Purpose

Develop comfortable methods of screening.

Identify appropriate responses and referrals in response to spiritual distress.
Overview

Case Studies
Why address Spiritual Pain?
How do we “make space”?
Screening
Interventions and Referrals
The “Sweet Spot”

Case Study:
2 a.m.
On-Call
Case Study: Social Worker

Case Study: “Cucuy” and Voodoo
Case Study: Sedating spiritual pain?

Case Study: Mary and Dr. A's Beard
Why address spiritual pain?

Spiritual Pain—“A pain deep in your soul (being) that is not physical.” (Mako, Galek, & Poppito, 2006)

Appears to be common; significantly associated with lower self-perceptions of spiritual quality of life (Delgado-Guay, Hui, et al, 2011)

They want to talk about it, but don’t always get to! (Williams, 2011)

Why address spiritual pain?

When we do...


Lower rates of hospital deaths (Flannelly, et al, 2012)

Why address spiritual pain?

**When we don’t…**

Mortality predictors:
“Wondered whether God had abandoned me” (R=1.28)
“Questioned God’s love for me” (R=1.22)  
**“Decided the devil made this happen” (R=1.19)**

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Why address spiritual pain?

National Consensus Project for Quality Palliative Care
“Clinical Practice Guidelines for Quality Palliative Care, Third Edition” (2013)

Domain 5: Spiritual, Religious, and Existential Aspects of Care

Cross-referenced across multiple domains
Why address spiritual pain?

The meaning of illness and pain can arise as a greater tyrant than the physical symptoms.

We, collectively, can provide spiritual palliation that will positively impact all involved (and it’s easier than it may seem!)
How do we “make space”? 

Common barriers = lack of:

- time
- training
- expertise “What if they actually say something?”
- comfort
- uncertain of boundaries
- others...?

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How do we “make space”?

**Be still and quiet within ourselves**

There is a silence that matches our best possibilities when we have learned to listen to others. We can master the art of being quiet in order to be able to hear clearly what others are saying. . . . We need to cut off the garbled static of our own preoccupations to give to people who want our quiet attention.

~Eugene Kennedy
How do we “make space”?

Be authentic

*Feeling vulnerable, imperfect, and afraid is human; it’s when we lose our capacity to hold space for these struggles that we become dangerous.*

~Brene’ Brown

How do we “make space”?  

Be mindful of judgments, assumptions, projection (*Sons of Anarchy*)

*If only I could throw away the urge to trace my patterns in your heart, I could really see you.*

~David Brandon, *Zen in the Art of Helping*
How do we “make space”?

Be comfortable with pain

You can enter the pain of another only at the level you can enter your own.
~John S. Savage

How do we “make space”?

Be open with our language

The only reason we don't open our hearts and minds to other people is that they trigger confusion in us that we don't feel brave enough or sane enough to deal with. To the degree that we look clearly and compassionately at ourselves, we feel confident and fearless about looking into someone else's eyes.
~Pema Chodron
How do we “make space”?

Trust that our presence is enough

Screening

“... the sources of spiritual pain are subtle, just like the spirit. Grand links between the cause and effect, which are relatively easily established in other kinds of pain, do not always hold for spiritual pain. For this reason, discernment is a more appropriate tool for assessment than is diagnosis.” ~Burton
Screening vs. Assessment


All disciplines equipped to **screen** and **intervene**

Trained spiritual counselor to **assess** and **treat**

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Screening vs. Assessment

*(Who does what?!?!!)*

Ideal world of best practice:
- SCC involved from the very first days of admission
- SCC introduces spiritual care
- SCC assesses
- All of IDT is prepared to notice and respond to spiritual concerns and refer to SCC
- SCC responsible for a deeper clinical spiritual assessment and on-going interventions

Reality:
- Doesn’t always happen...
Screening

FICA (Puchalski & Romer, 2000)
- Faith and Belief
- Importance
- Community
- Address in Care or Action

Don’t assume, clarify their meaning

Screening

F- Is there any particular faith tradition in which you were raised?
I- Which of your current beliefs/ideologies are most valuable to you right now?
C- If there is a crisis at 2 a.m., whom do you want me to call to come be with you and your family?
A- What do we need to know about how your particular culture and beliefs/ideologies will influence your decisions, or to which we should be respectful?
Screening

**Spiritual, religious, or both?**
- Eclectic
- Rejected / disillusioned
- Non-spiritual or non-theist (use existential language)

**Review spiritual history**
- Current AND previous religion/belief systems
- Family belief systems
- Listen for landmines

Screening

**Other Indicators:**
- “I don’t know how I’m going to make it through this.”
- “I don’t know how G_d could do this to me.”
- “I feel so alone.”
- “Nothing makes sense anymore”

**Questions:**
- “How are your spirits holding up in all of this?”
- “What’s is like to be you right now?”
- “What do you expect in the coming days?”
- “Where do you believe (G_d) is in the midst of this?”
- “What’s getting you through this time?”
Incorporating HIS

“Was the patient and/or caregiver asked about spiritual/existential concerns?”

No
Yes, and discussion occurred
Yes, but the patient and/or caregiver refused to discuss

Incorporating HIS

“Clinical record documentation showing only the patient’s religious affiliation is not sufficient evidence that the hospice had (or attempted to have) a discussion regarding spiritual/existential concerns with the patient and/or caregiver.”

Incorporating HIS

Who is asking the question?
How/what are they asking?
How/when is information relayed to SCC?

Simple question:
“Are you having spiritual or existential concerns?”
(polar question/exclusive disjunction vs. 5 W’s)

Accidentally soliciting the “No” to spiritual care?
If so, then it becomes the spiritual care assessment!
Let the SCC ask, if possible.

Five W’s

Whom do you notice struggling the most with this?
What spiritual struggles...noticed in your family?
When is the hardest time of the day for your spirits?
Where do you turn for comfort during those times?
Why do you think this is happening?

How can we best support you through this?
Interventions

Challenging to know what to say when someone is sharing at a deeper level about feelings or beliefs, so we say nothing.

Sometimes hard not to assert our own values, beliefs, opinions and ideas, so we say too much.

The Sweet Spot

![Graph showing the sweet spot between neglect and abuse.](image-url)
Interventions

“Professional boundaries are the spaces between the provider’s power and the client’s vulnerability. ..

The power of the (provider) comes from the professional position and the access to private knowledge about the client. Establishing boundaries allows the (provider) to control this power differential and allows a safe connection to meet the client’s needs.”

(NCSBN)

Reflect back onto them rather than provide your own answers:

“You have years of wisdom inside you; what do you believe?”
“How is that belief helpful to you?”
“What rings true for you?”
Non-judgmental responses
Not imposing our values
To pray or not to pray?
(hospicetimes.com—”When a Patient Asks You to Pray”)

Autonomy—their journey, not ours
Boundaries—nothing for our benefit at their expense
Resources

**General Resources:**
- Interfaith dialogue
- Regional/national offices of religions
- Worship books and sacred texts

**On-line Resources:**
- [http://www.beliefnet.com](http://www.beliefnet.com)

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Resources

George Washington Institute for Spirituality & Health
GWish SOERCE (The Spirituality and Health Online Education and Resource Center)
- [http://www.gwumc.edu/gwish/soerce](http://www.gwumc.edu/gwish/soerce)

HealthCare Chaplaincy
- [www.healthcarechaplaincy.org](http://www.healthcarechaplaincy.org)
  “A Dictionary of Patients’ Spiritual & Cultural Values for Health Care Professionals” (2011)
Resources

NHPCO/NCHPP
Spiritual Caregiver Section Library (800-646-6460)

Literary Resources:
Doka & Tucci (eds.) (2011)—Living with Grief®: Spirituality and End-Of-Life Care
http://www.hospicefoundation.org/2011program

Resources

Huston Smith (1986)—The World’s Religions

Judith C. Joseph (2004)—Responding with Compassion
http://www.jcjoseph.com/pages/companion.html
Resources


Thangaraj (1997)—Relating to People of Other Religions

Comte-Sponville (2008)—The Little Book of Atheist Spirituality

Conclusion

Find a comfortable place for yourself...

to offer a comfortable and safe place for patients...

to just BE with the questions, struggles, pain...

and trust that THIS is MORE than ENOUGH!
Perhaps the most important thing we bring to another person is the silence in us. Not the sort of silence that is filled with unspoken criticism or hard withdrawal. The sort of silence that is a place of refuge, of rest, of acceptance of someone as they are. We are all hungry for this other silence. It is hard to find. In its presence we can remember something beyond the moment, a strength on which to build a life. Silence is a place of great power and healing. Silence is God's lap.

Many things grow the silence in us, among them simply growing older. We may then become more a refuge than a rescuer, a witness to the process of life and the wisdom of acceptance.

A highly skilled AIDS doctor once told me that she keeps a picture of her grandmother in her home and sits before it for a few minutes every day before she leaves for work. Her grandmother was an Italian-born woman who held her family close. Her wisdom was of the earth.
Once when Louisa was very small, her kitten was killed in an accident. It was her first experience of death and she had been devastated. Her parents had encouraged her not to be sad, telling her that the kitten was in heaven now with God.

Despite these assurances, she had not been comforted. She had prayed to God, asking Him to give her kitten back. But God did not respond.

In her anguish she had turned to her grandmother and asked, "Why?" Her grandmother had not told her that her kitten was in heaven as so many of the other adults had.

Instead, she had simply held her and reminded her of the time when her grandfather had died. She, too, had prayed to God, but God had not brought Grandpa back. She did not know why. Louisa had turned into the soft warmth of her grandmother's shoulder then and sobbed. When finally she was able to look up, she saw that her grandmother was crying, too.

Although her grandmother could not answer her question, a great loneliness had gone and she felt able to go on.
All the assurances that Peaches was in heaven had not given her this strength or peace. "My grandmother was a lap, Rachel," she told me, "a place of refuge. I know a great deal about AIDS, but what I really want to be for my patients is a lap. A place from which they can face what they have to face and not be alone."

Taking refuge does not mean hiding from life. It means finding a place of strength, the capacity to live the life we have been given with greater courage and sometimes even with gratitude. *(A Place of Refuge by Dr. Rachel Naomi Remen)*

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**References**


