

Lessons For Ministry:
SPIRITUAL ASSESSMENT
OF THE SUFFERING SOUL

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THE CRY OF JOB'S SOUL

**Job cried out, “Oh that my words were now written!
oh that they were printed in a book! That they were
graven with an iron pen and lead in the rock for ever!”

[1]

[1] 3, KJV, JOB 19:23-24.

WHY DO SPIRITUAL ASSESSMENTS?

- The very act of doing a spiritual assessment of those who are suffering often opens doors to helping that would otherwise often remain closed and even unknown.
- But before we know how to help those in distress, we must first have some idea of
 - **the spiritual and religious beliefs of the sufferer,
 - **the resources available in his or her life and
 - **the causes of their pain in body, mind and soul.
- Thus the spiritual assessment.

THE HUMAN SOUL

- GENESIS 2:7, “And The LORD GOD formed man of the dust of the ground, and breathed into his nostrils the breath of life; and man became a living soul.” [1]
- נֶפֶשׁ - NEFESH
 - **the human “soul, self, life, creature, person, appetite, mind, living being, desire, emotion, passion.”
 - **“the breathing substance or being,” the very “inner being of man,” for without the soul, the human body is but lifeless organized dust.
 - **“the living being” of the human “self” as “person,”
 - **the seat of all human desires and “appetites, emotions, passions,” where all the “activity of mind and will” take place. [2]
 - [1] 3, KJV, GENESIS 2:7.
 - [2] 4, BDB Hebrew Lexicon, 6251, NEFESH - נֶפֶשׁ - the human “soul.”

IN PAIN AND DEATH, THE SOUL CRIES TO GOD

PSALM 102:1-2, "...Hear my prayer, O LORD, and let my cry come unto Thee. Hide not Thy face from me in the day when I am in trouble; incline Thine ear unto me: in the day when I call answer me speedily." [1]

As The Words of JESUS CHRIST on The Cross are recorded in LUKE 23:46, "And when JESUS had cried with a loud voice, He said, Father, into Thy hands I commend My spirit..." [2]

[1] 3, KJV, LUKE 23:46.

[2] 3, KJV, PSALM 102:1-2.

A SOUL'S SECURITY & PEACE IS IN GOD

- PSALM 34:22, “The LORD redeemeth the soul of His servants: and none of them that trust in Him shall be desolate.” [1]
- Mary sings of GOD’s mercy and blessings in LUKE 1:46-47, “...My soul doth magnify The Lord, And my spirit hath rejoiced in GOD my Saviour.” [2]
- Therefore Saint Augustine says, “Our hearts are restless, O Lord, until they rest in Thee!” [3]

[1] 3, KJV, PSALM 34:22.

• [2] 3, KJV, LUKE 1:46-47.

• [3] 5, Catechism of The Catholic Church, # 30, p 18-19, adapted from Saint Augustine’s prayer, “You are great, O Lord...”

A LOVING RELATIONSHIP WITH GOD AND OTHERS

- JESUS CHRIST sums up the spiritual and religious duty and purpose of man in The Two Great Commandments
 - LUKE 10:27, "...Thou shalt love The Lord Thy GOD with all thy heart, and with all thy soul, and with all thy strength, and with all thy mind; and thy neighbour as thyself." [1]
 - The human soul that lacks either a loving relationship with GOD and/or others is in spiritual distress.
 - The greater the lack, the greater the distress.
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- [1] 3, KJV, LUKE 10:27.

WHEN SPIRITUAL DISTRESS OCCURS

- The cry of the human soul in pain, feeling estranged from communion with The Creator and with other men and women, is thus the object of “spiritual assessment.”
- The soul cut off from GOD and other loving souls is desolate and empty.
- David cries out to GOD in PSALM 51:10-12, “Create in me a clean heart, O GOD; and renew a right spirit within me. Cast me not away from Thy Presence; and take not Thy Holy Spirit from me. Restore unto me the joy of Thy salvation; and uphold me with Thy free Spirit.” [\[1\]](#)
- [\[1\]](#) 3, KJV, PSALM 51:10-12.

DEFINITIONS OF “SPIRITUAL DISTRESS” IN NURSING

- ”Impaired ability to experience and integrate meaning and purpose in life through the individual’s connectedness with self, others, art, music, literature, nature or a power greater than oneself.” [1]
- the state of the human soul where there is an “...altered sense of harmonious connectedness with all of life and the universe in which dimensions that transcend and empower the self may be disrupted.” [2]

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[1] Ackley and Ladwig, “Nursing Diagnosis Handbook,” definition, “Spiritual Distress,” p 1140.

- [2] 8, Highfield, “Gratitude: An Expression of The Spirit,” Clinical Journal of Oncology Nursing, Volume 5, Number 3, 2001. Internet article printout, page 1, paragraph 2.

NANDA “DEFINING CHARACTERISTICS” OF SPIRITUAL DISTRESS

- 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. [1]
- [1] 7, Ackley and Ladwig, “Nursing Diagnosis Handbook,” “Defining Characteristics” of spiritual distress, p 1140.

- 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; demonstrates sudden changes in spiritual practices, inability to be introspective/inward turning; expresses being hopeless and suffering, inability to experience the transcendent. : [\[1\]](#)
- [\[1\]](#) 7, Ackley and Ladwig, “Nursing Diagnosis Handbook,” “Defining Characteristics” of spiritual distress, p 1140.

HELPFUL SECONDARY “RELATED TO” NURSING DIAGNOSES

- Primary nursing diagnosis of spiritual distress should be accompanied with a secondary causative “related to” diagnosis, which help to focus care:
- **anxiety
- **impaired adjustment
- **ineffective family coping
- **dysfunctional grieving,
- **fear
- **hopelessness
- **loneliness
- **social isolation
- **ineffective or defensive coping. [\[1\]](#)
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[\[1\]](#) 1, Taylor, “Part IV. Spiritual Care, Chapter 30. Spiritual Assessment, Section 7. The Next Step – What to Do with a Spiritual Assessment,” paragraph 1. Edited by Ferrell and Coyle, “Textbook of Palliative Nursing.” 2006.

MEASURE GRATITUDE TOWARDS THE DIVINE AND HIS BLESSINGS

- Spiritual assessment measures a soul's gratitude, or lack thereof, of relationships and blessings
- **with GOD
- **with others
- **with self
- identifies “the dimension of life that reflects the need to find meaning in existence and in which we respond to The Sacred.” [\[1\]](#)
- [\[1\]](#) 9, Fitchett, “Assessing Spiritual Needs,” p 16, “Spiritual Assessment: What is it?”

GRATITUDE A MEASURE OF SPIRITUAL HEALTH

- the soul which dwells in thankfulness is a soul which dwells in spiritual well-being.
- Its relative absence, acute or chronic, tends to mark the human soul that dwells in spiritual distress.
- “...gratefulness promotes spiritual well-being by helping us to celebrate our relationships with others and with ‘Divine Goodness.’ [capital letters added]”
- “...Positive relationships are a key element of healthy spirituality. Gratitude helps us to connect positively with others and Deity.”
- “Therefore, gratitude is an indicator of spiritual health.”[\[1\]](#)
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[\[1\]](#) 8, Highfield, “Gratitude: An Expression of The Spirit,” Clinical Journal of Oncology Nursing, Volume 5, Number 3, 2001. Internet article printout, page 1, paragraph 1.

JCAHO MINIMAL STANDARDS

- “Spiritual assessment should, at a minimum, determine the patient's denomination, beliefs, and what spiritual practices are important to the patient. This information would assist in determining the impact of spirituality, if any, on the care/services being provided and will identify if any further assessment is needed. The standards require organization's to define the content and scope of spiritual and other assessments and the qualifications of the individual(s) performing the assessment.” [\[1\]](#)

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[\[1\]](#) 10, JCAHO, “Spiritual Assessment.” The Joint Commission. 1/01/2004. Answer to the question, “Q: Does the Joint Commission specify what needs to be included in a spiritual assessment?”

NON-ACRONYM MODELS OF SPIRITUAL ASSESSMENT

- Hodge suggests these questions to comply to JCAHO “standards:”
- **I was wondering if spirituality or religion is important to you?
- **Are there certain spiritual beliefs and practices that you find particularly helpful in dealing with problems?
- **I was also wondering if you attend a Church or some other type of spiritual community?
- **Are there any spiritual needs or concerns I can help you with? [\[1\]](#)

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[\[1\]](#) 11, Hodge, “A Template for Spiritual Assessment....” Social Work, October 2006, p 321. “Table 2: Brief Assessment Model that Conforms to the... [JCAHO]’ Spiritual Assessment recommendations.”

OBSERVE AND LISTEN TO MORE THAN JUST DIRECT ANSWERS

- Narayanasamy [2004] suggests assessing for these:
- 1. Meaning and purpose
- **What gives you a sense of meaning and purpose?
- **[Does the patient make any sense of illness/suffering?]
- 2. Sources of strength and hope
- **Who is the most important person to you?
- **Is there anyone we can contact?
- **What is your source of strength and hope?

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[1] 12, Narayanasamy, “The Puzzle of Spirituality for Nursing: a Guide to Practical Assessment.” British Journal of Nursing, Volume 13, Issue 19 p 1143, 2004. “Table 3. Spiritual assessment guide.”

LOOK AT BEHAVIORS, RELATIONSHIPS, COMMUNICATION, SURROUNDINGS

- 3. Love and relatedness
- **[How does patient relate to family, relatives, friends, others, surroundings?]
- **[Does patient appear peaceful?]
- **[What gives patient peace?]
- 4. Self-esteem
- **[Describe the state of patient's self esteem.]
- **[How does patient feel about self?] [Narayanasamy, 2004]

WHAT DO YOU HEAR WITH YOUR EYES AND SEE WITH YOUR EARS?

- 5. Fear and anxiety
- **[Is patient angry about anything?]
- **[How does patient cope with anger?]
- **[How does patient control this?]
- 6. Relation between spiritual beliefs and health
- **What has bothered you most being sick or in what is happening to you?
- **What do you think is going to happen to you?
[Narayanasamy, 2004]

BE ALERT, SENSITIVE, FLEXIBLE

- When initial spiritual assessment tools reveal some form of spiritual distress, we should move into deeper “second tier” exploration of pain of the soul.
- Listen empathetically and probe gently the “Why, GOD?” questions, including the patient’s and family’s “beliefs about misfortune, perceptions of GOD and spiritual coping strategies.” [\[1\]](#)
- Follow the tears and trembling in flexible, sensitive and appropriate discussion.

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[\[1\]](#) 1, Taylor, “Part IV. Spiritual Care, Chapter 30. Spiritual Assessment, Section 6. General Observations and Suggestions For Conducting a Spiritual Assessment,” paragraph 1. Edited by Ferrell and Coyle, “Textbook of Palliative Nursing.” 2006.

ASSESS THESE FACTORS

- Relevance of faith and spirituality in the life of the patient.
- Patient's involvement in religious practices.
- Emotional status of the patient.
- Spiritual issues in play in the illness experience.
- Spiritual resources available to the patient for resolution and/or coping.
- Family and community connections and support. [\[1\]](#)
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[\[1\]](#) 19, Spidell, "Spiritual Assessment of the Patient [and Chaplain]." Chaplaincy Today, Volume 24, Number 1, Spring/Summer 2008, p 27.

ACRONYM – PUCHALSKI’S “FICA” MODEL [2000]

- F - Faith or Beliefs:
 - **What do you believe in that gives meaning to your life?
- I - Importance and influence:
 - **What importance does your faith or belief have in your life?
- C – Community or connectedness:
 - **Are you part of a religious or spiritual community?
- A – Address or application:
 - **How would you like these issues to be addressed in your health care?
 - **Can we contact your Clergyman or religious community for you? [\[1\]](#)

[\[1\]](#) 13, Puchalski and Romer, “Taking a Spiritual History Allows Clinicians to Understand Patients More Fully,” Journal of Palliative Medicine, Volume 3, Number 1, p 131, 2000. Table, “Spiritual Assessment Tool, FICA.”

ACRONYM – MAUGANS’ “SPIRIT“ MODEL [1996]

- S – Spiritual belief system
- **Name or describe your formal religious affiliation or your spiritual belief system.
- P – Personal spirituality
- **Describe the beliefs and practices of your belief system you personally accept and reject.
- I – Integration with a spiritual community
- **Do you belong to any spiritual or religious group or community? [\[1\]](#)

[\[1\]](#) 15, Maugans, “The SPIRITual History.” Archives of Family Medicine, Volume 5, p 11-16, Jan., 1996, page 12. Table, “Sample Questions for the SPIRITual History.”

- R – Ritualized practice and restrictions
- **Are there specific practices that you carry out as part of your religion/spirituality, such as prayer or meditation?
- I – Implications for medical care
- **What aspects of your religion/spirituality would you like us to keep in mind as we care for you?
- T – Terminal event planning
- **As we plan for your care near the end of life, how does your faith impact your decisions? [Maugans, 1996]

PRUYSER'S SCALE OF SPIRITUAL HEALTH [1976]

- 1. Awareness of The Holy
- Awe of GOD's Presence
- 2. Providence
- GOD's plan and how He is working towards me
- 3. Faith
- Where one puts hope and trust
- 4. Grace or Gratitude
- Where is GOD's Grace in your life and what are you thankful for?
- 5. Repentance
- Guilt, confession, forgiveness and restoration
- 6. Communion
- Fellowship with GOD and others in community
- 7. Sense of Vocation
- What life's work has GOD called you to? [\[1\]](#)
- [\[1\]](#) 9, Fitchett, "Assessing Spiritual Needs: A Guide for Caregivers," ²⁵
- p 106-107, from "The Minister as Diagnostician" by Paul Pruyser, 1976.

SO WHICH SPIRITUAL ASSESSMENT IS THE BEST?

- Answer – None!
- The medicine is not in the tool, but in the asking.
- 1. Our task is to help the suffering to find hope and peace in relationship with GOD, others and self
 - **within their spiritual and religious convictions
 - **as far as they wish us to accompany them
 - **while remaining true to our own spiritual and religious convictions.
- 2. We must realize that the answers to such cries of the suffering soul are not always immediately clear.
- 3. It is in meeting the need of the suffering soul's cry to be heard - by The Almighty, by other caring souls and by the self – that we may render our best aid.

NOT THE MODEL USED, BUT THE HEART EMPLOYED

- No model should be used so rigidly that flexibility is lost.
- No consensus as to any one best or right model
- It is the very act of assessing for spiritual distress, and providing spiritual and religious care,
 - **which is itself a major part of the cure
 - **which helps break the despair of the soul that feels overwhelmed by aloneness and pain.
- Whatever models we use for spiritual assessment in ministering to the suffering,
 - **it is not so much the tool itself,
 - **but the heart of the caregiver
- that is most crucial to helping others to rediscover hope in GOD, others and self.

THE HOPE OF JOB'S SOUL

** Job finds hope and peace, “For I know that my Redeemer liveth, and that He shall stand at the latter day upon the earth: And though after my skin worms destroy this body, yet in my flesh shall I see GOD: Whom I shall see for myself, and mine eyes shall behold, and not another; though my reins be consumed within me.” [1]

[1] 3, KJV, JOB 19:25-27.

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