

a Lesson on Spiritual Assessment & Pastoral Care
using The Mount Carmel Method of Spiritual Assessment

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4/28/2015

Because...

PSALM 139:14:

O GOD, “I will praise Thee; for I am fearfully and wonderfully made: marvellous are Thy works; and that my soul knoweth right well!” ¹

Therefore...

LUKE 1:46-47”

“...My soul doth magnify The Lord, And my spirit hath rejoiced in GOD my Saviour!” ²

And so...

Saint Augustine

“You are great, O Lord, and greatly to be praised: great is Your power and Your wisdom is without measure. ...man, though but a small a part of Your creation, wants to praise You. You Yourself encourage him to delight in Your praise, for You have made us for Yourself, and our heart is restless until it rests in You!” ³

Remember: Your greatest gift of pastoral care is simply being present as an instrument of GOD’s Love - breaking aloneness, listening attentively and accompanying the hurting souls of others! Spiritual Assessment schemes are mere aides to these caring ends!

¹ 1, KJV, PSALM 139:14.

² 1, KJV, LUKE 1:46-47.

³ 2, St. Augustine, “You are great, O Lord...!” CCC # 30.

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I. Defining spirituality versus religion

WHAT IS SPIRITUALITY?

****The “life principle that pervades a person’s entire being. ...volitional, emotional, moral-ethical, intellectual and physical dimensions that generates a capacity for transcendent values which integrates and transcends the biological and psychosocial nature... One or more core values and meaning constructs held by a person that shapes beliefs and gives direction to one’s life. It connects values, beliefs, will and action as the organizing role... [in] constructing one’s life as a meaningful whole. It creates perspective that permits one to rise above manifest difficulties.” [Stoddard, 2008] ⁴**

****The human soul’s “need for purpose and meaning, forgiveness, love and relatedness, hope, creativity.” Spirituality often finds its expression in relation to GOD, others and self through “religious Faith and its expression,” though not always. The “unifying force of a person, the essence of being that permeates all of life and is manifested in one’s being, knowing and doing; the interconnectness with self, others, nature and [ultimately] GOD...” [Taylor, 2006] ⁵**

****Spirituality “...suggests broadly a person’s belief in a power apart from their own existence that transcends the present.” [Timmins and Kelly, 2008] ⁶**

WHAT IS RELIGION?

****“The organized, codified and often institutionalized beliefs and practices that express one’s spirituality.” [Taylor, 2006] ⁷**

****“An outward practice of a spiritual understanding through the use of frameworks for a system of beliefs, values, codes of conduct and rituals.” ⁸ Spirituality is for many inseparable from their religious convictions, though it is often distinct, which “... strives for inspirations, reverence, awe, meaning and purpose, even in those who do not believe in any GOD...” [Timmins and Kelly, 2008] ⁹**

THEREFORE

****spiritual assessment tools must be flexible enough to discern the spiritual and religious convictions and needs of patients and their families.**

****all patients in some form require spiritual care, but not all desire religious care**

****even those who see themselves as neither religious nor spiritual.**

****all you need to start is permission, a listening heart and an empathetic presence**

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⁴ 3, Stoddard, 2008 RHMC Chaplain Orientation Manual, p 21.

⁵ 4, Taylor, “Part IV. Spiritual Care, Chapter 30. Spiritual Assessment, Section 2. What Is Spirituality?” paragraph 1. Edited by Ferrell and Coyle, “Textbook of Palliative Nursing.” 2006.

⁶ 5, Timmins and Kelly, “Spiritual Assessment in Intensive and Cardiac Care Nursing,” Nursing Critical Care, Volume 13, Number 3, 2008, p 128.

⁷ 4, Taylor, “Part IV. Spiritual Care, Chapter 30. Spiritual Assessment, Section 2. What Is Spirituality?” paragraph 2. Edited by Ferrell and Coyle, “Textbook of Palliative Nursing.” 2006.

⁸ 5, Timmins and Kelly, “Spiritual Assessment in Intensive and Cardiac Care Nursing,” Nursing Critical Care, Volume 13, Number 3, 2008, p 128.

⁹ 5, Timmins and Kelly, Ibid., p 125.

II. Spiritual wellbeing versus distress measured by connectedness

SPIRITUAL WELL-BEING

The Nursing Diagnosis of “Spiritual well-being” offers a 4-point sense of life principle that is defined as “Ability to experience and integrate meaning and purpose in life through connectedness with self, [with] others, [with] art-music-literature... [and] a power greater than oneself.”¹⁰

1. Connectedness to self: The expression of “hope, meaning and purpose in life, peace and serenity, acceptance, surrender, love, forgiveness of self, [a] satisfying philosophy of life, joy, courage, heightened coping and meditation.”

2. Connectedness to others: Doing for others, interaction with spiritual leaders, the seeking of forgiveness of others and of relationships with friends and family.

3. Connectedness to the humanities: Appreciation of art, music, literature and nature. A creative spiritual life energy that celebrates higher human pursuits and appreciates the created world.

4. Connectedness to a power greater than self: Prayer, mystical experiences, religious activities and reverence and awe of The Divine. [Ackley and Ladwig, 2006]¹¹

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¹⁰ 6, Ackley and Ladwig, Nursing Diagnosis Handbook, “Spiritual well-being,” Definition, p 1153.

¹¹ 6, Ackley and Ladwig, Ibid., Defining Characteristics, p 1154.

SPIRITUAL DISTRESS

NANDA offers 4 categories of “defining characteristics” of spiritual distress, in which the state of the human spirit is assessed for compromise: 1. “Connections to self;” 2. “Connections with others;” 3. “Connections with art, music, literature, nature;” 4. “Connection with power greater than self.”

1. compromised “Connections to self”

“Expresses lack of hope, meaning and purpose in life, peace/serenity, acceptance, love, forgiveness of self, courage; expresses anger, guilt, poor coping.

2. compromised “Connections with others”

“Refuses interactions with spiritual leaders; refuses interactions with friends and family; verbalizes being separated from their support system, expresses alienation.

3. compromised “Connections with art, music, literature, nature”

Demonstrates inability to express previous state of creativity (singing, listening to music, writing), disinterest in nature, and disinterest in reading spiritual literature.

4. compromised “Connection with power greater than self”

Demonstrates inability to pray, inability to participate in religious activities, expressions of being abandoned by or having anger toward GOD; *requests to see a religious leader*; ¹² demonstrates sudden changes in spiritual practices, inability to be introspective/inward turning; expresses being hopeless and suffering, inability to experience the transcendent. [Ackley and Ladwig, 2006] ¹³

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¹² Note that secular spirituality here considers one asking to see one’s “religious leader” as evidence of “compromised connectedness” to “a power greater than oneself.”

¹³ 6, Ackley and Ladwig, “Nursing Diagnosis Handbook,” “Defining Characteristics” of spiritual distress, p 1140.

RELATED FACTORS TO SPIRITUAL DISTRESS

The primary nursing diagnosis of Spiritual Distress can be accompanied with secondary causative “related to” diagnoses, which help direct patient care, such as:

- **anxiety**
- **impaired adjustment**
- **ineffective family coping**
- **dysfunctional grieving**
- **fear**
- **hopelessness**
- **loneliness**
- **social isolation**
- **ineffective coping**
- **defensive coping**
- **death and dying of self or others**
- **pain [*especially chronic*]**
- **life changes**
- **chronic illness of self or others**
- **socio-cultural deprivation**
- **religious deprivation [added]**
- **sudden isolation from Faith Community [added]** ^{14 15}

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¹⁴ 6, Ackley and Ladwig, “Nursing Diagnosis Handbook,” “Defining Characteristics” of spiritual distress, p 1140.

¹⁵ 7, NANDA, Nursing Diagnoses. Official website of organization defining Nursing Diagnoses.

RELATIONSHIP OF MAN TO THE DIVINE IN SECULAR SPIRITUALITY

Be aware that secular spirituality typically redefines GOD as “a power greater than oneself,” but does not acknowledge “GOD.”

Be aware also that the relationship between man and GOD is inverted. Compare the 4 categories of the nursing diagnoses of “spiritual well-being” & “spiritual distress” versus The Two Great Commandments recorded of The TORAH and The GOSPEL:

DEUTERONOMY 6:4-5 & LEVITICUS 19:18

4 Hear, O Israel, The LORD our GOD is one LORD.

5 And thou shalt love The LORD thy GOD with all thine heart, and with all thy soul, and with all thy might.

18 Thou shalt not avenge, nor bear any grudge against the children of thy people, but thou shalt love thy neighbour as thyself: I am The LORD. ¹⁶

MATTHEW 22:36-40

36 Master, which is The Great Commandment in The Law?

37 JESUS said unto him, Thou shalt love The Lord thy GOD with all thy heart, and with all thy soul, and with all thy mind.

38 This is The First and Great Commandment.

39 And The Second is like unto it, Thou shalt love thy neighbour as thyself.

40 On These Two Commandments hang all The Law and the prophets. ¹⁷

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¹⁶ 1, KJV, DEUTERONOMY 6:5 & LEVITICUS 19:18.

¹⁷ 1, KJV, MATTHEW 22:36-40.

MANIFESTATIONS OF SPIRITUAL DISTRESS

Mary Elizabeth O'Brien offers this 7-point assessment for spiritual distress:

1. Spiritual Pain:

“Do you ever feel hurt or pain associated with the spiritual or religious beliefs which you hold? Do you feel pain related to uncertainty or non-belief?”

2. Spiritual alienation:

“Do you frequently feel "far away" from GOD? Does it seem that He is remote and far removed from your everyday life?”

3. Spiritual anxiety:

“Are you afraid that GOD might not take care of your needs? That He might not "be there" when you need Him?”

4. Spiritual guilt:

“Have you ever done things which GOD would be angry at you for? Are you feeling badly about things which you have done or failed to do in your life?”

5. Spiritual anger:

“Are you angry at GOD for allowing you to be ill? Do you ever feel like blaming GOD for your illness? Do you think GOD is unfair to you?”

6. Spiritual loss:

“Do you ever feel that you have lost GOD's Love? That you have broken or weakened your relationship with GOD? Has God turned His back on you?”

7. Spiritual despair:

“Do you ever feel that there is no hope of having GOD's Love? Of pleasing Him? That GOD doesn't love you anymore?”¹⁸

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¹⁸ 8, O'Brien, “1.3 Questions about the Seven Manifestations of Spiritual Distress,” in “Spiritual Care: Help in Distress.” LearnWell.org.

III. Categories of “Linear Spectrum of Spiritual Coping”

SPECTRUM OF SPIRITUAL COPING

Reading Hospital Medical Center Chaplains are trained to identify the state of Spiritual well-being of patients and families, placing them on a sliding scale of spiritual health, which helps guide Chaplain pastoral care as follows: ¹⁹

Spiritually Coping Well - Spiritual Concerns - Spiritual Distress - Spiritual Despair

Spiritually Coping Well

This person is “...coping well with their circumstances by using well-rooted spiritual resources and emotional maturity, even in dire circumstances. People in this category are often a low priority for the Chaplaincy Services.”

Spiritual Concerns

This person has “emerging spiritual concerns” that “present as pre-crisis states, where people rely increasingly on existing spiritual resources, as they feel more at risk. Chaplaincy here focuses on mobilizing existing resources.”

Spiritual Distress

This person is “...most likely to benefit from their initial conversation with a Chaplain. Spiritual Distress is a crisis state requiring a pastoral response that helps draw out and identify points of distress, and helps the person reframe their beliefs and values to better meet the current challenge.”

Spiritual Despair

This person is experiencing a deep hopelessness of withdrawal and failure of spiritual coping of the soul. They generally “...do not respond well to conversation based, short-term Chaplaincy involvement. The Chaplain must gauge how deeply into despair the person has withdrawn. Chaplaincy with persons in despair requires a longer-term plan, involving regular contacts with the Chaplain, identification of the points of despair, reframing ideas of hope, and a greater degree of interdisciplinary cooperation.”

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¹⁹ 3, Stoddard, 2008 RHMC Chaplain’s Orientation Manual, p 13.

IV. Mount Carmel method of spiritual assessment

MCSAI

The “Mount Carmel Spiritual Assessment Instrument” [MCSAI] “...is an instructional tool to assist Chaplains in learning a systematic method of spiritual assessment, care planning and evaluation. The SAI utilizes a four-dimensional model for assessing spirituality in hospitalized patients... [The] four assessment areas [are] based on a qualitative analysis of themes arising from... clinical pastoral practice... and further informed [by] the framework... [of] Paul Pruyser’s diagnostic terminology.”^{20 21}

<u>Assessment Area</u>	<u>Pruyser’s Diagnostic Categories</u>
Concept of GOD	Awareness of The Holy
Subjective Meaning of Illness	Sense of Providence, Grace & Repentance
Approach to Hoping	Faith & Vocation
Relation to Support Systems	Communion

As you elicit and listen to the patient’s Story, become aware of this 4-quadrant method, the “Mount Carmel Spiritual Assessment Instrument [MCSAI]:²²

The Magic Question:

“What has happened that you are in the hospital?”

I. Concept of GOD

“What sorts of thoughts have you had about GOD or a higher power here in the hospital?”

II. Subjective Meaning of Illness:

“What sort of thoughts have you had about why this might be happening?”

III. Approach to Hoping:

“What is your hope in all of this?”

IV. Relation to Support Systems:

“How are the people closest to you handling (doing with) your situation?”

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²⁰ 9, Stoddard et al, “Mount Carmel Model for Spiritual Assessment.”

²¹ 10, Pruyser, “The Minister as Diagnostician.” V. “Guidelines for Pastoral Diagnosis,” p 60-79.

²² 3, Stoddard, 2008 RHMC Chaplain Handbook, p 12. “Step Two – Assessment Themes.”

MODIFIED MCSAI

I have modified the MCSAI in my own pastoral practice as follows:

The Magic Question:

“What has happened that you are in the hospital?”

I. Concept of GOD or The Holy [Spirituality & Religion] (1-4/4)

“Do you have a sense that GOD is somehow with you through all this?”

--What practices of spirituality?

--What Religion?

II. Relation to Support Systems [family, friends, Faith community, groups] (1-4/4)

“I am wondering what kind of support you have from family, friends and community?”

--What family members are important?

--What Faith congregation?

--What friends?

--What support groups?

III. Approach to Hoping [hope for and hope in] (1-4/4)

“Where do you put your hope in? What do you hope for?”

**Where is hope placed?

**What is hoped for?

IV. Subjective Meaning of Illness [finding purpose] (1-4/4)

“Are you able to find meaning or make sense of all this in some way?”

**What purpose or good can be found?

The “Linear Spectrum of Spiritual Coping:” (total/16) ²³ =

16/16.....12/16.....8/16.....4/16
Coping Well (16) - Spiritual Concerns (12) - Spiritual Distress (8) - Spiritual Despair (4)

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²³ I have modified the scale by assigning a grade of between 1 to 4 for each category and then, adding the total score, placing this number of between 4 to 16 on the spiritual coping linear spectrum.

V. Class Exercise

1. Think of a major trauma in your life that you are willing to share today. Picture yourself also as your own Chaplain during that difficult time. How would “the magic question” take shape in words and/or actions?

“What has happened that you are struggling with today?”

2. Write 10 words or less from Attentive Listening on the history, feelings & experience.

3. Use your intuition to place yourself on our “Linear Spectrum of Spiritual Coping”

16/16.....12/16.....8/16.....4/16
Coping Well (16) - Spiritual Concerns (12) - Spiritual Distress (8) - Spiritual Despair (4)

4. Use Mount Carmel 4-quadrant method. What is your total score? Where does this place you on the Spectrum? Does this agree with your intuition?

I. Concept of GOD or The Holy (1-4/4)

[Spirituality & Religion]

“Do you have a sense that GOD is somehow with you through all this?”

--What practices of spirituality?

--What Religion & religious needs?

II. Relation to Support Systems (1-4/4)

[family, friends, Faith community, groups]

“I am wondering what kind of support you have from family, friends and community?”

--What family members are important?

--What Faith congregation?

--What support groups?

--What friends? Who can I call for you?

IV. Meaning of Illness (1-4/4)

[finding purpose]

“Are you able to find meaning or make sense of all this in some way?”

**What purpose can be found here?

**Is there a good you can see from all this?

III. Approach to Hope (1-4/4)

[hope for and hope in]

“Where do you put your hope in? What do you hope for?”

**Where is hope placed?

**What is hoped for?

The “Linear Spectrum of Spiritual Coping:” (total/16) =

16/16.....12/16.....8/16.....4/16
Coping Well (16) - Spiritual Concerns (12) - Spiritual Distress (8) - Spiritual Despair (4)

5. What pastoral care was or would have been helpful for you and what not?

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VI. Homework Exercise

1. Consider a major trauma in the life of a loved one, friend or coworker. Be the Chaplain for that person in real time or imagined. What does the magic question sound and/or look like?

“Would you tell me what is going on today?”

2. Write 10 words or less from Attentive Listening of the history, feelings & experience.

3. Use your intuition to place the subject on our “Linear Spectrum of Spiritual Coping”

16/16.....12/16.....8/16.....4/16
Coping Well (16) - Spiritual Concerns (12) - Spiritual Distress (8) - Spiritual Despair (4)

4. Use Mount Carmel 4-quadrant method. What is this person’s total score? Where does this place him/her on the same Spectrum? Does this agree with your intuition?

I. Concept of GOD or The Holy (1-4/4)

[Spirituality & Religion]

“Do you have a sense that GOD is somehow with you through all this?”

--What practices of spirituality?

--What Religion & religious needs?

II. Relation to Support Systems (1-4/4)

[family, friends, Faith community, groups]

“I am wondering what kind of support you have from family, friends and community?”

--What family members are important?

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--What friends? Who can I call for you?

IV. Meaning of Illness (1-4/4)

[finding purpose]

“Are you able to find meaning or make sense of all this in some way?”

**What purpose can be found here?

**Is there a good you can see from all this?

III. Approach to Hope (1-4/4)

[hope for and hope in]

“Where do you put your hope in? What do you hope for?”

**Where is hope placed?

**What is hoped for?

The “Linear Spectrum of Spiritual Coping:” (total/16) =

16/16.....12/16.....8/16.....4/16
Coping Well (16) - Spiritual Concerns (12) - Spiritual Distress (8) - Spiritual Despair (4)

5. What Chaplain care was or would be helpful for your loved one, friend or coworker and what was or would not be helpful?

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VII. Clinical Exercise

1. Consider a significant case you have cared for this week at as a Chaplain in the hospital. How did the magic question take shape?

“Can you tell me what is going on that brought you to our hospital?”

2. Write 10 words or less from Attentive Listening of the history, feelings & experience.

3. Use your intuition to place the patient or family member on “Linear Spectrum of Spiritual Coping”

16/16.....12/16.....8/16.....4/16
Coping Well (16) - Spiritual Concerns (12) - Spiritual Distress (8) - Spiritual Despair (4)

4. Use Mount Carmel 4-quadrant method. What is your client’s total score? Where does this place him/her on the same Spectrum? Does this agree with your intuition?

I. Concept of GOD or The Holy (1-4/4)

[Spirituality & Religion]

“Do you have a sense that GOD is somehow with you through all this?”

--What practices of spirituality?

--What Religion & religious needs?

II. Relation to Support Systems (1-4/4)

[family, friends, Faith community, groups]

“I am wondering what kind of support you have from family, friends and community?”

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[hope for and hope in]

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What do you hope for?”

**Where is hope placed?

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The “Linear Spectrum of Spiritual Coping:” (total/16) =

16/16.....12/16.....8/16.....4/16
Coping Well (16) - Spiritual Concerns (12) - Spiritual Distress (8) - Spiritual Despair (4)

5. What Chaplain care was helpful for your client and what was not?

Remember: Your greatest gift of pastoral care is simply being present as an instrument of GOD’s Love - breaking aloneness, listening attentively and accompanying the hurting souls of others! Spiritual Assessment schemes are mere aides to these caring ends!

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