SPIRITUAL DIRECTION IN THE JOURNEY OF ILLNESS

IN CLASS HANDOUTS & RESOURCES FOR SPIRITUAL DIRECTORS ACCOMPANYING DIRECTEES WITH HEALTH ISSUES OR AS CAREGIVERS

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JOINED IN A JOURNEY OF ILLNESS

As Patient: Though I stand at heaven's gate, holding onto a remembrance yet feeling far from it waiting for a miracle, within the chalice of pain I encounter another in Christ as my brokenness longs in longing to be redeemed from this immanent of experience.

As Caregiver: Traveling into the inner world of unknown darkness of another, I hold onto the light of Christ, keeping a vigil listening for the far-off rumbles and catching the echoes of past hopes for thy joy to be resurrected again in me.

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Sensing Spiritually		
Abandoned	Detached	Hopeless
Alienated	Distrusting	Insecure
Apathetic	Doubtful	Lost
Brokenness	Fearful	Shameful
Defeated	Guilty	Tearful
Despair	Helpless	Weary

With Support		
Accepting	Grateful	Steady
Calm	Joyful	Strong
Confident	Peaceful	Trustful
Comfortable	Reconciled	Touched
Contented	Relieved	Tranquil
Courageous	Secure	Warm

Resources for Spiritual Directors Accompanying Directees with Health Issues or Serving as Caregivers that includes definitions, introduction to a chaplains care process practice, spiritual assessment tools, notes related to the experience of illness, some examples of reflection skills, organizations supporting spiritual care providers who work with the sick, research centers related to spiritualty and health, a few books, sample articles in PubMed, some scriptures for meditation, and a synopsis in parallel of the scriptures related to Jesus' healings for contemplation.

INTRODUCTION

In our call as disciples, as we walk with others, at some point we will take that detour onto that road which all of us will travel. We all have or will experience being ill at one time or another, be it a self-limiting or a serious life threating disease; and/or in some way as a caretaker for a family or friend.

We begin with the person - who has become a patient – with their own unique subjectivity, perceptions, coping methods, actions, and beliefs within their family, cultural and religious context - one who becomes forever changed from their experiences of an illness.

As patients, family members, health care providers, pastoral care givers, and visitors with the sick we are called to the same vision of who each person is which is at the heart of Christ and to "be not afraid" as we walk the journey of an illness.

In Pope Francis' homily for the beatification of Saint John XXIII and Saint John Paul II, he stated: "*{They} were not afraid to look upon the wounds of Jesus, to touch his torn hands and his pierced side. They were not ashamed of the flesh of Christ, they were not scandalized by him, by his cross; they did not despise the flesh of their brother (cf. Is 58:7), because they saw Jesus in every person who suffers and struggles.*"

PRESENTATION OUTLINE

- Introductions
- Comments on the Compassion Video
- Comments on Presentation by Drs. Musgrave and Shea
- Definitions
- Process of a Chaplain
- John Shea's 3 parts
    - Review the Illness Narratives
    - Discussion on Erikson's stages of Development related illness and its effects
    - Images of God
- Share Their Stories other types of stories… the questions
    - Which was their story, what stage were they in based upon their sharing their experience with God
        - Beverly compare her story with ….
        - Mark
        - Maria
        - Ellen - Quest
        - Olivia
        - Mary
- Practicum

  Feeling List

    - Write a circle around to all of the feelings you have had when you had a major health crisis.
    - Write a check next to all of the feelings you have had when you had a family member or friends experience major health crisis.

DEFINITIONS

TWO DEFINITIONS OF HEALTH

WORLD HEALTH ORGANIZATION

> "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." [World Health Organization]

Do you know anyone who fits this definition?

ST. POPE JOHN PAUL II

> "Health is a dynamic tension towards physical, mental, social, and spiritual harmony, and not only the absence of illness, which gives man the ability to fulfill the mission which has been entrusted to him, according to the state of life in which he finds himself." [St. John Paul II]

How true for your does this describe health?

DIFFERENCES

- WHO lacks the spiritual aspect of the human person, as related to health. St. John Paul II has the model of the human person rooted in a Christian anthropology.
- "Dynamic tension...harmony" - implies a relational balance [if one is weak physically, yet one can be strong spiritually].
- "Towards"- implies that a 'complete well-being' in each area may not be realistic or achievable; and we, as human persons, are in a continuing state of 'being' [growing, learning] and one that has been given a mission in life.
- St. John Paul II placed the role of health in the perspective, as an aspect of the human person, but not one's ultimate fulfillment or one's ultimate goal or purpose in life to achieve.

WELL- BEING

https://www.cdc.gov/hrqol/wellbeing.htm

Health Related Quality of Life - Well Being Scoring

"Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. Good living conditions (e.g., housing, employment) are fundamental to well-being. Tracking these conditions is important for public policy.

However, many indicators that measure living conditions fail to measure what people think and feel about their lives, such as the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life—i.e., their "well-being."

Well-being generally includes global judgments of life satisfaction and feelings ranging from depression to joy."

DISEASE

Disease is a complex term not easy to articulate for our notions of health are contextual and dependent for they exist in relationship to people and their cultural context. From a clinical perspective a disease has "biological and /or physiological malfunctions."[1]

Where we can classify a disease based on the international classification of diseases the ICD, the global health information standard for mortality and morbidity, a person's illness or sickness is not so easily categorized.
What people believe about themselves to be ill will vary according to their social class, gender, race, and ethnic group, in addition other factors such as their proximity to support from family and other social constructs.[2]

[1] http://nccc.georgetown.edu/body_mind_spirit/definitions_health_sickness.html National Center for Cultural Competence Georgetown University
[2] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1299105/

CLASSIFICATIONS OF DISEASES

ICD-10-CM (diagnosis) and *ICD-10*-PCS (procedure) medical billing codes.

ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.[1] Work on ICD-10 began in 1983 and was completed in 1992.[1]

The code set in the base classification allows for more than 14,400 different codes[*citation needed*], and permits the tracking of many new diagnoses compared to ICD-9). Through the use of optional sub-classifications[2] the number of codes can be expanded to over 16,000.[*citation needed*] Some national editions expand the code set even further; ICD-10-CM, for example, has over 70,000 codes

SUB TYPES

- Acute – are sudden may be from an illness or injury. Could be severe, self-limiting, needing some short-term treatment, or resulting in a permanent condition.
- Chronic – can develop from an acute episode leaving residuals, or slowly development till symptomatic (episodic or ongoing with acute episodes), stable or degenerative – a long developing condition.
- Disability – from birth, illness or injury – physical or psychological. Degree or % of disability effecting the ADL's - activity of daily living.
    - Eating.
    - Bathing.
    - Dressing.
    - Toileting (being able to get on and off the toilet and perform personal hygiene functions)
    - Transferring (being able to get in and out of bed or a chair without assistance)
    - Maintaining continence (being able to control bladder and bowel functions)

ILLNESS

Illness can be defined as a collection of evolved responses to any disease. "Illness refers to the sociocultural context within which disease is experienced. The patient and his/her family label, classify, and explain the sickness episode in such a way that it can be personally and socially meaningful (Kleinman 1978)." [3]

ILLNESS VERSUS DISEASE[4]

Disease

In the scientific paradigm of modern medicine, diseas
refers to abnormalities of the structure and function o
body organs and systems (Eisenberg, 1977). Diseases ar
the named pathological entities that make up the medi
cal model of ill-health, such as diabetes or tuberculosis
and which can be specifically identified and describe
by reference to certain biological, chemical or othe
evidence. In a sense, diseases are seen as abstrac
'things' or independent entities which have specifi
properties and a recurring identity in whichever settin
they appear. That is, they are assumed to be universal i
their form, progress and content. Their aetiology

[3] http://nccc.georgetown.edu/body_mind_spirit/definitions_health_sickness.html National Center for Cultural Competence Georgetown University

[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1972172/?page=1

Illness

Cassell (1978) uses illness to mean "what the patient feels when he goes to the doctor", and disease to mean "what he has on the way home from the doctor's office. Disease, then, is something an organ has; illness is something a man has." Illness refers to the subjective response of the patient to being unwell; how he, and those around him, perceive the origin and significance of this event; how it effects his behaviour or relationships with other people; and the steps he takes to remedy this situation (Eisenberg, 1977; Kleinman *et al.*, 1978, 1980). It includes not only his experience of ill-health, but the meaning he gives to that experience.

Illness, therefore, is the patient's perspective on his ill-health, a perspective which is very different from that

SICKNESS

"Sickness can also be regarded as a concept that combines the biomedical model (disease) with the sociocultural context of the patient (illness). Spirituality and religion can potentially play an important role in defining, understanding, and responding to disease within "illness." For the "disease" part of sickness, the personal beliefs of a health or mental health care provider must also be considered, as they impact patient-provider communication."[5]

PAIN

"Pain is a perception that signals the individual that tissue damage has occurred or may be occurring. It is subjective and complex. The processes in the body that are involved in the perception of pain are called "nociception." Basic and clinical research during the past 50 years has confirmed that there are many mechanisms involved in nociception"[6]

Pain is not just physical, it is also psychological and spiritual. Pain can cause suffering.

[5] http://nccc.georgetown.edu/body_mind_spirit/definitions_health_sickness.html National Center for Cultural Competence Georgetown University

[6] http://www.healingchronicpain.org/introduction/definitions

SUFFERING

Suffering is beyond pain, it involves the whole person - one's physicality, their mental and emotional state, as well as their spiritual well-being. We have clinical methods to alleviate the physical and mental pain, yet it may not reduce the suffering related to such pain.

The needs of the patient - the person as patient - cannot be addressed fully by one person. Healthcare providers are overworked, family members are spread thin, and parishes are understaffed, thus the need for a ministry to the sick is even more needed today.

SPIRITUAL PAIN

"Spiritual pain is described in NANDA- [7](1994:49) as the **"disruption in the principle which pervades a person's entire being and which integrates and transcends one's biological and psychosocial nature....** .... note that "spiritual distress and spiritual crisis" occur when a person is **"unable to find sources of meaning, hope, love, peace, comfort, strength, and connection in life or when conflict occurs between their beliefs and what is happening in their life"** ... The lists included, but **were not limited to anger toward God, questioning the meaning of suffering or the meaning of one's own existence, verbal comments regarding an inner conflict about beliefs or about one's relationship with a deity, an inability to participate in one's usual religious practices, and more**".[8]

[7] NANDA International (formerly the North American Nursing Diagnosis Association
[8] http://nccc.georgetown.edu/body_mind_spirit/pain_distress.html

THE PERSON AS PATIENT

USE OF LANGUAGE

A blind person or a person with blindness?

DEVELOPMENT OF THE MEDICAL MODELS

OF THE HUMAN PERSON

Mechanical - Bio
Dualistic - Bio-psycho
Bio-psycho-social-spiritual
Christian Anthropology

OF THE PHYSICIAN/PATIENT RELATIONSHIP

Models of the Doctor/Patient Relationship

- Pre-history Spiritual/Community Model – Protectors of Society
- Ancient Western Model - The Greeks – Virtues of the Professional
- Modern Model - Scientific Discoveries 18th &19th centuries – Scientific Professionals
- Paternalistic Model -1950- 60's – Protectors of the Scientific Knowledge
    - New Models Social Changes – An Educated Society
- Collegial [colleague/team] Model - Patient Autonomy & Independence - An Appropriate Backlash
- Technological Model - late 20th century – A New Religion Emerges – Man over Nature
- Contract Model – Legal Agreements and For-Profit Insurers protecting the Social Good
    - Stranger Model
    - Friendship Model
    - Partnership Model
- *A Covenant Model – Surviving the 21-Century Models

PRE PRESENTATION RESOURCES

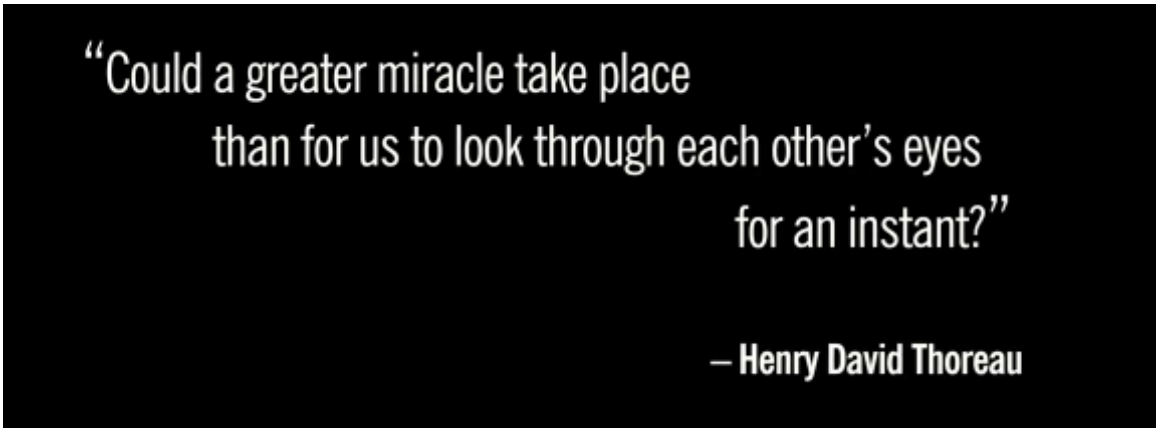
VIDEOS

CLEVELAND CLINIC *COMPASSION*

Patient care is more than just healing -- it's building a connection that encompasses mind, body and soul. Published on Feb 27, 2013
https://www.youtube.com/watch?v=cDDWvj_q-o8

All that is hidden

Empathy: The Human Connection to Patient Care



If you could stand in someone else's shoes . . . hear what they hear. See what they see. Feel what they feel. Would you treat them differently?

BOOK PRESENTATION

Book Presentation: *Spiritual and Psychological Aspects of Illness*
Sections in the books

- Theological Dimensions of Loss, Illness and Death
- Psychological Dimensions of Life, Loss and Death
- Healing Dimensions: The Experience of Loss, Illness and Death
- Personal Dimension and Memories of Life, Loss and Death.

Presenters: Co-editors **Beverly A. Musgrave**, assistant professor and co-director of pastoral counseling and spiritual care, Fordham University, **Neil McGettigan, O.S.A.**, professor of theology, Villanova University, and contributing author **John J. Shea, O.S.A.**, STM professor of pastoral care and counseling, Fordham University.

https://www.bc.edu/bc-web/schools/stm/sites/encore/main/2010/spiritual-psychological-illness.html

Beverly Musgrave 4:52 – 9:09
John Shea – 19:3 7- 29:50
Beverly Musgrave - 52:29 to 1:06

Poem

Someone I loved once gave me a box full of darkness

It took me years to understand that this too was gift.

Her critical illness – she had treating physician, spiritual director, therapist, family After tx: she reflected that others in NYC did not have such support Meet several times with colleagues – medical, theological, physical and social created a non-profit – training programs for parishes: Partners in Healing to pastoral care students – 6 conferences – the book came out of that organization.

DR. BEVERLY MUSGRAVE

Illness is often a detour, a jarring moment in time that calls forth courage in the face of fear, it questions the meaning of life, a serious illness usher in serious life's tasks.
This task is the surrender of the self, trustfully and hopefully to the insoluble mystery we call God.

Mystery of illness through the eyes of faith: The silent cry as a mystical name of God… to hear the inaudible silent cry in ourselves, others and the world… the silent cry is at the center of our being.

A Box Full of Darkness
Someone I loved once gave me
a box full of darkness.
It took me years to understand
that this, too, was a gift.
Mary Oliver, *Thirst*

ILLNESS IS ABOUT THE SOUL

Psyche is Greek is means the study of the soul. What people have learned from living. The toughness of life is going to teach us that we need to have something to believe in, it is a time to discover our beliefs, question our beliefs for we can not live without meaning.

HEALING DIMENSION

We need people in our life, people help us… partners in healing… can we really heal from the struggles of life without someone else? What makes us heal is love.

PERSONAL DIMENSIONS AND MEMORIES OF LIFE

We can remember, and when we remember we begin to understand life as when we never understood it before, then we get a deeper and more fascinating and have a more healthy understanding of life…One of the great joys of life is that we are needed and loved.

TEXT

ILLNESS AND THE QUEST FOR AN ADULT HEALTH

Illness and the Quest for An Adult Health Chapter 5 by Dr. John Shea in the *Spiritual and Psychological Aspects of Illness* he looked to illness and the ways it can related to adult development adult faith.

Offering Arthur Frank's concept of *deep illness* (one in which is could be critical, chronic, immediately life threating or long term, with different levels of impairment, but the illness is perceived as lasting) the one which makes us question what life is all about, and the role of the caregiver the listening to the narrative of the now patient.

Noting Paul Andrews work on the development tasks of the terminally ill he writes how illness can challenge our imaging of God. How can we listen to the person's narrative and look to understand what may be happening developmentally to the person telling the story and how we with an integral self (adult self) and an adult faith may help them in finding that God of Thou, Love, Mystery, Freedom and Community. (Pg. 75)

THEORY AND PRACTICE OF CHAPLAIN'S SPIRITUAL CARE PROCESS[9]

A PSYCHIATRIST'S EXPERIENCES OF CHAPLAINCY AND CONCEPTUALIZING TRANS-PERSONAL MODEL OF MINDFULNESS

BACKGROUND:

Of various spiritual care methods, mindfulness meditation has found consistent application in clinical intervention and research. **"Listening presence,"** a chaplain's model of mindfulness and its trans-personal application in spiritual care is least understood and studied.

AIM:

The aim was to develop a conceptualized understanding of chaplain's spiritual care process based on neuro-physiological principles of mindfulness and interpersonal empathy.

MATERIALS AND METHODS:

Current understandings on neuro-physiological mechanisms of mindfulness-based interventions (MBI) and interpersonal empathy such as theory of mind and mirror neuron system are used to build a theoretical framework for chaplain's spiritual care process. Practical application of this theoretical model is illustrated using a carefully recorded clinical interaction, in verbatim, between chaplain and his patient. Qualitative findings from this verbatim are systematically analyzed using neuro-physiological principles.

RESULTS AND DISCUSSION:

Chaplain's deep listening skills to experience patient's pain and suffering, awareness of his/her emotions/memories triggered by patient's story and ability to set aside personal emotions, and judgmental thoughts formed intra-personal mindfulness. Chaplain's insights on and ability to remain mindfully aware of possible emotions/thoughts in the patient, and facilitating patient to

[9] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4314912/

return and re-return to become aware of internal emotions/thoughts helps the patient develop own intra-personal mindfulness leading to self-healing. This form of care involving chaplain's mindfulness of emotions/thoughts of another individual, that is, patient, may be conceptualized as trans-personal model of mindfulness-based interventions **MBI.**

Keywords: Chaplain, empathy, healing, mindfulness, mirror neuron, religion, spiritual

CHAPLAIN'S MODEL OF SPIRITUAL CARE (FOR SPIRITUAL DIRECTORS TO ADD IN GOD)

Described as "Listening Presence," the chaplain's model of spiritual care is described by Wolfelt in his single author textbook/guide for chaplains-in-training and this is the model of care adapted effectively by CPE-trained chaplains, however not grounded in any scientific theory. The steps in this model of care includes, a chaplain

(1) actively listening to emotional pain and struggles in a patients' story
(2) becoming aware of how the patient's story is triggering emotional memories within
(3) remaining mindfully aware but without "suffering" from them
(4) avoiding cognitive calculations or judgments about patient's behavior or life's choices
(5) returning focus to empathize with patient's pain/struggles using verbal and nonverbal communication
(6) facilitating patient to share painful emotions/stories, which increases their intra-personal awareness
(7) while resisting own urge to rush the patient out of their pain and suffering, that is, avoids making "treatment plans" for the patient.

Thus, with its key ingredients of empathy and mindfulness of patients' emotional state, this model of "Listening Presence" has close resemblance to the MBI; which in the context of a dyadic relationship such as chaplain-patient interaction takes a **trans-personal/transcendental form of mindfulness.**

Mindfulness meditation and its intervention in clinical care has been the most widely studied model of spiritual care; elaborate understandings on the neuro-

physiological mechanisms of this model would serve to build our theoretical frame-work of chaplaincy process.

CONCLUSION:

Chaplain's approach may be a legitimate form of psychological therapy that includes **inter and intra-personal mindfulness. Neuro-physiological mechanisms of empathy** that underlie Chaplain's spiritual care process may establish it as an evidence-based clinical method of care.

HOW DO WE RESPOND TO OWN ILLNESS?

What we need to do is reflect upon our own experiences before we can begin to enter into the experience of the other.

Beginning to address what gives meaning to someone, we need to know what gives meaning to us, yet we are there for the other person to be with them in solidarity, to be empathetic not sympathetic, to be present and to listen.

Most of us have conscious and unconscious experiences that we fall back on (our default mechanism) when we encounter another with a serious or life-threatening illness; that is why self-reflection is primary in understanding ourselves so we can understand the other.

ILLNESS IS A DEVELOPMENTAL CRISIS

THE PERSON AS PATIENT HAS BECOME MARGINALIZED

ADDRESSING THE HUMAN DOCUMENT

THE STORY OF ILLNESS CHANGES IN THE MEDICAL COMMUNITY

NARRATIVE MEDICINE

[10]Narrative Medicine fortifies clinical practice with the narrative competence to recognize, absorb, metabolize, interpret, and be moved by the stories of illness.

[11]**Narrative medicine** is a medical approach that utilizes people's narratives in clinical practice, research, and education as a way to promote healing. It aims to address the relational and psychological dimensions that occur in tandem with physical illness, with the attempt to treat patients as humans with individual stories, rather than purely based on symptoms.[1] In doing this, narrative medicine aims not only to validate the experience of the patient, but also to encourage creativity and self-reflection in the physician. The value of narrative medicine has been summarized as follows:[2]

Rita Charon [5] is the executive director of this program and has published and lectured on the benefits of doctors receiving narrative training as a way to increase empathy and reflection in the medical professional field. As of the late 1990s, physicians like Rachel Naomi Remen and Rita Charon have argued that medical practice should be structured around the narratives of patients. Charon stated*: "Sick people need physicians who can understand their diseases, treat their medical problems, and accompany them through their illnesses*."[6]

PATIENT-CENTERED CARE VERSUS PERSON-FOCUSED CARE[12]

The importance of recognizing patients' health problems as they see them. The benefits to health from advances in medicine in the 20th century have led to a shift away from patients' problems to disease processes, without consideration of the changing contexts in which people live and work and with a demonstrated decline in focus on the person. Inherent in a person focus is the notion that attention to patients' problems in the context of their multimorbidity is at least as important as appropriate care for their individual diagnoses.

Patient-centered care	Person-focused care
Generally refers to interactions in visits	Refers to interrelationships over time
May be episode oriented	Considers episodes as part of life-course experiences with health
Generally centers around the management of diseases	Views diseases as interrelated phenomena
Generally views comorbidity as number of chronic diseases	Often considers morbidity as combinations of types of illnesses (multimorbidity)
Generally views body systems as distinct	Views body systems as interrelated
Uses coding systems that reflect professionally defined conditions	Uses coding systems that also allow for specification of people's health concerns
Is concerned primarily with the evolution of patients' diseases	Is concerned with the evolution of people's experienced health problems as well as with their diseases

[10] http://www.narrativemedicine.org/about-narrative-medicine/
[11] https://en.wikipedia.org/wiki/Narrative_medicine
[12] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3140752/

SPIRITUAL ASSESSMENTS

JCAHO STANDARDS[13] ASSESSMENT TOOLS

JCAHO, the Joint Commission on Accreditation and Healthcare, is the largest and oldest accrediting entity in the United States for health care. In 2001, JCAHO revised its standards and now mandates a spiritual assessment that is to be directed to the patient or his/her family. Health care institutions affected by this change include hospitals, home care organizations, long-term care facilities, and behavioral health settings that treat addiction (Hodge 2006). The Standard lists general content areas of discussion, but it does not mandate a specific instrument to be used. This initial assessment may be brief, but it is intended to serve a twofold purpose:

1. to identify the importance of spirituality and religion to the patient as it may affect care
2. to determine if follow-up with a more comprehensive assessment is needed.

ASSESSMENT TOOLS

Commonly seen instruments relate to end of life issues/death and dying, mental health, chronic illness, and acute incidents. Little is seen on spirituality and religion and preventive health or public health. Phrasing of questions is very important. Patients should be presented with non-leading, open-ended, non-judgmental inquiries that provide the opportunity for them to bring forward what is important to them. Spirituality and religion are not static and may be influenced by the course of the patient's illness so this is a topic that may need to be revisited occasionally to see if any significant changes are taking place.

Assessment tools range from a simple list of 3-4 questions to the more detailed and complex. For example, Nelson-Becker et al. (2007) look at eleven domains of spirituality, each with its own set of a few questions.

Here are a few examples of the spiritual history tools the HOPE, FICA, FAITH, SPIRIT and FACT assessments.

[13] https://nccc.georgetown.edu/body-mind-spirit/assessment.php

USING THE HOPE QUESTIONS AS A PRACTICAL TOOL FOR SPIRITUAL ASSESSMENT[14]

INFORMAL SPIRITUAL ASSESSMENT

Informal spiritual assessment may be accomplished at any time during the medical encounter. Because most patients use symbolic and metaphoric language when expressing spiritual thoughts, spiritual assessment often involves listening carefully to the stories that patients tell regarding their lives and illness and then interpreting the spiritual issues involved.

Themes such as the search for meaning, feelings of connection versus isolation, hope versus hopelessness, fear of the unknown, are clues that the patient may be struggling with spiritual issues. Perceiving these clues and following with open-ended as well as specific questions regarding the patient's spiritual beliefs may reveal more about a patient's spiritual needs than direct inquiry with a formal spiritual assessment.

This is the approach most often employed by CPE chaplains. Many family physicians notice such clues instinctively and can easily continue to develop this perception skill once they know what to look for.

FORMAL SPIRITUAL ASSESSMENT

A formal spiritual assessment involves asking specific questions during a medical interview to determine whether spiritual factors may play a role in the patient's illness or recovery and whether these factors affect the medical treatment plan.

There are many possible formats for conducting a formal spiritual assessment, and several have been reviewed elsewhere (www.gwu.edu/~cicd/toolkit/spiritual.htm).38,39 Most of these tools were

[14] https://www.aafp.org/afp/2001/0101/p81.html Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment

developed for use in the hospice setting, for use by pastoral counselors or nurses, or as research instruments. Little has been written about approaches developed for use by practicing physicians in a routine medical encounter.

HOPE MODEL

- H - Sources of hope - meaning, comfort, strength, peace, and connection
- O - Organized religion
- P - Personal spirituality and practices
- E - Effects on medical care and end-of-life issues

EXAMPLES OF QUESTIONS FOR THE HOPE APPROACH TO SPIRITUAL ASSESSMENT

H: Sources of hope, meaning, comfort, strength, peace, love and connection

We have been discussing your support systems. I was wondering, what is there in your life that gives you internal support?

What are your sources of hope, strength, comfort and peace?

What do you hold on to during difficult times?

What sustains you and keeps you going?

For some people, their religious or spiritual beliefs act as a source of comfort and strength in dealing with life's ups and downs; is this true for you?

If the answer is "Yes," go on to O and P questions.

If the answer is "No," consider asking: *Was it ever?* If the answer is "Yes," ask: *What changed?*

O: Organized religion

Do you consider yourself part of an organized religion?

How important is this to you?

What aspects of your religion are helpful and not so helpful to you?

Are you part of a religious or spiritual community? Does it help you? How?

P: Personal spirituality/ practices

Do you have personal spiritual beliefs that are independent of organized religion? What are they?

Do you believe in God? What kind of relationship do you have with God?

What aspects of your spirituality or spiritual practices do you find most helpful to you personally? (e.g., prayer, meditation, reading scripture, attending religious services, listening to music, hiking, communing with nature)

E: Effects on medical care and end-of-life issues

Has being sick (or your current situation) affected your ability to do the things that usually help you spiritually? (Or affected your relationship with God?)

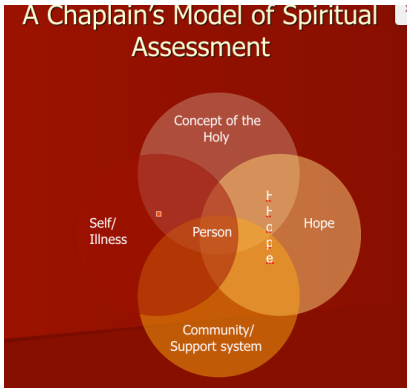
As a doctor, is there anything that I can do to help you access the resources that usually help you?

Are you worried about any conflicts between your beliefs and your medical situation/care/decisions?

Would it be helpful for you to speak to a clinical chaplain/community spiritual leader?

Are there any specific practices or restrictions I should know about in providing your medical care? (e.g., dietary restrictions, use of blood products)

MULTI MODEL ASSESSMENT[15]



1. Concept of the Holy
2. Self/Illness
3. Support System
4. Hope

Assessments, Questions, Outcomes

CONCEPT OF THE HOLY

THE HOLY: Assessment

- What does patient hold sacred? Or is in awe of
- Is there an awareness of the holy? Faith?
- Does person consider grace, blessings, and sense of the generous
- Salvation: ability to move from darkness toward light, well being, wholeness

THE HOLY: Questions

- *Do you have a sense of where God is in all of this?*
- *How has your relationship with God sustained you?*
- *Are there spiritual or religious practices that have been especially helpful?*

[15] HOPE Model (Brown University Medical School and the American Academy of Family Physicians)

THE HOLY: Outcomes

- Repentance: ability to move from anguish/sins toward well-being and forgiveness
- Identify chaplain as a safe person who will support a relationship with the Holy
- Access relationship to God/The Holy/the higher power
- Encourage/reinforce their use of religious and spiritual practices

SELF/ILLNESS

SELF/ILLNESS: Assessment

- Ability to trust
- Ability to mourn and re-engage
- Ability to create/make meaning
- Ability to progress through life's developmental phases
- What is the nature of patient's relationship to the crisis?
    - Victim? Conqueror? Fear? Acceptance?

SELF/ ILLNESS: Questions

- *What is giving you strength to cope right now?*
- *What is the hardest thing about this time for you?*
- *How have you dealt with previous loss, disappointment, illness*?

SELF/ILLNESS: Outcomes

- Access inner resources for healing
- Access convictions and regain direction and energy for healing
- Clarify problem areas
- Identify options

SUPPORT SYSTEM

SUPPORT SYSTEM: Assessment

Significant Others

- Potential to learn about God, the Holy, through personal relationships
- Ability to explore significance of difficult relationships such as estrangement, divorce, loss

Community

- In which person finds meaning in relationship to ultimate values
- Spiritual home-place of comfort
- Accountability-place to matter in the larger world
- Significant religious/spiritual practices
- Place to be prayed for, remembered, mourned

SUPPORT SYSTEM: Questions

- *Who is there for you in this time?*
- *Who do you most miss?*
- *Where do you feel you most belong?*

SUPPORT SYSTEM: Outcomes

- Person accesses the meaningfulness of their community during hospitalization.
- Person pinpoints losses in relation to community, moves from grief to love
- Experiences support and guidance in summoning resources of community

HOPE

HOPE: Assessment

- Is there a future?
- What does it hold for person?

HOPE: Questions

- *What are you most looking forward to?*
- *What helps you when you are feeling blue?*
- *How do you comfort yourself?*
- *If the patient speaks of fear of dying…*
- *What specifically are you afraid of?*

HOPE: Outcomes

- Gains perspective on current situation
- Achieves clarity about problem areas
- Reaches general sense of well-being

FICA MODEL (CPE NOTES)

F- Faith and Belief:

- *Do you consider yourself spiritual or religious?*
- *Do you have spiritual beliefs or practices that help you cope with stress?*
- *If no – What in your life gives you meaning or strength*?

I – Importance:

- *What importance does your faith or belief have in your life?*
- *Have your beliefs influenced how you take care of yourself in this illness?*
- *What role do your beliefs play in regaining your health?*

C – Community:

- *Do you have a community where you feel you belong and are cared for?*
- *Are you part of a religious or spiritual community?*

A – Address

- *How, if at all, would you like me to address these issues in your healthcare?*

ADDITIONAL MODELS[16]

FAITH *(King)*[16]

F Do you have a **F**aith or religion that is important to you?

A How do your beliefs **A**pply to your health?

I Are you **I**nvolved in a church or faith community?

T How do your spiritual views affect your views about **T**reatment?

H How may I **H**elp you with any spiritual concerns?

SPIRIT *(Abridged: Maugans; Ambuel and Weissman)*[17]

S **S**piritual belief system: Do you have a formal religious affiliation? Can you describe this? Do you have a spiritual life that is important to you?

P **P**ersonal spirituality: Describe the beliefs and practices of your religion that you personally accept. Describe those beliefs and practices that you do not accept or follow. In what ways is your spirituality/religion meaningful for you?

I **I**ntegration with a spiritual community: Do you belong to any religious or spiritual groups or communities? How do you participate in these groups/communities? What importance does they have for you? What types of support and help does or could they provide for you in dealing with health issues?

R **R**itualized practices and **R**estrictions: What specific practices do you carry out as part of your religious and spiritual life? What lifestyle activities or practices do your religion encourage, discourage or forbid? To what extent have you followed these guidelines?

I **I**mplications for medical practice: Are there specific elements of medical care that your religion discourages or forbids? To what extent have you followed these guidelines? What aspects of your religion/spirituality would you like to keep in mind as I care for you?

T **T**erminal events planning: Are there particular aspects of medical care that you wish to forgo or have withheld because of your religion/spirituality? Are there religious or spiritual practices or rituals that you would like to have available in the hospital or at home? Are there religious or spiritual practices that you wish to plan for at the time of death, or following death? As we plan for your medical care near the end of life, in what ways will your religion and spirituality influence your decisions?

FACT *(LaRocca-Pitts)*[18]

F **F**aith (or Beliefs): What is your **F**aith or belief? Do you consider yourself a person of **F**aith or a spiritual person? What things do you believe that give your life meaning and purpose?

A **A**ctive (or **A**vailable, **A**ccessible, **A**pplicable): Are you currently **A**ctive in your faith community? Are you part of a religious or spiritual community? Is support for your faith **A**vailable to you? Do you have **A**ccess to what you need to **A**pply your faith (or your beliefs)? Is there a person or a group whose presence and support you value at a time like this?

C **C**oping (or **C**omfort); **C**onflicts (or **C**oncerns): How are you **C**oping with your medical situation? Is your faith (your beliefs) helping you **C**ope? How is your faith (your beliefs) providing **C**omfort in light of your diagnosis? Do any of your religious beliefs or spiritual practices **C**onflict with medical treatment? Are there any particular **C**oncerns you have for us as your medical team?

T **T**reatment plan: If patients are coping well, then either support and encourage or reassess at a later date as the situation changes. If patients are coping poorly, then

1. Depending on relationship and similarity in faith/beliefs, provide direct intervention, e.g., spiritual counseling, prayer, Sacred Scripture.
2. Encourage patients to address these concerns with their individual faith leaders.
3. Make a referral to the hospital chaplain for further assessment.

[16]http://www.professionalchaplains.org/files/publications/chaplaincy_today_online/volume_28_number_1/28_1laroccapitts.pdf

EXPERIENCING ILLNESS

3 BASIC NEEDS FOR WELL BEING

- Autonomy
- Competency
- Relatedness

OBJECTIVE AND SUBJECTIVE LOSSES

When a person becomes a patient they enter into a different world. There are objective and subjective losses when one experiences illness such as:

- Loss of Independence & Autonomy
- Loss of Certainty & Control
- Loss of Self Identity
- Loss of being Heard
- Fear of being a Burden

FEELING RESPONSES

Responses: Feeling Word List during Illness

Emotional Feelings

Afraid	Distraught	Shocked
Agitated	Embarrassed	Sorrowful
Alarmed	Frightened	Taken aback
Bitter	Grieved	Terrified
Confused	Lonely	Troubled
Depressed	Sad	Uneasy
Discouraged	Scared	Upset

Sensing Spiritually

Abandoned	Detached	Hopeless
Alienated	Distrusting	Insecure
Apathetic	Doubtful	Lost
Brokenness	Fearful	Shameful
Defeated	Guilty	Tearful
Despair	Helpless	Weary

With Support

Accepting	Grateful	Steady
Calm	Joyful	Strong
Confident	Peaceful	Trustful
Comfortable	Reconciled	Touched
Contented	Relieved	Tranquil
Courageous	Secure	Warm

PHASES OF INCORPORATING OUR EXPERIENCES OF ILLNESS[17]

Pamela Cooper-White in her essay T*he Psycho Spiritual Implications of illness and Injury* [she] puts forth several stages in how we incorporate our experiences of illness and injury especially when it is sudden.

✓ **Shocking and numbness** - it takes time to assimilate to a new reality

✓ **Searching and yearning** - the inner reality is now able to catch up with the external situation

✓ **Disorganization** - the phase where it resembles depression - experiences of disillusionment, sadness, grief, anger, despair, confusion, and other negative emotions

✓ **Reorganization** - the phase in which the person is returning back to a new normal

THE UNIVERSAL QUESTIONS

- What have I done to deserve this?
- Why would God do this?
- Why is this happening to me?
- I find no answers! Why

[17] pg. 118-119 Spiritual and psychological aspects of illness: Dealing with sickness, loss, dying and death Edited by Musgrave and McGettigan

SICKNESS AND TRANSFORMATION

When a person is experiencing a personal trauma illness or serious disease it becomes an event occasion for spiritual transformation where there may be a radical questioning and reorientation of one's life and priorities the characteristics of one's understanding of God may be called into question.

Spiritual transformation involves the view of the self: one's purpose, their beliefs even their behaviors and mental state.

Each person will find different meanings to their experiences of being ill. We both can have the same diagnosis, yet experience the same illness differently. In finding the common points for connections and departures, we can communicate and connect within an empathetic solidarity.

THE QUESTION IS WHAT IS THE MEANING WE ARE MAKING OF HER ILLNESS AT ANY GIVEN TIME.

IMPORTANCE OF THE NARRATIVE[18]

In John J. Cicero's essay P*ositive Psychology: A New Paradigm,* he addresses the need to allow others to communicate their narrative by refraining from interrupting, or by giving advice. This is crucial in creating an environment where the sacred can become palpable.

In looking at the theology of illness and our faith experience it has an implicit and explicit relationship with our Creator.

Cicero points to the work of Irish theologian Dermont Lane's work on the meaning hope within illness: "*hope takes energy to act, hope rises from within the person but only as an encounter with the external world of human beings for the human to exist always means to coexist and that is to be always in relationships*".

It is in an illness when we are stripped down to work out becoming receptive to many moments of grace.

[18] pgs. 3-19 Spiritual and psychological aspects of illness: Dealing with sickness, loss, dying and death Edited by Musgrave and McGettigan

ACUTE VERSUS CHRONIC ILLNESS

When a person is experiencing illness in acute stage which is self-limiting, a person can return back to their every day life, yet there is still a transformation that has taken place if they have open themselves up to the voice of God.

Once someone has a chronic illness they will usually experience acute episodes as if like a roller coaster ride, there they are in constant state reassessing and making adjustments in their physical, emotional, psychological and spiritual lives though within this instability there is one stable framework to rely on is God's presence.

WE HAVE NO BIOMARKERS FOR THE ILLNESS

Disease is the pathophysiology, while illness is the experience of living through the disease. We can measure biomarkers of the disease framework but the "illness" we cannot measure feelings and frustrations. For chronic illnesses or even severe acute states the experience of the illness lingers for longer after the recovery.

It is through only the surrendering to the challenge and journey will there be a spiritual renewal.

ACCEPTANCE

Dr. Robert Giugliano's chapter on "*Psychological and Spiritual Reflections for Visitors to the Sick"* he describes one's initial reaction to being diagnosed as an experience of desolation where one can become angry, withdrawn, hostile or aggressive with anxiety and depression. Once one accepts their illness and able to face the reality with a sense of humble acceptance, then they will be able to move closer to God.

FINDING MEANING OF OUR EXPERIENCE

Many of us have continued to hold the image of God that we found in our childhood. Is God to us a punishing God as seen in some of the Old Testament Scriptures? How does one describe their illness in relation to God?

[19]John Bickel in his essay *The Spiritual Pain of Illness*, in finding meaning in our illness or losses, he describes three different ways one can come to find meaning to these experiences:

- **Punishment ("I deserve this")**
- **Mystery ("Why is it happening to me")**
- **Ultimate source of good ("Something good can come out of this experience")**

[19] pg. 11 Partners in Healing: Bringing Compassion to People with Illness or Loss, Paulist Press 2003

ILLNESS AND THE QUEST FOR AN ADULT FAITH[20]

In John J. Shea's essay "*Illness and the Quest for an Adult Faith"* he writes we will hear one or more of these ways of finding meaning expressed in the person's narrative. Depending upon where one is developmentally in their spiritual life, God is either a *super ego God* who is a Supreme Being, the God of law, a God of dependency and control, versus the God of an adult faith who is a living God, is a *God as Thou*, it is a living God of love, and of mystery, of freedom, and of community.

Shea summarizes and restates that it is critical for a seriously ill person to be able to tell their story in order to be connected to reality in life. This is a challenge to address our image of God which we may lead us to stop believing in a super evil God, or it may leave us petitioning to God, or maybe we may begin a quest to experience the living God in relationship.

About listening to the seriously ill person, the author states that we need to be aware of what is happening developmentally to the person and that the listener honors the story by not changing it.

CONFLICTS

Shea looks at the work of Andrew's of appropriating of Ericsson developmental stages from the perspective of a patient...

- The **experience of mistrust** is due to an overwhelming fear, in particular when facing a terminal or serious diagnosis. Other feelings of being embarrassed, feeling of shame by being different and distinct from others.

- **Conflicts** come into play when someone begins to reflect upon the causes of the disease such as punishment for past since; why would God allowing such things to happen; guilt; or a sense of incompetence.

[20] "*Illness and the Quest for an Adult Faith"* Spiritual and Psychological Aspects of Illness: Dealing with Sickness, Loss, Dying and Death Ed by Beverly Musgrave and Neil McGettigan

- Another conflict occurs when once a person is diagnosed, they need to make decisions in regards to **who they will take into confidence** to share the deep recesses of their emotions and spiritual life.

INTEGRITY

Key components for a person to achieve integrity of well-being in the midst of an illness.

- Reconciliation
- Restitution
- Forgiveness
- Acceptance

RENEWAL

The focus is not just to be on the recovery, it needs to be more on the renewal.

The renewal of oneself as such is a shared process. It needs to be a dialogue in which caretaker, who in listening to the narrative of the ill person, enters into a mutual relationship. Both will experience a transformation in the movements through desolation and consolation in the sharing relationship.

PART ONE: TALKING ABOUT ILLNESS - DEEP ILLNESS AND THE ROLE OF LISTENING

Arthur's Frank's deep illness – critical or chronic, life threating perceived by the person as lasting – suffering from – 3 stories people tell about.

CLASSIFYING ILLNESS NARRATIVES

IDENTIFYING PAST AND PRESENT[21]

Kilty: Illness stories have been used extensively in the realms of medical social science and anthropology, initially to try to uncover patients' experiences of their relationships with doctors, more in recent times to try to understand the experience of "suffering". Most recently they have been recognized by Arthur W. Frank, Professor of Sociology at the University of Calgary, in Canada, as the voice of "the illness experience" - not previously heard in its totality by the medical profession. These stories are now seen as standing alone without need for analysis or interpretation but as truths in their own right. This recognition allows illness stories to become both therapeutic and empowering for the person in the throes of a disease.

Illness stories are therapeutic for *tellers* who have a real opportunity to be heard and to hear themselves. As they tell and retell their story they can unravel the truth of their own experience of illness and begin to adjust to the person they have become. From this position they can begin to uncover the person they could become. Telling their story has given them the opportunity to step outside of themselves and witness who they are. This dis-identification allows new possibilities to emerge.

THE RESTITUTION STORY

Shea: It's the telling of getting sick, suffering, and treatment, ending in being restored to health. It's a story that is expected and encouraged by the medical community It's a story of disease as an enemy that needs to be conquered. He notes when this story is not true, those who are seriously ill will experience isolation and an increase in their suffering. **The caretaker n<u>eeds to be there for them</u>.**

[21] http://www.aissg.org/articles/TELLING.HTM Sharon Kilty article in the Patient's Network magazine Vol 5. No3 Winter 2000 Published by the International Alliance of Patient's Organization

Kilty: In the West, we are mainly preoccupied with the restitution narrative, which goes: ***"Yesterday I was healthy, today I am sick but tomorrow I will be healthy again".*** There is a belief in restorable health. People with chronic illness and disability do not fit this model and so can find it *difficult* to tell a story which does *not* appear to have a happy ending.

THE CHAOS STORY

Shea: It's a story of the **deep illness where one lives in unrelenting pain with the chronic permanent disability, it is not able to be successfully treated leading to downhill spiral into multifaceted problems: work, family, social, financial, housing, where there is little solution to be found.**

The caretaker needs to honor the person suffering.

Kilty: The chaos narrative or story remains the most **frequently *unheard***. …is the opposite to the restitution where disability can only increase, pain never remits, where the physicians are unable to understand or treat it successfully, trouble multiples, events spiral downward…When people are overwhelmed by the intensity of their illness, to speak coherently becomes impossible. A lived chaos cannot be told. Only when there is a tentative ability to stand outside the chaos can the story begin to emerge.

She writes: Frank calls it "*the anti-narrative of time without sequence, telling without mediation and speaking about oneself without being fully able to reflect on oneself*"'.[1] The challenge of listening is to refrain from steering the teller *away* from the difficulty of telling. It is to *hear*. Chaos narratives are often disjointed and without sequence. The underlying message is that life does not get better. All this provokes anxiety as the mask slips off to reveal human frailty and vulnerability. Revealing how easily each of us could be toppled has a deep effect on the listener. (Arthur W. Frank, The Wounded Storyteller, Chicago/London, The University of Chicago Press, p. 98, 1995.)

This particular type of story is often witnessed only by close friends and family, who find listening painful and frustrating. It is natural to long for a *restitution* narrative where life returns to normal and the teller returns to their former self. This frustration is often unknowingly communicated to the teller, who then cannot share their true story for fear of further upset. Platitudes or silences follow. This is when hearing *others'* stories can be enormously supportive, especially when in a state of despair. I have often heard the words "it's so good to meet with other people and chat, I no longer feel alone".

THE QUEST STORY

Shea: **Video: from which something can be learned, this learning can be passed onto others, and past onto others, when teller claims new qualities of the self, illness has been responsible for these, thus leading to new insights. Now claimed in life.**

Shea: This is when the person understands this as a learning journey where the individual believes their illness had led them to new insights and transformation. There is a sense of giving up the old, a renewal of finding, a new gratefulness to the condition. Accepting life "unconditionally" finding a new fuller sense of self, what can be reclaimed… finding a grateful life in conditions that the previously self would consider unacceptable. There's an acceptance and a deeper meaning within the narrative for the listener to listen for.

Kilty: The third form of illness in which a person journeys through and faces suffering head on in the belief that something is to be gained from the illness experience. Quest stories search for alternative ways of being ill or, as I would suggest, alternative ways of being well.

It is no longer enough for others to interpret or analyze what they think our illness experience is; rather there is a real need for them to accept our stories in their totality. Only when the whole story is honored will we truly be heard. Seeing the whole person allows for a deeper healing into wellness where the mind, body and spirit can move on to the next chapter in the living story.

For all three of these this is the story of the patient's journey and it is theirs to tell.

Change can only be nurtured by the caretaker:

1. By holding the sincere belief that the story you are hearing *needs no change*
2. By helping the person *'hear exactly what story she or he is telling*
3. By helping the person know that *they are living a story that is theirs to tell*

PART TWO: CHAPLAIN PAUL ANDREWS 8 STAGES OF LIFE

Andrews states especially facing a deep illness or dying.
Now matter what age the person has they tend to regress back to the first stage, especially d as if they are the first stage begin to rework

- **Trust – rework the very beginning of life**
- **2nd sense of antonym how can I be me in this illness**
- **3rd initiative – guilt – guilt for being sick, causing other family to be effected, falling in love with staff, surprising each of the person who is sick and caretaker**

If we are going to die, even if we have yet not negotiated those stages due to our age [chronological, these stages become telescoped in our own way we have to find ways, to address
Its built into the life cycle… we need to do that
Each stage later. The wholeness of integrity

Questions of Generatively if not children, what is my legacy
All these stages needed to be negotiated in order to be die, it is the wholeness of integrity that let's us die… we still need to come to integrity

ERIKSON'S STAGES OF DEVELOPMENT

Notes taken directly or paraphrased from John Shea's *Illness and the Quest for an Adult Faith* and Karen Shields Wright's notes.

1. TRUST VS MISTRUST

Birth to age one
Learn from your mother, outer good becomes inner good
Okay to have bodily needs
Virtue of 'hope'

- **Whom can I trust?**
- **Can't trust my body!**
- **Initial lost of hope**
- **What people are saying to me is true?**
- **Can I trust God?**

2. AUTONOMY VS SHAME AND DOUBT

Age 1-3
I am me, learning sense of control
Doubt comes when lost of control or shame something wrong with who I am
Virtue is 'will power'

- **Lost of control, too exhausted to even have will power.**
- **Embarrassed of being taken care of, shame in the exposure and loss of control.**

3. INITIATIVE VS GUILT

Ages 3-6 Preschool
Sexuality develops
To make like, fantasy - develop to control both fantasy and action
Virtue a 'sense of purpose'

- **Who am I? comes into question**
- **Loss of purpose in being alive**
- **Unable to dream of a joyful end**
- **Can I initiate a relationship with others, staff, God?**
- **Burden on the family**

4. INDUSTRY VS INFERIORITY

Age 6 to Puberty
Time to make things, to do a job
Virtue is 'competence'

- **New landscape, navigate a foreign system and language**
- **How to learn to be a patient**
- **Becoming their own advocate in a disease, patient centered or a person-centered system.**

5. IDENTIFY VS IDENTITY DIFFUSION

Puberty – Adulthood
Time to be oneself, quest for identity
Virtue is 'strength to relate to others in fidelity'

- **Who am I now to myself to others? a burden? What is a sick person?**
- **Loss of others - friends, uncertainly in who I will be**

6. INTIMACY VS ISOLATION

Fullness of Young Adulthood
Able to fuse your identity with someone else's without fear you are going to lose something of yourself. Danger isolation 'to be absorbed in oneself'.
Virtue is 'love'

- **Becoming ill isolates the self from the self and others, moving through stages from being self-absorbed to reaching out – acceptance.**
- **Who will I share this most inner recess of my life? I will locked myself**
- **Fear of being not accepted, in hating God, or feeling helpless?**
- **Caregiver helps by - Self disclosure**
- **Strong attraction to staff**

7. GENERATIVITY VS STAGNATION

Mature Adulthood
Time to take care of next generation. Danger is stagnation.
Virtue is 'Care'

- **What can I do for others when I can't do for myself? What can I give myself?**
- **Caregiver: Reinforce their positive decisions on living purposively whatever one can do for what time is left.**

8. INTEGRITY VS DESPAIR

Culmination Old Age
Can I accept my life now as it is? Reconciliation or restitution, forgiveness and acceptance in choosing integrity. A time of having been, of acceptance of what was and had to be. Adjusting to the disappointments. Being happy and content.
Danger is despair, no time to start over.
Virtue is 'wisdom' a detached concern with life itself in the face of limited time of aging or death

- **Accepting the ongoing chronic disease or disability.**

UNIVERSALITY OF THE EXPERIENCE OF AN ILLNESS

AN UNAVOIDABLE HUMAN CONDITION

ILLNESS IS A DEVELOPMENTAL CRISIS

How does these two profoundly human experience of illness and faith interact with each other not just in the dying, seriously sick, but with those with serious acute yet self-limiting or a chronic conditions.

PART THREE: IMAGING GOD

With serous illness allot of thing happen with one's relationship with God. Lost of Faith, where is God, huge questioning, needs to be listening for some the image of God that may be not mature, will deepen into a Living God, there is a need to understand god is some type of wholeness of God, to let one understand the wholeness of one self – deep connections between self and God that is possible…
Image of God has got to be negotiated, where God is for them, how they see God for them in the present moment, be willing to engage in that conversation,

ADOLESCENT FAITH

Shea writes about the two basic developmental paradigms of how the self relates to God – either with an adolescent faith of a still-forming self and a still-dependent self with 3 interwoven strands at the core – fantasy, transference, and the logic of objective knowing.

1. Fantasy - fills in what is missing
2. Transference - God as an object for satisfying one's own forming and dependency needs.
3. Logic of objective knowing - there is a need for unbiased observation, objectivity and scientific approach to reality… God is now real out there, not a figment of my imagination, still leaving one with an image of God that is an object.

ADOLESCENT GOD – SUPEREGO GOD

- A God who is a Supreme Being that can be known. One who protects us from harm and evil.
- A God of Law, Guilt, Fear - one of Judgment and Condemnation.
- A God of Belief – formal doctrines matters, the objective doctrine.
- A God of Dependency and Control – commands what must be done, accepted and not accepted, one of Providence and Domination.
- A God of the Group - a powerful, hierarchical closed system.

MY THOUGHTS SUPER EGO GOD

My experience: In each of the stories God may be different.
A person's understanding, experience and imaging of God will be challenged when faced with an crisis of an illness, no matter how serious the disease is in its outcome. Their relationship with God be it one of a God who is generous, a one who punishes, 4 out of 5 times I found it to be a God who is conditional. Most of those coming for SD say it is because they are struggling in their prayer life, and God is not answering their prayers. Yet underneath it is their image of God.

The call is to help one come to experience of the love and 'knowingness' of God who is actually being there for them who lived and died for them, and who are the beloved created to live on for all eternity in God's own self.

Those who have come for spiritual direction via self referral, a group website or through a health provider come with the struggles of having health concerns complicated by struggling to be understood and heard especially by their former confessor or family. Underlying it all for most is the struggle with God of *why He has not answered my prayers now, and the way I want it*…

ADULT FAITH

Shea writes an adult self is fully formed, interdepend self, and self that functions in mutuality having 6 characteristics. (Shields-Wright adds notes in section [a.]).

1. Adult self is a *'body-self'*. Finds it anchor in its own body… fidelity, hope, love and communion are one's embodied realities.
    a. **Illness bring uncertainty…separation from communion of body and self**
2. Adult self is *'founded in feeling* "a sense of self in relatedness. Open to others and the world.
    a. **Illness initially brings an enclosement**.
3. Adult self has a *'sense of depth'*. Sees the depth as the place of the soul or heart where it is a living center of striving and courage, a locus of 'spirit' where purpose, aliveness, and resolve is celebrated there.
    a. **A need to have time for internal reflection to come to a place of rest in oneself and one in where their body is now.**
4. Adult self has *'clear boundaries'*. Has it own dimension and place in its mutuality.
    a. **When we lose control of our physical boundaries, we need to find another way of maintaining clarity**.
5. Adult self *'exists in intimacy'*. The boundaries have a penetrability in such qualities of openness, availability, self-forgetfulness, understanding and love.
    a. **To be able to differential the physical penetrability of the disease process from our relationships with others**.
6. Adult self is *'is it own responsible process'*. With an ability to respond to another. No longer living in fantasy where the imaging comes directly from and completely from the adult self allowing us to experience things as they really are. A reality untainted by preconception or by distortion.
    a. **God can only work with what is, therefore the process of experiencing, understanding, reflection, judging and accepting the new reality takes a strength of courage which only grace freely given if accepted can provide for a prayer life that is honest and unafraid of God's reaction.**

ADULT GOD – A LIVING GOD

The God as an adult self is able to imagine is a Living God transformed from the Superego God with some definite characteristic.

1. The Living God is a God of Thou – not over me but within in me. Of an experience of salvation of healing and greater wholeness
2. The Living God is a God of Love - one that is profound.
3. The Living God is a God of Mystery - one that is responded to in wonder and awe
4. The Living God is a God of Freedom - one that we want to respond to in self-surrender or openness.
5. The Living God is a God of Community – one that offers a sense of being back at home and one we desire to respond to in giving back.

People who are spiritually free know who they are with all their gifts and limitations and are comfortable with who they are. The able to discern God's presence, find meaning in their lives, and make choices that flow from who they are whatever the circumstances is the direction to move them towards.

WE CAN NOT 'NOT' TELL OUR STORY

THE UNIVERSALITY OF EXPERIENCE OF ILLNESS: AN UNAVOIDABLE HUMAN CONDITION YEARING FOR GOD

MARK, MARIA, ELLEN, MARY

INITIAL CONTACT - DESIRES

THEIR NARRATIVE - RESTITUTION, CHAOS OR QUEST?

EFFECTS OF THEIR ILLNESS

WHO WAS GOD FOR THEM: STAGE OF DEVELOPMENT

MOVEMENTS - WHERE WERE THEY THEN, AND NOW

SD RESPONSES – OFFERINGS

STORY LISTENING (CPE)

PHENOMENA OF THE META STORY

Storytelling is the unconscious talking, *they do not know what*. How to break the story to the consciousness. If low trust, the story is more abstract.

Levels of stories by adults

- Data Back Then Story
  - What I was a kid, I _____. I remember long ago _____.
  - Response: What were the feelings back then, feelings now, some self disclosure.
- Reinvestment or Rehearsal Story
  - Goes back into the past to rehearse because it has the same thematic words
  - Response: look for keywords
- I Know Someone Story
  - Tells you a story about themselves as someone else
- Anniversary Story
  - A rehearsal story told at a given time of the year
- Counter Story
  - Saying the opposite.

Metaphor – a things, place, object, person, represents deep into the mind a symbolic form – the way the unconscious creates the metaphor… "Tree rattling inside"

Do a story check…I was wonderful if _____

YOU CAN NOT 'NOT' TELL OUR STORY

TOOL KIT: HELPFUL QUESTIONS (CPE)

IN A CRISIS- THE QUESTION

The Question: ***Tell me what happened?***

Relaying the story helps break through the shock, emphasizes the reality of what has happened, reduces confusion, brings some clarity, reduces the intensity of the feelings, conveys support and care.

A crisis is a turning point, demanding reflection and decision making over time

- *Are you clear about what he doctor is say?*
- *Do you have any questions you like to ask the doctors?*

DAILY VISIT QUESTIONS

- ***What's going on with you today?***
- ***What is your main concern now?***
- *In times like these, do you find your faith makes a difference?*
- *I've noticed that…*
- *I've heard you say…*
- *What helps you cope?*
- *I'd like to come back to something you mentioned that may be important to you…*
- *What weighs heaviest on you right now?*

THE SPIRITUAL DIRECTION QUESTION

What do you feel God is asking of you right now in this situation?

WHAT DO I SAY TO REDUCE SPIRITUAL PAIN?[22]

Promote spiritual self-awareness allows one to unblock distressing feelings and sort things out to surmount challenges for spiritual health and healing.

MODELS FOR SUPPORTING PATIENT SPIRITUAL HEALTH

INTELLECTUAL AWARENESS OF SPIRITUALITY

- Restatements
- Open Questions
- Self -disclosure
- Story Listening
- Religious rituals
- Resilience reframing

EMOTIONAL AWARENESS OF SPIRITUALITY

- Open questions about feelings and empathy
- Reflection of feelings

BODILY AWARENESS OF SPIRITUALITY

- Body listening
- Some religious practices
- Restatements and reflection about bodily experience of spirituality

[22] *"What do I say? Talking with Patients about Spirituality.*

SPIRITUAL PAIN

- Feeling your life has lost its purpose and meaning

Loss forces us to do the psycho-spiritual work of reconstructing meaning. We do not need to have had the same experience as patients but to be compassionate, we do need to recognize how they have shared similar emotions.

We are to listen for more feelings rather than thoughts, more for the process of speech than for its content.

SPIRITUAL THEMES

Incessant need for attentions, respect, love; betrayal or victimization; inadequacy or failure; struggles or supremacy against the odds; abandonment…

What sensory avenue dominated the person's talk?

Do they express themselves visually, auditory or kinesthetically?

Making Sense of what you hear

Spiritual need and distress is embedded in 'everyday' conversation and behavior. We all need: meaning and purpose, to transcend self, healthy relationships and to be true to self.

What need to are when one has spiritual needs giving one spiritual pain

- To reconstruct meaning
- Find purpose
- Answers questions about God and existence
- Maintain a hopeful faith
- Struggle to right wrong
- Trusting relationships with God, nature and others

Universal Needs

- Meaning and purpose
- To transcend self
- Healthy relationships
- To be true to self

Unmet needs are expressed as spiritual pain

Such is imbedded naturally in patients' conversations – they do it automatically- just be open and listen

How to silence patients with spiritual pain

- Avoid or change the topic
- Give a pat answer
- Try to make the topic funny
- Impose a positive spin
- Minimize seriousness of topic
- Show fake interest
- Boredom
- Say something sarcastic which is our muted anger

If we do not approach their pain, it causes more pain

Guidelines What to Say

Ex: Know what to say to

Statement*: I want to die*

~~(-) Response*: I am guessing this is difficult*~~

(+) Response: An Empathetic reflection of patient's deep feeling

Feeling reflection technique

- Name the deep feeling
- Be tentative
- Focus on the present

By naming that deep feeling allows the patient to be more emotional aware of his/her spirituality.

- This awareness can help her inwardly process her spiritual pain
- To search for a resolution
- A step towards healing

MICROSKILLS

LISTENING & QUESTIONS

- Be non-directive
- Keep conversation in the patient court
- If talking productive, or stop, or talking all over the place – interject
- Do not over response or introduce more questions
- Focus on their core theme [–? what is the core of what they are saying, what is main thought, feelings, what is it they want me to hear]
- Focus on the patient's feeling on their diagnosis, perspective on their relations, or experiences of having religious practices.
- Focus on the present - How does our faith help you now?
- Use their language style – use key words they use
- Vary manner which you response - You feel? I hear you saying? Be human
- Responses short – only a sentence
- Talk heart to heart – head to head

MATCHING

Head to head

Telling story, facts, ideas

Restatement, or an open question to get what they are thinking

Heart to Heart

Soul searching or Feelings that are deep within

Respond with reflections of their feelings

HEALING RESPONSES

RESTATEMENTS

- Replaying back a distilled version of what they said, it is shorter, clearer and more concrete
    - Helpful when one needs assistant to focusing their thoughts or help for them to hear what one is saying
    - Purpose of it to clarify or focus their thoughts
- Summarized or paraphrase the present or previous encounter
- Do not parrot what they are saying, it does not help them become more aware
- Using simple restatements, to further explore

OPEN QUESTIONS

When patients are asking questions of *why* - asking perplexing questions

Healing Responses – ask patient to clarify their thoughts or feelings – help them to consider what is happening as they express their spiritual pain

Use them sparingly, keep questions about the patient

- *Tell me more about your thoughts?*
- *Can you tell me more?*
- *What brought that question to your mind?*

How To

- Avoid using the same format over and over
- Don't ask about unnecessary details, or go onto tangents
- Do ask another question to avoid what
- Don't use it as a filler
- Don't ask out of curiosity – it take away from the key issues
- Don't bombard with more questions to dominate the conversation

To do

- Focus on the patient and the present

REFLECTING FEELINGS SKILL

It is often through our feelings one become aware of one's spirituality.

- Experience: Awe get goose bumps; anger feel heat

Our awareness of our feelings leads us to spiritual awareness. Helping one to become aware of their feeling involved their spiritual pain is pivotal to healing. RF = Restating Feelings or Reflecting Feelings is a challenging skill.

Goal

Help them recognize their deepest feelings, they are often hidden or secret

To do

Help them to express verbally or non verbally

Take one word to describe a feeling

How to create a Reflection of one's feelings

- Describe their feelings with beginners formula:
  - *You feel __ because ____*
- To make it Natural:
  - Use a word or phrase to capture the deepest feeling expressed – i.e. *It sounds as if you are disappointed?*
- Help to use a metaphor to describe the feelings
- Or state what they feel like doing now –
  - *do you feel like crying?*
- Or offer up a potential clue on what they are experiencing –
  - *you feel you have been left alone?*
- Attempt to match type of feeling and intensity of current feelings with something of the past
- Vary format, use a tentative tone – the patient is the expert, since we do not exactly know how they feel
- Don't' force them to think about feelings
- The final guideline – many are not ready to talk about the inner most feelings, only use this when they are talking from the heart.
- Will know if RF is effective, if they explore their feelings to become more self aware.

RF is an empathic response, helping the patient by naming that silent deep feeling and having been heard, they are comforted. As one understands their feelings more, it increases self awareness that helps to allow healing.

SELF DISCLOSURE

When they ask you what you believe?

We are fellow travelers along road of life we share questions about our doubts and satisfying personal spiritual perspectives in finding comfort.

How to maintain a therapeutic relationship by:

- Don't disclose to gratify your needs – ask yourself whose needs are being met?
- If they ask about your spirituality - 1st assess why they are asking – *your questions about x is a tough one, what brings it to you to ask now?*
- After your response allow for a follow up from this self-discloser with an open question or a reflection of feelings.
- Putting it back in the Patients Court:
  As you can see I am not sure about this myself, but can you tell me what would be comforting to you now?
- Do it rarely and keep it short

STORY LISTENING

Some patients find the only way they can express their feelings is by a story. Some may have languages for their feelings, they are thinkers. We are to encourage and to respond to their stories to help them make sense of their story.

1. Help connect story to the present if they are unable
    a. statement or questions:
        - *I think I can see why you told me why you told me that story.* Or
        - *Is what happened to you then, what is happening to you now?*
    b. To gain perspective from their story– privately analyze their story
        i. what values and beliefs are revealed in the story
        ii. what life themes emerge
        iii. how does past influence the present
        iv. what unresolved conflicts are coming to the surface
        v. what might this story be as a metaphor
        vi. how does patient portray themselves?
        vii. why did they tell the story now?
2. Do a Story Check
    - Ask: *The stories you are telling me seem to have a theme about _____. Can you tell me more about them? or*
    - *I learned from your story you value _____how does that help you now?*
3. Help patients see the story in a redeeming or meaningful context
    This is your life now, how would you like your story to end
    - *What will it take you to achieve the happy ending*

BODY LISTENING

Spiritual awareness can be increased by listening to the body. Successful psych therapy patients had a special awareness of their internal body. The *experiential focusing method* was developed and is used today to facilitate *psycho spiritual growth*. The steps of Focusing or Body Listening takes time.

Principles of focusing can be implemented

- When they describe a spiritual concern they can be encourage to find a handle - To name how this concern feels in their body - to explore ' the felt sense'
- Then be prompted with Open Questions to explore bodily sensations, meanings or message:
- *what it feels like to be _____?*
- *where did it feel like it in your body?*
- *to journal about to think about it later.*
- *what is it about your illness that it makes you feel like you have been _____? what would it take to get this _____off of you?*

Then can privately reflect long after they leave you

Healing responses to follow the focusing method

- Recognize and describing the felt sense
- Asking question of it

ETHICAL

- Find their spiritual needs, resources, preferences
- Employ religious practices with permission
- Respond to their wishes
- Don't push your own
- Understand your needs and beliefs

In summary, it is one's sincere interest and compassion that provides the healing moment.

A MUTUALITY OF TRANSFORMATION

ROLE OF CAREGIVERS

Pamela Cooper-White in her essay *"Dancing Partners"* write about '**aloneness of an illness**' versus loneliness, because each illness is experienced by the individual be they the patient, family caregiver, or the healthcare provider.

CARRYING THE BURDEN

Common experience of family members and caregivers there can be a sense of helplessness by wanting to take the pain on themselves as we see in parents for their children and spouses for their mate. Though we may not be able to remove their pain we may be able to offer comfort to reduce the suffering.

Though I have not touched much on the experience of the caregiver, their role is to partner with the patient offering affirmation, holy listening of the feelings, the fears, and the concerns. Caregivers, who ever they might be, offer a sense of controlled support and companionship while supporting the patient in communicating their needs. On the other hand, their experiences maybe just as deep in walking with someone who is suffering, especially a loved one and will always be transformed by it.

ORGANIZATIONS FOR SPIRITUAL CARE PROVIDERS

- Healthcare Chaplaincy Network https://www.healthcarechaplaincy.org/
- Spiritual Care Association https://spiritualcareassociation.org/
- Association of Professional Chaplains http://www.professionalchaplains.org/
- National Association of Catholic Chaplains https://www.nacc.org/

OTHER ONLINE RESOURCES – SPIRITUALITY, HEALTH, ILLNESS

https://nccc.georgetown.edu/body-mind-spirit/

The mission of the **National Center for Cultural Competence** is to increase the capacity of health care and mental health care programs to design, implement, and evaluate culturally and linguistically competent service delivery systems to address growing diversity, persistent disparities, and to promote health and mental health equity.

https://www.cancer.gov/about-cancer/coping/day-to-day/faith-and-spirituality/spirituality-hp-pdq

http://cantbelieveihavecancer.org/

LOCAL MENTAL HEALTH & SPIRITUAL DIRECTION CLINIC

http://www.mhclinic.org/#wellness

SCRIPTURES

THE PERSON AS PATIENT

- "My grace is sufficient for you, for my power is made perfect in weakness." 2 Cor 12:9
- "I have said these things to you, that in me you may have peace. In the world you will have tribulation. But take heart; I have overcome the world." John 16:33
- "Even now I find my joy in the suffering I am door for you in my own flesh I fill up what is lacking in the suffering of Christ for the sake of his body the church." Colossians 1:24
- "We know that all things work together for good for those who love God, who are called according to his purpose. Rom 8:28
- When the righteous cry for help, the Lord hears and delivers them out of all their troubles. The Lord is near to the brokenhearted and saves the crushed in spirit. Many are the afflictions of the righteous, but the Lord delivers him out of them all. He keeps all his bones; not one of them is broken. Ps 34:17-20
- The Lord protects him and keeps him alive; he is called blessed in the land; you do not give him up to the will of his enemies. The Lord sustains him on his sickbed; in his illness you restore him to full health. As for me, I said, "O Lord, be gracious to me; heal me…" Ps 41:2-4
- For I will restore health to you, and your wounds I will heal, declares the Lord …Jer 30:17-24
- The Lord protects him and keeps him alive; he is called blessed in the land; you do not give him up to the will of his enemies. The Lord sustains him on his sickbed; in his illness you restore him to full health. As for me, I said, "O Lord, be gracious to me; heal me…" Ps 41:2-4

- The angel of the Lord encamps around those who fear him, and delivers them. Ps 34:7
- This was to fulfill what was spoken by the prophet Isaiah: "He took our illnesses and bore our diseases." Matt 8:17
- You guide me with your counsel, and afterward you will receive me to glory. Whom have I in heaven but you? And there is nothing on earth that I desire besides you. My flesh and my heart may fail, but God is the strength of my heart and my portion forever. Ps 73:24-27
- In you, O Lord, do I take refuge; incline your ear to me; rescue me speedily! Be a rock of refuge for me, a strong fortress to save me! Ps 31:1-2

THE PERSON AS CAREGIVER

- "...I was ill and you comforted me…" Matt 25:36b
- Bear one another's burdens, and so fulfill the law of Christ. Gal 6:2
- And God will supply every need of yours according to his riches in glory in Christ Jesus. Ph 4:19
- May the Lord give strength to his people! May the Lord bless his people with peace! Ps 29:11
- And whatever you ask in prayer, you will receive.... Matt 21:22
- (K)eep him in perfect peace whose mind is stayed on you, because she/he trusts in You. Is 26:3
- By his wounds you have been healed. 1 Peter 2:24

SYNOPSIS OF THE HEALING SCRIPTURES IN PARALLEL FROM THE GOSPELS: SELECTED PERICOPES FOR LECTIO DIVINA

	MATT	MARK	LUKE	JOHN
JESUS' TEACHINGS - HEALING THROUGH THE CHRISTIAN WAY OF LIFE				
Sermon on the Mount	5.1-12		6.20-26	
Teaching about anger	5.21 –24	11.25	12.57-59	
Teaching about reconciliation	5.38- 42			
Love your enemies	5.44-48		6. 27-28,32-36	
The light of the body	6.22-23		11. 34-36	
Dependence upon God	6.25-34		12. 22-23	
Answers to prayers	7.7-11		11. 9-13	
Golden rule	7.12		6. 31	
Encouragement to pray	7.7-11		11.9-13	16.24,14.13-14,15.7
Teaching on humility			14.7-14	
Greatest in the kingdom	18.1-5			
Forgiveness	18.15		17.3-4	
THE HEALING MINISTRY OF JESUS				
Healing of the demoniac in the synagogue		1. 23-28	4. 33- 37	
The cleansing of a leper	8.1-4	1. 40-45	5.12-16	
Healing of a centurion's servant	8.5- 15	2.1, 7.30	7.1-10,13.28-29	4.46-54
The widow's son			7.11-17	
Curing Peter's mother-in-law	8.14-15	1. 29-31	4. 3-39	
The sick healed at evening	8.16-17	1. 32-34	4. 40-41	
Healing of the possessed	8. 28-34	5.1-20	8.26-39	
Healing of paralytic	9. 1-8	2.1-12	5. 17-26	5.1-9
Healing of the official's daughter	9.18- 26	5.21-43	8.40-56	

Healing the woman with hemorrhage	9. 20-22	5.21-43	8.40-56	
Healing of 2 blind men	9. 27-31	10.46-52	18.35-43	
Healing of a mute person	9. 32-33	3.22	11.14-15	7.20,10.20,8.48,52
Healing of man with the withered hand	12. 9-14	3. 1-6	6. 6-11	
Healings by the sea	12.15-16	3. 7-12	6.17-19, 4.41	
Healing of the man born blind	13.13-15	4.12,8.17-18	8.10	9.1-41,12.37-40
Do not be afraid	14. 22-33	6.45-52		6.16-21
Healings at Gennesaret	14. 34-36	6.53-56		6.22-25
Healings of deaf mute and others	15.29-31	7.31-37		
Healing of the blind at Bethsaida			8.22.26	
Healing of a boy with a demon	17. 14-21	9.14-29	9.37-43	14.9
Healing of the cripple woman			13.10-17	
Healing of the man with dropsy			14.1-6	
Cleansing of the 10 lepers			17.11-19	
Healing of the blind men	20.29-34,9.27-31	10.46-52	18.35-43	

HEALING THROUGH JESUS' FAREWELL DISCOURSES

Let your hearts not be troubled	14.1-14
The promise of the Holy Spirit	14.15-26
Abide in my love	15.1-10
Our joy completes through love	15.11-17
Sorrow turned to joy	16.16-22
Intercessory prayer	17.1-26

RESEARCH CENTERS FOR HEALTH & SPIRITUALITY

HEALTH AND SPIRITUALITY AT NIH

National Center for Complementary and Integrative Health
https://nccih.nih.gov/training/videolectures/spirituality.htm

INITIATIVE ON HEALTH, RELIGION AND SPIRITUALITY: HARVARD

https://projects.iq.harvard.edu/rshm

An Interfaculty Initiative across Harvard University

The Initiative aims to be a research catalyst for an integrated model of spirituality, public health and patient care, one that fosters collaboration across Harvard University, and dialogue with spiritual communities. In light of the separation between body and soul within contemporary healthcare, the Initiative upholds stringent scientific and social-scientific methods of analysis, followed by interdisciplinary teams of empirical researchers, scholars, and theologians, based within a line of inquiry that seeks understanding of spirit, mind, and body. The program is oriented around the question:

How may religion and spirituality in concert with public health and the practice of medicine alleviate illness and promote human well-being?

BENSON-HENRY INSTITUTE (BHI) HARVARD MEDICAL SCHOOL

https://www.bensonhenryinstitute.org/about-us-dr-herbert-benson/
Herbert Benson, MD, has been a pioneer in Mind Body Medicine, and one of the first Western physicians to bring spirituality and healing into medicine.

CENTER FOR SPIRITUALITY, THEOLOGY AND HEALTH DUKE UNIVERSITY

https://spiritualityandhealth.duke.edu/index.php

CROSSROADS

https://spiritualityandhealth.duke.edu/images/pdfs/CSTH_Newsletter_April_2018.pdf
eNewsletter of The Center for Spirituality, Theology, and Health

THE GEORGE WASHINGTON INSTITUTE FOR SPIRITUALITY & HEALTH

https://smhs.gwu.edu/gwish/research

INSTITUTE FOR SPIRITUALITY AND HEALTH AT THE TEXAS MEDICAL CENTER

http://ish-tmc.org/presidents-welcome/

CENTER FOR SPIRITUALITY & HEALING UNIVERSITY OF MINNESOTA

https://www.csh.umn.edu/

THE INSTITUTE FOR SPIRITUALITY AND HEALTH RICE UNIVERSITY

http://hrc.rice.edu/practica/node/21

YALE PROGRAM FOR MEDICINE, SPIRITUALITY, & RELIGION

https://medicine.yale.edu/intmed/genmed/education/medspirel/

The Yale Program for Medicine, Spirituality, & Religion is founded upon the belief that holistic healing concerns both the wellness of the body and the spirit.

UNIVERSITY OF MARYLAND MEDICAL CENTER

https://www.umm.edu/health/medical/altmed/treatment/spirituality

What is spirituality?

Spirituality has been defined in numerous ways, including a belief in a power operating in the universe that is greater than oneself, a sense of interconnectedness with all living creatures, and an awareness of the purpose and meaning of life and the development of personal, values. It's the way you find meaning, hope, comfort, and inner peace in your life. Although spirituality is often associated with religion, personal spirituality can also be developed through music, art or a connection with nature. People also find spirituality through acts of compassion and selflessness, altruism, and the experience of inner peace. Many Americans are becoming interested in the role of spirituality in their health and health care, perhaps because of dissatisfaction with the impersonal nature of our current medical system, and the realization that medical science does not have answers to every question about health and wellness.

What is the history of spirituality and health care?

In most healing traditions, and in the beginnings of Western medicine, concerns of the body and spirit were intertwined. But with the coming of the scientific revolution and enlightenment, these considerations were removed from the medical system. Today, however, a growing number of studies reveal that spirituality may play a bigger role in the healing process than the medical community previously thought.

How does spirituality influence health?

Spiritual practices tend to improve coping skills and social support, foster feelings of optimism and hope, promote healthy behavior, reduce feelings of depression and anxiety, and encourage a sense of relaxation. By alleviating stressful feelings and promoting healing ones, spirituality can positively influence immune, cardiovascular (heart and blood vessels), hormonal, and nervous systems. An example of a religion that promotes a healthy lifestyle is Seventh Day Adventists. Those who follow this religion, a particularly healthy population, are instructed by their Church not to consume alcohol, eat pork, or smoke tobacco. In a 10-year study of Seventh Day Adventists in the Netherlands, researchers found that Adventist men lived 8.9 years longer than the national average, and Adventist women lived 3.6 years longer. For both men and women, the chance of dying from cancer or heart disease was 60 to 66% less, respectively, than the national average.

Again, the health benefits of religion and spirituality do not stem solely from healthy lifestyles. Many researchers believe that certain beliefs, attitudes, and practices associated with being a spiritual person influence health. In a recent study of people with acquired immune deficiency syndrome (AIDS), those who had faith in God, compassion toward others, a sense of inner peace, and were religious had a better chance of surviving for a long time than those who did not live with such belief systems.

Qualities like faith, hope, and forgiveness, and the use of social support and prayer seem to have a noticeable effect on health and healing.

- **Faith.** A person's most deeply held beliefs strongly influence his or her health. Some researchers believe that faith increases the body's resistance to stress. In a 1988 clinical study of women undergoing breast biopsies, the women with the lowest stress hormone levels were those who used their faith and prayer to cope with stress.

- **Hope.** Without hope, a positive attitude that a person assumes in the face of difficulty, many people become depressed and prone to illness. In a 35-year clinical study of Harvard graduates, researchers found that those graduates who expressed hope and optimism lived longer and had fewer illnesses in their lifetime.

- **Forgiveness.** A practice that is encouraged by many spiritual and religious traditions, forgiveness is a release of hostility and resentment from past hurts. In 1997, a Stanford University study found that college students trained to forgive someone who had hurt them were significantly less angry, more hopeful, and better able to deal with emotions than students not trained to forgive. Another survey of 1,400 adults found that willingness to forgive oneself, and others, and the feeling that one is forgiven by God, have beneficial health effects. Some researchers suggest that emotions like anger and resentment cause stress hormones to accumulate in the blood, and that forgiveness reduces this build up.

- **Love and Social Support.** Studies show that a close network of family and friends that lends help and emotional support offers protection against many diseases. Researchers believe that people who experience love and support tend to resist unhealthy behaviors and feel less stressed. In a clinical study of a close-knit Italian American community in Pennsylvania, researchers found that the death rate from heart attack was half that of the United States' average. Researchers concluded that the strong social support network helped protect this population from heart disease.

- **Prayer.** The act of putting oneself in the presence of or conversing with a higher power has been used as a means of healing across all cultures throughout the ages. Today, many Americans believe that prayer is an important part of daily life. In a 1996 poll, one half of doctors reported they believe prayer helps people, and 67% reported praying for a patient. Researchers are also studying intercessory prayer (asking a higher power to intervene on behalf of another either known or unknown to the person praying; also called distance prayer or distance healing). Although it is particularly difficult to study the effect of distance prayer, current research in coronary care units (intensive care units in hospitals devoted to people with severe heart disease, like those who just suffered a heart attack) suggests there is benefit. Compared to those who were not prayed for, people who were prayed for showed

general improvements in the course of their illness, less complications, and even fewer deaths.

What illnesses and conditions respond well to spirituality?
Programs with a strong spiritual component, such as Alcoholics Anonymous (AA), show that spiritual disciplines may be especially effective for drug and alcohol addiction. The regular practice of prayer and meditation is strongly associated with recovery and abstinence from drugs. Results from several studies indicate that people with strong religious and spiritual beliefs heal faster from surgery, are less anxious and depressed, have lower blood pressure, and cope better with chronic illnesses such as arthritis, diabetes, heart disease, cancer, and spinal cord injury.

One clinical study at Duke University found that people who attend regular religious services tend to have better immune function. In another clinical study of 232 older adults undergoing heart surgery, those who were religious were 3 times less likely to die within the 6 months after surgery than those who were not. Not one of the 37 people in this study who described themselves as deeply religious died. Of course, the studies are not comprehensive, and many people find help in spiritual resources for numerous conditions.

Can spirituality have a negative impact on health?
Some experts warn that religious beliefs can be harmful when they encourage excessive guilt, fear, and lowered self worth. Similarly, physicians should avoid advocating for particular spiritual practices; this can be inappropriate, intrusive, and induce a feeling of guilt or even harm if the implication is that ill health is a result of insufficient faith. It is also important to note that spirituality does not guarantee health. Finally, there is the risk that people may substitute prayer for medical care or that spiritual practice could delay the receipt of necessary medical treatment.

How can I receive spiritual counseling when I am in the hospital?
Many hospitals have access to counselors from organized religions. If you would like spiritual counseling or someone to pray with, ask your doctor to refer a counselor.

What is the future of spirituality in medical practice?
Many medical schools in the United States have included spiritual teachings in their curricula. However, what role, if any, a doctor should play in assisting or guiding patients in spiritual matters remains controversial. In addition, given that there appears to be a growing belief in the connection between spirituality and health, scientists in this field feel that research should begin to focus on assessing the validity of this connection, a better understanding of why there is this connection, and how it works. Interesting research is also emerging regarding the impact of religion and spirituality (both the child's and the parents') on the health of children and adolescents.

JOURNAL ARTICLES IN PUBMED: SAMPLING

RELIGION, SPIRITUALITY, AND HEALTH: A REVIEW AND UPDATE

https://www.ncbi.nlm.nih.gov/pubmed/26026153

Koenig HG. Adv Mind Body Med. 2015 Summer;29(3):19-26.

This article summarizes research prior to 2010 and more recent research on religion, spirituality, and health, including some of the latest work being done by research teams at Columbia University, Harvard University, Duke University, and other academic medical centers. First, terms such as religion, humanism, and spirituality are defined. Second, based on his research team's previous systematic review of quantitative studies published in the peer-reviewed literature prior to 2010, the author discusses the findings from that research on the effects of religion and spirituality (R/S) on (1) mental health-well-being, purpose in life, hope, optimism, self-esteem, depression, anxiety, suicide, and substance abuse; (2) health behaviors-exercise, diet, cigarette smoking, and risky sexual activity; and (3) physical health-coronary artery disease, cancer, and all-cause mortality. Third, the author examines the latest research on the prevalence of spiritual needs among individuals with serious or terminal medical illnesses, the consequences of ignoring those needs, and the results of clinical trials that have examined the effects of spiritual assessments by physicians. Finally, the author reviews the research currently being conducted at Duke University on the efficacy of religious cognitive-behavioral therapies and on the effects of religious involvement on telomere length in stressed caregivers. Resources are provided that will assist seasoned researchers and clinicians who might be interested in doing research in this novel and expanding area of whole-person medicine.

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PARTNERS IN HEALING: BRING COMPASSION TO PEOPLE WITH ILLNESS OR LOSS

Book came out of the conference. Her program 1x a month for one year – Partners in healing- how to deal with there illness deal with 4 aspects: training program at Fordham – 6 conferences Partners in Healing Conferences book. Beverly Anne Musgrave and John R. Bickle.

Medical
Theological/Spiritual
Psychological
Social

HANDOOK OF RELIGION AND HEALTH, 2ND EDITION

Harold Koenig, Dana King, Verna B. Carson
Oxford University Press, Feb 6, 2012 - Body, Mind & Spirit - 1192 pages

https://books.google.com/books/about/Handbook_of_Religion_and_Health.html?id=qLfAQ9ReYksC

The Handbook of Religion and Health has become the seminal research text on religion, spirituality, and health, outlining a rational argument for the connection between religion and health. The Second Edition completely revises and updates the first edition. Its authors are physicians: a psychiatrist and geriatrician, a primary care physician, and a professor of nursing and specialist in mental health nursing. The Second Edition surveys the historical connections between religion and health and grapples with the distinction between the terms ''religion'' and ''spirituality'' in research and clinical practice. It reviews research on religion and mental health, as well as extensive research literature on the mind-body relationship, and develops a model to explain how religious involvement may impact physical health through the mind-body mechanisms. It also explores the direct relationships between religion and physical health, covering such topics as immune and endocrine function, heart disease, hypertension and stroke, neurological disorders, cancer, and infectious diseases; and examines the consequences of illness including chronic pain, disability, and quality of life. Finally, the Handbook reviews research methods and addresses applications to clinical practice. Theological perspectives are interwoven throughout the chapters. The Handbook is the most insightful and authoritative resource available to anyone who wants to understand the relationship between religion and health.

THE WOUNDED STORYTELLER: BODY, ILLNESS, AND ETHICS BY ARTHUR FRANK

http://press.uchicago.edu/ucp/books/book/chicago/W/bo14674212.html

THE HANDBOOK OF SOCIAL STUDIES IN HEALTH AND MEDICINE

Edited by Gary L Albrecht, Ray Fitzpatrick, Susan C Scrimshaw

CHAPTER 2.3 PERSONAL EXPERIENCE OF ILLNESS

https://books.google.com/books?hl=en&lr=&id=LyK1e6U7fU0C&oi=fnd&pg=PA230&dq=personal+experience+of+illness&ots=BO_mL2UK3q&sig=FTDnfNCRc9MBViqSmHcxVrdSAwI#v=onepage&q=personal%20experience%20of%20illness&f=false

FEELING WORDS

Feelings Word List

Emotionally Oriented		Spiritually Oriented		Physically Oriented
Afraid	Grateful	Abandoned	Hopeless	Alert
Aggravated	Grieved	Alienated	Indifferent	Alive
Agitated	Happy	Accepting	Insecure	Aroused
Alarmed	Horrified	Alive	Inspired	Beat
Amused	Hurt	Apathetic	Isolated	Breatless
Angry	Infuriated	Awakened	Joyful	Cold
Annoyed	Irked	Bad	Joyous	Comfortable
Anxious	Irritated	Bored	Jubilant	Energetic
Apprehensive	Jealous	Bound	Lonely	Enervated
Aroused	Jittery	Broken (ness)	Lost	Enlivened
Astonished	Joyful	Committed	Loving	Excited
Bad	Joyous	Complacent	Moved	Exhausted
Bitter	Jubilant	Confident	Optimistic	Exhilarated
Calm	Lonely	Courageous	Overwhelmed	Famished
Comfortable	Mad	Cynical	Peaceful	Fatigued
Concerned	Melancholic	Dead	Penitent	Full
Confused	Merry	Defeated	Pessimistic	Gorged
Contented	Miserable	Despair	Powerful	Hot hungry
Cross	Mortified	Despairing	Powerless	Hurt
Dejected	Nettled	Despondent	Proud	Ill
Delighted	Overjoyed	Detached	Reconciled	Invigorated
Depressed	Pleased	Discouraged	Redeemed	Jittery
Disappointed	Rancorous	Disheartened	Renewed	Lethargic
Discourage	Relieved	Dissatisfied	Repentant	Listless
Disgruntled	Resentful	Distrusting	Satisfied	Nervous
Disgusted	Sad	Doubtful	Secure	Refreshed
Dismayed	Scared	Downhearted	Self-defeating	Relaxed
Displeased	Shocked	Empty	Self-destructive	Restless
Distressed	Sorrowful	Encouraged	Shameful	Run-down
Distraught	Spellbound	Enlightened	Strong	Rushed
Disturbed	Splendid	Enlivened	Sure	Shaky
Downcast	Surprised	Fearful	Tearful	Sick
Downhearted	Taken aback	Free	Thankful	Sleepy
Ecstatic	Tense	Fulfilled	Touched	Steady
Elated	Terrified	Guilty	Trustful	Stiff
Electrified	Touched	Helpless	Unsure	Strong
Embarrassed	Tranquil	Hopeful	Whole	Tense
Enthralled	Troubled			Tired
Exhilarated	Undone			Titillated
Frightened	Uneasy			Uncomfortable
Frustrated	Unhappy			Unsteady
Furious	Upset			Warm
Glad	Vexed			Weak
				Weary
				Well
				Wide-awake
				Worn