

# Whole Person Health Care

## A Resource Book

### Pages on Spiritual Assessment

**Dr Michael G Sheldon**

Whole Person Health Trust

[www.wphtrust.com](http://www.wphtrust.com)

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### **Assessment of Spirituality**

In the Whole-Person Clinic we conduct a spiritual assessment as the third window in which to view the person's health status. The content of this assessment is based loosely on a seven stage model of the human spirit. Each level of the human spirit needs to be explored, and only the seventh level is concerned with the patient's religious experiences.

#### *Spiritual assessment – interview structure*

Each of the following areas would be explored, preferably in this order to leave religious issues to the end. We should probably develop a sort of self-administered questionnaire – with mainly open type questions for the person to consider before the first “spiritual window” interview.

There is a huge overlap with the counselling interview, and the first three spiritual elements may be well covered in sessions before the spiritual assessment, which should therefore concentrate on the last four levels of spirituality. This long list of questions will act as a checklist for a semi-structured interview which will seek to explore the most important of the areas below. The actual interview will be driven by the health needs of the person and their attitudes and responses. In real life only a fraction of the topics may be covered, some in greater depth than others.

The first section is taken from the article on our web site [www.wphtrust.com/handbook05.html](http://www.wphtrust.com/handbook05.html)

My notes on the web site [www.wphtrust.com/hanbook05.html](http://www.wphtrust.com/hanbook05.html)

## The Human Spirit and Spirituality

We need to examine further the structure and function of human spirit and explore how it enables a person to fulfill the role of being spiritual. Much has been written about spirituality and there are many definitions and uses of the term. We need to examine how we are to use the word in health care and ask ourselves four important questions –

1. What are the functions of the human spirit, and so what can be called spirituality in humans?
2. Do any of these functions play any part in the process of becoming ill?
3. Do any of these functions help in gaining and keeping good health?
4. Is this a part of medical practice, or like sewers and clean water, part of life which properly belongs elsewhere in society, that is - does it fit within the new whole person medical model?

### What is the spirit?

We first need to distinguish between the human spirit and "spirits" in general. Most societies and religions throughout the ages have recognised that there are elements in the world which we cannot see or experience with our physical senses, but which people believe have an impact upon us. We call this world the spiritual world and most societies have peopled this world with many independent spirits (such as in pantheism) or with one spirit (God) and many lesser spirits to do his (or her) work. We recognise this spirit world because we too have spirits. The main definition of the human spirit will therefore be that it is able to recognise other spirits and spiritual beings.

It is interesting to place oneself into a two dimensional world where any activity in the third dimension impinging on our flat world would appear miraculous and definitely outside the "real" world as we would experience it. The same arguments could apply to a fifth or other dimensions which are outside our ability to experience with our usual senses. If this was the original definition of the human spirit – that part of mankind which recognises and interacts with the spiritual world – then over time the definition has changed and expanded.

Most religions see that the human spirit plays a role in the maturing process of the person, and therefore has an inward effect as well as an outward aspect. This understanding has also been picked up more recently by the New Age practices where the spirit has been seen as the part of the person which has the highest functions – lifting man above the animals. If you have no beliefs in God or spiritual forces then this can be seen as the highest point in mankind's evolution as we seek to develop beyond the animal world which has made us and so "reach for the stars"

Whatever your belief system, there are three very important points to remember –

1. The majority of our patients have a belief system which in some way involves a spiritual world, and for some patients this is a major influence in their lives.
2. When the patient has a spiritual world view this may affect their health status, and whether we like it or not, plays a part in the overcoming of illness and disability
3. These highest human functions – which we can call spirit – are involved as an integral part of the process of becoming ill and in re-gaining and maintaining health

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Taking a wide variety of understandings about the spirit, we have developed a seven stage model of human spirituality with which to define and understand what we may call the spiritual aspects of the human being. These seven stages begin with how we relate to ourselves, then turn to how we relate both to others and to the physical world we find ourselves in, finally ending with how we relate to the spiritual world.

## 7 stage model of the human spirit

1. Self-image
2. Relationships with others
3. Relating to the world
4. Morals and ethical practice
5. Purpose and meaning in life
6. The Will
7. Beliefs and Religious practice

### 1 Self Image (relating to oneself)

Each person is a unique individual. The combination of genetic makeup, familial inheritance and personal response to life events means that no-one else in the world will be exactly the same as ourselves. Each personality has strengths and weaknesses which can affect how we mature and grow. As we grow and mature so our given personality is developed by what we may choose to call our character, which measures how we have responded to the challenges and events of our lives. This view we have of ourselves – the self-image we have is extremely important. We need to examine what self-understanding we have, can we see our weaknesses and strengths, and do we understand how they got there and how best we can live with them? Do we “love” ourselves in a healthy and productive way?

Each person is a unique individual creation – thus the Personality may be explored in several ways –

- The person’s view and understanding of their individual Self is important.
- What is their self-understanding and self-awareness, how willing to explore?
- What is their self-acceptance, too critical, not critical enough?

Weaknesses reveal the state we have arrived at at this time

- Failures
- Bondages and recurrent problems
- Weakness of thinking and reasoning

Strengths indicate the positive side of the personality

- Look at personality using some of the available tests
- If such tests have already been done, how does the patient react to the findings?

Potential to develop

- How mature is the person, how do they learn from life's experiences.
- What is their view of wisdom?
- How good are they at learning from experience?
- How have they grown through suffering?
- How open are they to criticism?

## 2 Relationships with others

Relationships can be considered with family, friends, neighbours and strangers. It is worth looking at the work of Alistair McFadyen who wrote "The Call to Personhood" (Cambridge University Press, 1990, ISBN 0 521 38471 0). He talks about the Sense of belonging and the issues of Personhood through relationship. The understanding of man as a relational being is one of the main themes of the work of Alistair McFadyen and is developed in this book. McFadyen argues that each person can only be understood in social terms, thus "we become the people we are through our relationships with others". He stresses that this model does not just encompass inter-personal relationships but also includes social, cultural, historical, political and moral relationships.

McFadyen's basic concept of a person is both dialogical (formed through social interaction, through address and response), and dialectical (never coming to rest in a final unity, if only because one is never removed from relationship). He discusses the theological concept that humans are made in the image of God. This *imago Dei* can be understood in two dimensions, the vertical dimension where human beings are constituted through their relation to God, and the horizontal dimension where human relations produce an understanding of the person "in social categories in which relations between the sexes are of primary importance". Importantly he defines relationship – "A personal relationship is essentially an encounter between two or more partners who are different, who have some independence and autonomy in the relation and who may therefore engage with each other on the basis of freedom rather than coercion." Personal relations are therefore characterised by call and response, the gift and return of dialogue

In addition to the vertical dimension of the image of God, McFadyen argues that there is also a horizontal dimension. Our response to God involves a social element as we relate between persons. This is not however an optional extra, but an essential part of this image "Dialogue is a bipolar process involving both distance (individual discreteness from the relation) and relation. Distinct identity is impossible except through relation, and relation only possible through the distance which separates the partners". McFadyen argues that "the essence of dialogue is that it is an encounter based on the independence, freedom, and uniqueness of the partners. Because they are different, they cannot be adequately understood by the other unless they actively participate in the relation as an 'I' as well as a 'Thou'". He goes on to say that "their relation is a continuing relation process in which their identities are formed together as distinct though related".

Thus he concludes that persons are what they are for others or, rather, the way in which they are for others. The human being is essentially a relational structure (the ontological aspect), and we are defined

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by the form our relationships, and therefore our individualities take. McFadyen says – “persons have to be understood in social terms – if only because they are somehow the product of their relations”. Thus there is a real connection between the quality of our relationships and our personhood.

Thirdly, whilst recognising the place of institutional and societal relationships, he maintains that – “large-scale (institutional) relations cannot become a substitute for personal interactions ... and it is from interpersonal relations ... that we draw our understanding of ourselves as persons”. I would also maintain that a significant amount of our development as persons is also drawn from our cultural and societal surroundings, and thus our relations within the institutions in which we find ourselves has a large bearing on our development. True this is the situation in our present world, but our calling as individuals may well be argued to involve relations within institutions as well as personal relationships.

The quality of the ability to relate, to give and receive love, to mend broken relationships and relate appropriately in different situations is an essential part of our spiritual lives. To quote the Mental Health Foundation “Friendship as a form of spiritual connection is of basic importance to the lives of people with mental health problems.” (“Promoting Mental Health: a resource for spiritual and pastoral care”).

We thus relate to -

- a) **Friends** are a sign of the person’s ability to relate with like minded people
  - How many friends, work or leisure pursuits?
  - Depth of support from them, how deeply can they share?
  - Understanding and practice of honour, loyalty, respect and confidentiality.
  
- b) **Family** relationships are an example of relating to people with whom we have to live closely
  - Ability to give and receive love
  - Ability to confront and deal with conflicts
  - Ability to recognise own weaknesses and say “sorry”
  
- c) **Neighbours** and others within our society
  - How much empathy and compassion do they have
  - Are they able to show mercy to those in need
  - Is there bitterness and un-forgiveness in their heart
  
- d) The spirit enables us to be **peacemakers** in conflicts - whether with strangers or friends
  - What is their ability to bring harmony and peace to situations?
  - What are their conflict resolution skills?

In assessing a person's spiritual functioning the above areas and questions can be explored.

## 3 Relating to the world

The third aspect of our relationships moves us on to the wider world. This concerns our social responsibilities, our attitudes to work and to our authority and control on our lives. The Locus of control scales examine how much control the individual has over their own life, and how much responsibility is passed over to others.

a) Explore the locus of control in their lives

- How much control do they have over their lives, and how much do others have
- How do they respond to the authority of others?
- How do they take authority themselves?

How does the person relate to the world around them? How do they exercise authority and control within the world. Today it's the issue is global warming, a few years ago it centred on the extinction of some animal and plant species, prior to that it was whether we would destroy everything with a nuclear bomb. What fears are there for the future, and how are they engaging with this?

b) How do they view their place in the world?

- Too sentimental or too harsh?
- Are they confident in being able to make appropriate changes in their environment?
- Are they able to be creative in work and play?
- What creativity do they use on a regular basis?
- What frustrated creative instincts are there?
- Is the person able to use their imagination creatively?

c) What is their view about the world's resources and our responsibilities

- How do they structure their lives?
- What is their attitude to wealth?
- Is there dissonance between their views and their actions?

d) What is their work ethic

- Does work cause stress?
- Are they in the correct job?
- Do they know their personal strengths and weaknesses?
- Are work relationships supportive?
- Are they balanced between work, personal life, relationships and ministry?

e) Society and cultures

- How have they been influenced by their own culture?
- How has their education affected their beliefs?
- Are they engaged with their culture?
- Are there cultural and religious tensions in their family and friends?
- Are their leisure activities appropriate?

f) How comfortable are they with science and how it relates to them as individuals

- Are there clashes between their beliefs and scientific theory?
- Especially in the area of health care

## 4 Morality and ethical practice

The conscience enables each person to have a personal morality and a set of ethics to guide their actions and behaviour.

a) The conscience

- Do they set too high standards for themselves?
- Is the conscience weak?
- Are they aware of their conscience speaking to them?
- Any problems?

b) Basis of personal ethics

- What is their world view?
- What do they base their ethics upon (religion, culture etc.)
- What is their ethical stance on common issues?

c) Nature of moral decisions taken

- How do they put their ethics into practice
- How do they view the principles of not harming others?

## 5 Purpose and meaning

The healthy person has a sense of purpose and meaning in their life. This also links in to the hope they have for the future, and how they prioritise their lives. Some of the areas to explore will include -

a) Hope for the future

- What plans do they have for the future?
- Do they have hope?

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- Have there been shattered hopes in the past?
- b) Desires of the heart
  - What are the desires of their heart?
  - Dreams and aspirations
  - What plans are there to bring them to pass?
- c) Priorities in life
  - How do they place personal needs, family, work and ministry
  - Is God a part of their decision making process?
  - Do they involve relevant others in decision making?
- d) Fulfillments
  - What successes have there been in their lives?
  - Have they turned failures into successes
  - Do they have bitterness towards others
  - How do they view themselves – as a failure or a success
  - What areas of their lives have been successful?
- e) Understanding of the purpose of life –
  - what is their personal theology or philosophy?

## 6 Will Power

The effective use of the will to make good choices and decisions is necessary to put our ethics and beliefs into action. A "strong" will is needed to overcome obstacles and difficulties which are always present. The mind and emotions can make decisions as to the correct course to take, but the person can still fail to follow this course. The will is an essential part of the spirit and can be weak or strong in each person.

## 7 Beliefs and Religious experience

We all have a well developed set of beliefs – many derived subconsciously from our upbringing and culture. Faith is belief in action – we all have to have faith. What do they put their faith in, concentrating mainly on health and healing rather than everything in life. We may explore the beliefs which were handed down to them, and contrast these with the actual beliefs they now hold.

- a) What are their beliefs about God
  - Which religion (if any) has influenced them most?

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- Have they developed their own beliefs, and how has this happened?
- How influential has the family been?
- b) What are their beliefs about the purpose of their own life
  - How would they describe what they believe in in the area of spirituality?
  - What do they put their faith in?
- c) Do they believe in the spirit world
  - What is their view of the occult and Satan?
  - Have they experienced demonic activity?
  - How do they view angels?
- d) Do they believe that God can communicate with them?
  - Do they pray?
  - What results have they seen - both good and not so good

Finally we come to their personal understanding of the Divine and their relationship with God.

- Describe the religious pilgrimage they have made
- Did they have good experiences as a child?
- Which religion did they grow up in?
- What battles and struggles with belief did they experience as they were growing up?
- Describe the positive and harmful aspects of their upbringing and education in religion
- What is their current religious practice?
- How important is this to them?

Finally - do they have any other questions or observations about their spirituality?

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### **So what is spirituality?**

In the Shorter Oxford English Dictionary there are three different aspects to the definition of the human spirit and spirituality. (Ed Onions, C.T. 1973, Clarendon Press, Oxford. ISBN 0 19 861126 9, Vol 2 pp 2078-9). Each of these may be stressed by different groups according to their own beliefs, however all three definitions have meaning and can be incorporated into an understanding of how to define, examine and interact with the spiritual aspects of people and thus help us in our discussion about the place of spirituality in health care.

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Spirit and spirituality is –

- That which is connected with religion and religious practice.
- That which is connected to the non-physical (or meta-physical) world of spirits.
- That which is connected to the highest and finest moral qualities of the human being.

So how can we expand these dictionary definitions into something which will assist us in caring for people's health? We can first look at some of the expanded definitions produced by other groups such as the Church of England, The National Institute for Mental Health, the Royal College of Psychiatrists, and the British Humanist Society.

The definition from "Promoting mental health: a resource for spiritual and pastoral care" prepared by the Church of England, the National Institute for Mental Health in England and "Mentality":-

*"Spirituality is a quality that goes beyond religious affiliation, that strives for inspiration, reverence, awe, meaning and purpose, even in those who do not believe in God".*

The definition by the Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists:-

*"In healthcare, spirituality is identified with experiencing a deep-seated sense of meaning and purpose in life, together with a sense of belonging. It is about acceptance, integration and wholeness ... Spirituality, described as linking the deeply personal with the universal, is inclusive and unifying. It naturally leads to the recognition that to harm another is to harm oneself, and equally that helping others is to help oneself. It applies to everyone, including those who do not believe in God of a "higher being". The universality of spirituality extends across creed and culture; at the same time spirituality is felt as unique to each and every person."*

Finally some definitions by humanist thinkers such as Professor Maslow and Marilyn Mason of the British Humanist Society. Maslow has said –

*"The spiritual life is part of our biological life. It is the highest part of it, but yet part of it. The spiritual life is part of the human essence. It is a defining characteristic of human nature, without which human nature is not full human nature. It is part of the real self, of one's identity, of one's inner core, or one's species-hood, of full humanness."*

Marilyn Mason has said –

*"Even if scientists and philosophers do come at last to the conclusion that human beings are simply a mass of chemicals, purely physical, our minds and our better feelings would still be something pretty marvelous, worth celebrating and cultivating... I enjoy the arts, nature, friendship and love, and I have enough purposes and principles in my life to keep me going."*

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*Many of those who, like me, share and value deeply the experiences sometimes labeled “spiritual” would classify them differently, and more clearly and precisely”*

Plante and Sherman (Plante, TG and Sherman, AC (eds) Faith and Health: Psychological perspectives, 2001 New York, The Guilford Press. ISBN 1-57230-682-3) point out that spirituality and religiousness are complex, multi-dimensional constructs and are almost impossible to define to anyone’s satisfaction except the authors of the definition. Like love, most of us know it when we see it, but putting this into definitions is cumbersome and elusive. However we do need to have a rough map of the terrain and an understanding of its boundaries and major landmarks, even if each personal journey through this landscape is unique.

Putting all of the above discussion together we would like repeat our seven stage definition of spirituality so that it involves and includes –

- 1 A personal view and understanding of our own image
- 2 A means of relating to others
- 3 A means of making sense of the world we live in and the ability to interact effectively with it.
- 4 A set of moral principles which determine our ethical values and actions
- 5 A sense of purpose in life and hope for the future
- 6 A will which enables us to carry out the decisions we make.
- 7 A personal belief system which determines what we put our faith and trust in, which leads to a set of experiences of our involvement with God, the Divine, or spiritual forces outside ourselves

We need to conclude this chapter by asking three important questions posed at the beginning of the paper –

Does the human spirit play any part in producing illness and disease?

Does the human spirit play any part in a person re-gaining and keeping good health?

Does spirituality therefore form a valid part of a health care model?

## **Does the human spirit play a part in becoming ill?**

This question and the next really go together, because only if the spirit plays a part in becoming unhealthy can we say that treating the spiritual issues will affect the general health of the person.

Many studies have concerned the issues of religious faith and health, and these are well summarised in the book edited by Plante and Sherman discussed above. They believe that there has been a shift in perceptions of the inter-relatedness of personal faith and health. In the distant past religion and healing were closely inter-twined. The earliest medical licenses were given out by the Church and these licences

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were forfeited in the event of ex-communication. These links were largely eroded as medicine became increasingly grounded in the Enlightenment rationalist sensibilities and Cartesian philosophy of science, which viewed mind (soul or spirit) as fundamentally separate from body. The physical body and corporeal world were seen as appropriate for sciences, and the mind or soul was the appropriate focus for the Church. In the more recent past this dualistic, biomedical model has been increasingly challenged by a broader, bio-psycho-social paradigm. One of the earliest thinkers in this area was Engel who viewed health and illness as a reflection of reciprocal interactions between biological, psychological and social influences. (Engel, G.L. (1977) The need for a new medical model: A challenge for biomedicine. Science, 196, 129-136)

What do we know about the connections between spirituality, faith and health? Researchers have concentrated on 3 main areas of study –

Health beliefs and behaviours which are known to influence morbidity and mortality. These would include diet, smoking, alcohol consumption, sexual behaviour and contraceptive use etc. Most behaviours would have a positive influence on health, but others may have a negative influence.

Coping strategies when illness occurs. The social support networks of religious or spiritual communities will be important in helping people to overcome challenges and make adjustments. Good relationships help a person to adapt

Physiological functioning and how factors such as neuro-endocrine activity, immune function and disease progression are altered by personal faith and beliefs.

### Does the human spirit play a part in re-gaining and maintaining health?

This is mainly argued by David Chaput and is elaborated in another chapter – shortly I will summarise this here as well.

### Is spirituality a part of a medical model?

Finally we need to address the question of the relevance of all this emphasis on the spirit of mankind. Does it play any part in a medical model? In looking at this question there are three main responses possible:-

The **first response** – which has been the accepted norm up to now – is that spirituality plays no part at all in a health care model. It may well have an important part to play in the health of some patients, but then so do clean water and efficient sewers. Providing fulfilment and love in a person's life is important but it does not come into a medical model. Other professionals have the skill and permission to explore these areas for a person's good, and in so doing they may be seen to complement the work of health care professionals, but do not in themselves intrude into a medical model. The main reason for this is

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that these beliefs are so personal that it would be difficult for any professional to satisfy the patient's beliefs and needs unless the health care worker also shares those same values and beliefs. So it is best to keep them quite separate and allow the patient to choose how to get these needs met for themselves.

If you believe that this first response is correct, then whilst acknowledging that in many people the spiritual aspects of their health may be important, it can play no part in a health care system in the type of secular, multi-cultural society that we live in. The wise practitioner would be able to refer on, in a general sense, to others who would be willing and able to help the patient.

The **second response** would be that spirituality is an important part of the delivery of an effective model of health care. The professional needs to exhibit acceptance, friendship, caring, support and encouragement so that the patient can utilise their spiritual resources to play a part in their recovery. A caring and compassionate doctor or health care professional acts as a healer and so assists a patient's recovery to health.

If you make this second response then you will develop good communication skills and practice being able to question, converse with, and help patients with the spiritual dimension of their lives. A compassionate, caring and understanding attitude, again combined with the skills and abilities to refer patients to more specialised resources would form the backbone of your consulting strategy.

The **third response** is the acknowledgment of the part the human spirit, both in becoming ill and also in regaining health, so forming an essential component of the health care model. The health care worker can only be maximally effective when integrated into a whole person model of health which explores and seeks to understand how the different parts of the person have contributed to the health problem. The power of both the mind and the spirit then need to be mobilised in order to assist the healing of the body, the mind and the spirit.

It is only if you consider this third response to be correct that a new approach, involving a whole-person model of health, becomes necessary, because the spiritual dimensions will be part of the causative factors producing illness, and so need to be taken into account when making a diagnosis and thus deciding on suitable treatment. This approach will be tackled in the ensuing chapters.

Up to recent times the first response was widely accepted as the correct one for health care professionals. There is now an increasing acceptance of the second response and much of this is taught in good medical practice. We recognise that the third response largely takes us into the area of the unknown. There is little research and much conflicting anecdotal evidence of the place of spirituality in health care. This handbook is an attempt to explore the implications of this approach and to explore practical issues raised.

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"The Human Spirit and Spirituality " by Dr Michael Sheldon,

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