowledge their status as *dying* helped to dispel the anxiety of dying and created an opportunity for the patient to focus on living *as* dying.
Space refers to the possibility or opportunity for the dying person to transcend their suffering through impressions. The participants indicated that such spaces might be an opportunity for the dying person to have respite from their thoughts of death and be open to life. These dimensions clarify the dialectic nature of spiritual care as care which seeks to achieve a balance between helping the dying person to live until death and helping the person to face death.
Key findings from the second analysis, the thanato-sociological perspective, reveal that the participants' views of spiritual care is secular. This means that despite individuals' personal religious convictions, spiritual care is not a religiously informed view but is rather a secular ethical-aesthetic perspective directed towards meaning and hope in life. The exact nature of this secular approach is itself ambiguous because although the nurses draw upon a very distinct heritage of the "good death", which emerged from the modern hospice movement and palliative care, they are also ambivalent towards it. The concept of the "good death" and its commitment to fundamental values including *open awareness* (of the fact of their dying), *acceptance*, *painlessness* and *dignity* are reinterpreted in line with the concept of respect for autonomy. What emerges from this reinterpretation is the supplementing of the "good death" values with the concept of the *authentic death*. Within the authentic death is the possibility, to take one example, an approach to open awareness in which the patient's readiness for open-awareness may mean that open-awareness is not achieved because

the extent to which the nurses may direct or guide their patient towards this is mitigated by the nurses sense of whether the patient desires this or not.
An important further finding from the overall analysis is an approach to spirituality which is a bodily oriented approach. Participants expressed the view that spiritual care was directed towards the "living person and not just the soul" meaning that the *embodied* person was the focus of spiritual care. This bodily-orientation challenges Sundhedsstyrelsen (Danish Department of Health) position which advocates a mind-related understanding of spirituality.

The thesis concludes that the role of spiritual caregiver is to be a guide to the dying person, directing them according to "good death values" towards a life with hope and meaning as a dying person.