

Whole Person Health Care

A Resource Book – part 04 (b)

Pages on Spiritual Assessment

Dr Michael G Sheldon

Whole Person Health Trust

www.wphtrust.com

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 is missing from here and is available separately from the web site

Other models of taking a spiritual history

There are several published models of assessing spirituality within health care, most available on the internet.

1 FICA--Taking a Spiritual History

The George Washington Institute for Spirituality and Health

The acronym FICA can help structure questions in taking a spiritual history by Healthcare Professionals.

F--Faith and Belief

"Do you consider yourself spiritual or religious?" or "Do you have spiritual beliefs that help you cope with stress?" IF the patient responds "No," the physician might ask, "What gives your life meaning?" Sometimes patients respond with answers such as family, career, or nature.

I--Importance

"What importance does your faith or belief have in our 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

"Are you part of a spiritual or religious community? Is this of support to you and how? Is there a group of people you really love or who are important to you?" Communities such as churches, temples, and mosques, or a group of like-minded friends can serve as strong support systems for some patients.

A--Address in Care

"How would you like me, your healthcare provider, to address these issues in your healthcare?"

Adapted with permission from Puchalski CM, Romer AL. Taking a spiritual history allows clinicians to understand patients more fully. J Pall Med 2000;3:129-37.

Copyright, Christina M. Puchalski, MD, 1996.

Mission

The George Washington Institute for Spirituality and Health (**GWish**) is a university-based organization, which is working toward a more compassionate system of healthcare by restoring the heart and humanity of medicine through research, education, and policy work focused on bringing increased attention to the spiritual needs of patients, families, and the healthcare professionals.

History

The George Washington Institute for Spirituality and Health was established in May 2001 as a leading organization on educational and clinical issues related to spirituality and health. **GWish** founder and Director, **Christina M. Puchalski, MD**, an associate professor of medicine and health care sciences, is changing the face of healthcare through innovative programs for physicians and other members of the multidisciplinary healthcare team, including clergy and chaplains. Her pioneering work has had a truly major impact on medical education, professional education, and clinical programs at local, national and even international levels.

2 Spiritual Competency Website – David Lukoff

www.spiritualcompetency.com

his brief spiritual history -

A. RELIGIOUS BACKGROUND AND BELIEFS

1. What religion did your family practice when you were growing up?
2. How religious were your parents?
3. Do you practice a religion currently?
4. Do you believe in God or a higher power?
5. What have been important experiences and thoughts about God/Higher Power?
6. How would you describe God/Higher Power? personal or impersonal? loving or stern?

B. SPIRITUAL MEANING AND VALUES

1. Do you follow any spiritual path or practice (e.g., meditation, yoga, chanting)?
2. What significant spiritual experiences have you had (e.g., mystical experience, near-death experience, 12-step spirituality, drug-induced, dreams)?

C. PRAYER EXPERIENCES

1. Do you pray? When? In what way(s)?
2. How has prayer worked in your life?

3 Royal College of Psychiatrists, UK

www.rcpsych.ac.uk/mentalhealthinformation/therapies/spiritualityandmentalhealth.aspx (14 Sep 07)

Spirituality and Mental Health

Introduction

Spirituality involves a dimension of human experience that psychiatrists are increasingly interested in, because of its potential benefits to mental health.

This leaflet provides guidance for:

- the general public
- people with mental health problems
- carers.

It outlines the relevance of spirituality to mental health and mental healthcare, and explains some of the benefits. It is not necessary to hold formal religious beliefs, or engage in religious practices, or belong to an established faith tradition, to experience the spiritual dimension.

What is spirituality?

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.

According to one definition, “The spiritual dimension tries to be in harmony with the universe, strives for answers about the infinite, and comes especially into focus in times of emotional stress, physical and mental illness, loss, bereavement and death.” This desire for wholeness of being is not an intellectual attainment, for it is no less present in people with learning disability, but lies in the essence of what it means to be human.

From the spiritual perspective, a distinction can be made between cure, or relief of symptoms, and healing of the whole person. Life is a perpetual journey of discovery and development, during which maturity is often gained through adversity. The relief of suffering remains a primary aim of health care, but it is by no means the whole story.

How is spirituality distinguished from religion?

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 or a ‘higher being’.

Whole Person Health – Spirituality and Health

The universality of spirituality extends across creed and culture; at the same time spirituality is felt as unique to each and every person.

Religions offer community-based worship, each faith having its own set of beliefs and sacred traditions. However, when there is a lack of respect for differences of belief, religion has been used as a social and political tool leading to intolerance and divisiveness.

Components of spiritual health care

Surveys of mental health patients have shown the need for:

- an environment for purposeful activity such as creative art, structured work and enjoying nature;
- feeling safe and secure. Being treated with respect and dignity allows you to develop a feeling of belonging, of being valued and trusted;
- having time to express feelings to sympathetic and concerned members of staff;
- opportunities and encouragement to make sense of, and derive meaning from, experiences including illness;
- permission and encouragement to develop a relationship with God or the Absolute (however the person conceives whatever is sacred).

People need a time, a place and privacy in which to pray and worship, the opportunity to explore spiritual (and sometimes religious) matters, encouragement in deepening faith, feeling universally connected and perhaps also forgiven.

What are the benefits of paying attention to the spiritual dimension?

Patients have identified the following benefits of good quality spiritual care:

- improved self-control, self-esteem and confidence;
- faster and easier recovery, achieved through both promoting the healthy grieving of loss and maximising personal potential;
- improved relationships – with self, others and with God/creation/nature;
- a new sense of meaning, resulting in reawakening of hope and peace of mind, enabling people to accept and live with problems not yet resolved.

Recognising and assessing the religious and spiritual aspects of a person's life

A helpful way to begin is simply to ask 'what sustains you?' or 'what keeps you going in difficult times?' A person's answer to this usually indicates his or her main spiritual concerns and pursuits.

There are two aspects to look at:

- What helpful inner personal resources can be encouraged?
- What external supports from the community and/or faith tradition are available?

Whole Person Health – Spirituality and Health

A gentle, unhurried approach works best. In this way, as well as gathering information, the process can have important therapeutic value.

The following five headings list some additional helpful questions to ask and consider.

Setting the scene

What is your life all about? Is there anything that gives you a particular sense of meaning or purpose?

The past Emotional stress usually involves some kind of loss, or the threat of loss. Have you experienced any major losses or bereavements? What has been the effect, and what ways of coping have you tried?

The present

Do you experience a feeling of belonging and being valued, a sense of safety, respect and dignity? Is there openness of communication both ways between you and other people?

Does there seem to be a spiritual aspect to the current problem? Would it help to involve a chaplain, or someone from your faith community? What more needs to be appreciated about your particular religious background?

The future

What does the immediate future seem to hold? What about the longer term? Is there a concern with death and dying, or about the possibility of an afterlife? Would it be helpful to discuss this more? What are your main fears regarding the future? Do you feel the need for forgiveness about anything? What, if anything, gives you hope?

Remedies

What kind of support would help you? How can it be asked for and from whom? Have you considered any self-help options?

Spiritual practices

These span a wide range, from the religious to secular:

- belonging to a faith tradition, participating in associated community-based activities;
- ritual and symbolic practices and other forms of worship;
- pilgrimage and retreats;
- meditation and prayer;

Whole Person Health – Spirituality and Health

- reading scripture;
- sacred music (listening to, singing and playing) including songs, hymns, psalms and devotional chants;
- acts of compassion (including work, especially teamwork);
- deep reflection (contemplation);
- yoga, Tai Chi and similar disciplined practices;
- engaging with and enjoying nature;
- contemplative reading (of literature, poetry, philosophy etc.);
- appreciation of the arts and engaging in creative activities, including artistic pursuits, cookery, gardening etc.;
- maintaining stable family relationships and friendships (especially those involving high levels of trust and intimacy);
- group or team sports, recreational or other activity involving a special quality of fellowship.

Spiritual values and skills

Spiritual practices foster an awareness that serves to identify and promote values such

as creativity, patience, perseverance, honesty, kindness, compassion, wisdom, equanimity, hope and joy, all of which support good health care practice.

Spiritual skills include:

- being self-reflective and honest;
- being able to remain focused in the present, remaining alert, unhurried and attentive;
- being able to rest, relax and create a still, peaceful state of mind;
- developing greater empathy for others;
- finding courage to witness and endure distress while sustaining an attitude of hope;
- developing improved discernment, for example about when to speak or act and when to remain silent;
- learning how to give without feeling drained;
- being able to grieve and let go.

An important principle of the spiritual approach to mental healthcare is ‘reciprocity’ – this means that the giver and receiver both benefit from the interaction. Provided exhaustion and ‘burn-out’ are avoided, carers naturally develop spiritual skills and values over time, as a result of their devotion to those for whom they care. Those benefiting from care are often, in turn, able to give help to others in distress.

The place of chaplaincy/pastoral care

Times have changed since hospital chaplaincy was thought of as mainly Anglican. It now involves clergy and other appropriate personnel from many faiths and humanist organisations, as well as from several Christian denominations. Chaplains, or spiritual advisors as they are sometimes called, are increasingly valued as contributors to the work of multi-disciplinary in-patient and community mental health services.

A properly resourced, modern mental health chaplaincy or pastoral care department should have access to sacred space. The chaplains will have made a point of establishing good relations with local clergy and faith communities,

Whole Person Health – Spirituality and Health

and will provide information about local religious groups and their traditions and practices. They will be aware of situations in which an individual's understanding of religious beliefs and activities seem to be unhelpful to them.

Advice should be available on controversial issues, such as spirit possession and the ministry of deliverance. Close liaison with the mental health team supports a holistic approach in which the 'whole-person' needs of the individual can be best understood and met.

Psychiatrists, patients and carers should all be fully informed of local chaplaincy services.

Education and research

Evidence for the benefits for mental health of belonging to a faith community, holding religious or spiritual beliefs, and engaging in associated practices, is now substantial. On the strength of this growing body of research, educational initiatives for mental health care students and practicing clinicians have been developed for inclusion in medical and nursing curricula and Continuing Professional Development (CPD) options.

About the Spirituality and Psychiatry Special Interest Group (SIG)

The Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists (Spirituality SIG) was founded in 1999 to serve two needs.

- There was no forum available to enable psychiatrists interested in spirituality to share and explore this important aspect of mental healthcare.
- Through a number of patient-led surveys, patients made it clear that they felt deeply the omission of a spiritual dimension, to the detriment of their quality of care.

Since its foundation, the Spirituality SIG has steadily grown, with over 1000 psychiatrists joining the group. An active programme of one-day events for members is held; also occasional conferences open to the general public. Information about these meetings is published in the Spirituality SIG Newsletter, along with the texts of all talks given, on the Spirituality SIG website (www.rcpsych.ac.uk/spirit).

Making a spiritual assessment is as important as all other aspects of medical history taking and examination. When making a diagnosis, a psychiatrist should be competent in distinguishing between spiritual crisis and mental illness, and able to explore areas of overlap and difference between the two.

Finally, the SIG seeks to promote knowledge of current research linking spirituality with improved physical and mental health.

Advice

Spirituality is a deeply personal matter. People are encouraged to discover 'what works best for you'. A routine daily practice involving three elements can be helpful:

a) regular quiet time (for prayer, reflection or meditation);

Whole Person Health – Spirituality and Health

- b) appropriate study of religious and/or spiritual material;
- c) engaging in supportive friendships with others sharing similar spiritual and/or religious aims and aspirations.

It is possible to find advice about spiritual practices and traditions through the resources of a wide range of religious organisations (see overleaf). Secular spiritual activities are increasingly available and popular too. For example, many complementary therapies have a spiritual or holistic element that is not defined by any particular religion. The internet, especially internet bookshops, the local yellow pages, health food shops and bookstores are all good places to look.

Suggested further general reading

Barker, P. & Buchanan-Barker P (Eds). *Spirituality and Mental Health: Breakthrough*. Whurr.

Dass, R & Gorman, P. *How Can I Help? Stories and reflections on service*. Alfred A Knopf.

Galanter, M. *Spirituality and the Healthy Mind: science, therapy, and the need for personal meaning*. Oxford University Press.

Kabat-Zinn, J. *Wherever You Go, There You Are*. Piatkus Books.

Kornfield, J. *A Path With Heart*. Rider.

Kowalski, R. *The Only Way Out Is In: Yoga, Ayurveda and Psychology*. Jon Carpenter Publishing.

Hanh, T N. *Transformation and Healing*. Full Circle Publishing Ltd.

Scott Peck, M. *The Road Less Travelled*. Rider.

Swinton, J. *Spirituality and Mental Health Care: Rediscovering a Forgotten Dimension*. Jessica Kingsley.

Whiteside, P. *Happiness: The 30-Day Guide that will last you a lifetime*. Rider.

Websites

www.rcpsych.ac.uk/spirit

The Royal College of Psychiatrists' Spirituality and Psychiatry Special Interest Group.

www.mfghc.com

Whole Person Health – Spirituality and Health

The Multi-Faith Group for Healthcare Chaplaincy website has valuable information about traditions, symbols, teachings and practices of nine world religions.

www.happinssite.com

Includes a 'resources' page with useful internet links compiled by author Patrick Whiteside.

For additional resources, try typing 'spirituality and health', or 'spirituality and psychiatry' into an internet search engine.

References

Murray R & Zentner J. (1989) Nursing Concepts for Health Promotion. London: Prentice Hall. (Adapted)

Swinton, J. (1999) Building a Church for Strangers: Theology, Church and Learning Disabilities. Edinburgh: Contact Pastoral Trust.

Swinton J. (2002) Spirituality and the Lives of People With Learning Disabilities. The Tizard Learning Disability Review. 7,4: 29-35.

Culliford L. (2002) Spirituality and Clinical Care. British Medical Journal. 325:1434-5.

Nathan M. (1997) A study of spiritual care in mental health practice: patients' and nurses' perceptions. MSc thesis. Enfield: Middlesex University.

Koenig H, McCullough M, & Larson D. (2001) Handbook of Religion and Health. Oxford: Oxford University Press.

World Health Organization. (1998) WHOQOL and Spirituality, Religiousness and Personal Beliefs: Report on WHO Consultation. Geneva: WHO.

Gilbert P, Nicholls V. (2003) Inspiring Hope: Recognising the Importance of Spirituality in a Whole Person Approach to Mental Health. London: National Institute for Mental Health in England.

Faulkner A. (1997) Knowing our own minds. London: Mental Health Foundation.

Post S, Puchalski C, Larson D. (2000) Physicians and Patient Spirituality: Professional Boundaries, Competency, and Ethics. Annals of Internal Medicine. 132: 578-583.

This leaflet was produced by the Royal College of Psychiatrists' Spirituality and Psychiatry Special Interest Group. Series Editor: Dr Philip Timms. Expert Review: Dr Larry Culliford and Dr Andrew Powell

Whole Person Health – Spirituality and Health

User and carer input: Royal College of Psychiatrists' Special Committee of Patients and Carers

- Last update: June 2006

4 American Family Physician – the HOPE questions

www.aafp.org/afp/20010101/81.html (14 Sept 07)

Jan 2001 edition of this journal.

Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment

GOWRI ANANDARAJAH, M.D., and ELLEN HIGHT, M.D., M.P.H

Brown University School of Medicine, Providence, Rhode Island

The relationship between spirituality and medicine has been the focus of considerable interest in recent years. Studies suggest that many patients believe spirituality plays an important role in their lives, that there is a positive correlation between a patient's spirituality or religious commitment and health outcomes, and that patients would like physicians to consider these factors in their medical care. A spiritual assessment as part of a medical encounter is a practical first step in incorporating consideration of a patient's spirituality into medical practice. The HOPE questions provide a formal tool that may be used in this process. The HOPE concepts for discussion are as follows: H--sources of hope, strength, comfort, meaning, peace, love and connection; O--the role of organized religion for the patient; P--personal spirituality and practices; E--effects on medical care and end-of-life decisions. (Am Fam Physician 2001;63:81-8,89.)

Family medicine emphasizes medical care of the whole person, which includes an understanding of a patient's family and environment, as well as the social, cultural and psychologic situation. Over the past several years, it has been suggested that spirituality is another important, yet often neglected, factor in the health of patients.^{1,2} Up to 77 percent of patients would like spiritual issues considered as part of their medical care,³ yet only 10 to 20 percent of physicians discuss these issues with their patients.^{3,4} Reports such as these have increased interest in the incorporation of spirituality into the practice of medicine. Nearly 50 medical schools currently offer courses in spirituality and medicine.⁵

Relationship Between Spirituality and Medicine

The evidence in the medical literature that suggests a strong relationship between spirituality and medicine is increasing (*Table 1*^{3,4,6-24}). Polls of the U.S. population⁶ have consistently shown that 95 percent of Americans believe in God. One study³ found that 94 percent of patients admitted to hospitals believe that spiritual health is as important as physical health, 77 percent believe that physicians should consider their patients' spiritual needs as part of their medical care, and 37 percent want their physician to

Whole Person Health – Spirituality and Health

discuss their religious beliefs more. However, 80 percent reported that physicians never or rarely discuss spiritual or religious issues with them.

TABLE 1
Studies of the Links Between Spirituality and Health

Study Focus	Finding	Study Focus	Finding
Survey studies		Relaxation response/ meditation ^{11,12} (see <i>Table 2</i>)	80 percent of patients voluntarily chose a phrase with a religious focus
General population ⁶	95 percent of Americans believe in God		25 percent experienced increased spirituality (subjective)
Patients ^{3, 4, 7, 8}	91 percent believe in God; 74 percent feel close to God		Those who experienced increased spirituality had better medical outcomes.
	77 percent believe physicians should consider their spiritual needs		
	73 percent believe they should share their religious beliefs with their physician	Religious commitment and health outcomes ^{1,2,13-18}	75 percent of studies show a positive association, including: Prevention of illness (including depression, substance abuse, physical illness, mortality) Coping with illness Recovery from illness*
	66 percent want physicians to inquire about religious or spiritual beliefs if gravely ill		
	37 to 40 percent believe that physicians should inquire about religious beliefs more	Placebo effect ^{19,20}	Beneficial in 60 to 90 percent of diseases, including: Angina pectoris Asthma Herpes simplex Duodenal ulcer
	Only 10 to 20 percent report that their physician discusses religion or spirituality with them		
Physicians ^{4,7,9,10}	64 to 95.5 percent believe in God; 43 to 77 percent feel close or somewhat close to God	Prayer effect ²¹⁻²³	Prayer or mental effort from a distance can effect measurable outcomes
			One review of 131 controlled

Whole Person Health –Spirituality and Health

77 percent believe that patients should share their religious beliefs with their physician

trials found that 58 percent showed a statistically significant beneficial effect.


96 percent believe spiritual well-being is important in health

11 percent inquire at least frequently about spiritual issues (less than 20 percent discuss this issue in more than 10 percent of encounters)

Greatest barriers to discussion of spiritual issues are lack of time (71 percent), lack of training (59 percent) and difficulty in identifying patients who want such a discussion (56 percent)

*--One review²⁴ points out methodologic problems with these studies, including ethical issues in studying the effects of religious behavior on health outcomes. The investigators did not address patients' wishes for spiritual discussions with their physicians, studies on relaxation/meditation or patient's general spiritual concerns (beyond specific religious practices).

Information from references 3, 4 and 6 through 24.



One study⁴ of physicians and patients in an outpatient setting found that 91 percent of patients believe in God, compared with 64 percent of physicians. In this study, 40 percent of patients felt that physicians should discuss pertinent religious issues; however, only 11 percent of physicians frequently or always did. Another study⁷ has reported similar findings. A recent national survey⁹ of family physicians reports that the percentage of physicians who have spiritual beliefs is closer to that of the general population.

The relationship between religious commitment and health outcomes has also been reviewed in detail.^{1,2,13,14} Although some disagree,²⁴ most authors^{2,14-16} report that a positive relationship between religious commitment and mental and physical health was found in up to 84 percent of studies that included a measure of religious commitment as part of the study. Religious commitment was helpful in the prevention of illness (including depression, substance abuse and physical illness), in coping with illness and in recovery from illness.^{1,2}

A recent study¹⁷ of elderly patients undergoing elective cardiac surgery showed that lack of strength and comfort from religion was independently related to the risk of death during the six-month period

Whole Person Health – Spirituality and Health

following surgery. A prospective cohort study¹⁸ of elderly poor forced to move from their homes showed that those who were more religiously committed were twice as likely to survive the two-year study period as persons without such religious commitment. The most influential study variable was strength and comfort derived from religion.

Some studies^{11,12} have evaluated the effects of the relaxation response and meditation on health outcomes. The relaxation response can be elicited by a simple two-step procedure: (1) repeating a word, phrase or muscular activity, and (2) passively disregarding any obtrusive thoughts that come to mind and returning to the repetition. When practiced regularly, this technique results in a reproducible set of physiologic effects and is effective therapy for several medical conditions (*Table 2*¹¹). Benson¹¹ reports that 80 percent of patients, when given the choice between a religious or secular phrase, voluntarily chose a religious phrase to elicit the relaxation response. One quarter of the patients described a feeling of increased spirituality as a result of practicing the technique. These same patients were more likely to have better measurable medical outcomes than those who did not experience increased spirituality.¹¹

Although still preliminary, other areas of study regarding spirituality and medicine include the effects of prayer²¹⁻²³ and the placebo effect.^{19,20}

Definition of Terms

Spirituality vs. Religion

In order to have a meaningful discussion with patients regarding spirituality and medical care, a common understanding of terminology is essential. Many authors²⁵⁻³⁰ recommend clarifying the difference between the terms "spirituality" and "religion." They advocate a universal, broad-based definition of spirituality that encompasses religious and nonreligious perspectives.

Spirituality is a complex and multidimensional part of the human experience. It has cognitive, experiential and behavior aspects. The cognitive or philosophic aspects include the search for meaning, purpose and truth in life^{5,10,25-29,31,32} and the beliefs and values by which an individual lives.^{26,31,33} The experiential and emotional aspects involve feelings of hope, love, connection, inner peace, comfort and support. These are reflected in the quality of an individual's inner resources,^{28,31,33} the ability to give and receive spiritual love,²⁸ and the types of relationships and connections^{25,29-32} that exist with self, the community, the environment and nature,³¹ and the transcendent^{27,28,30,31} (e.g., power greater than self, a value system, God, cosmic consciousness). The behavior aspects of spirituality involve the way a person externally manifests individual spiritual beliefs and inner spiritual state.

Many people find spirituality through religion or through a personal relationship with the divine. However, others may find it through a connection to nature, through music and the arts, through a set of values and principles or through a quest for scientific truth.

Study of the world's religions^{34,35} reveals that each religion attempts to help answer mankind's spiritual questions and that each has developed a specific set of beliefs, teachings and practices.^{25,26,30} A person's experience with religious organizations may range from extremely positive to extremely negative.

Spiritual Distress

Spiritual distress^{28,32} and spiritual crisis occur when individuals are unable to find sources of meaning,

Whole Person Health –Spirituality and Health

hope, love, peace, comfort, strength and connection in life or when conflict occurs between their beliefs and what is happening in their life. This distress can have a detrimental effect on physical and mental health. Medical illness and impending death can often trigger spiritual distress in patients and family members.

Spiritual Care and Spiritual Assessment

General spiritual care can be defined as recognizing and responding to the "multifaceted expressions of spirituality we encounter in our patients and their families."³⁰ It involves compassion, presence, listening and the encouragement of realistic hope,³⁶ and might not involve any discussion of God or religion. General spiritual care may be provided by anyone. Specialized spiritual care often involves understanding and helping with specific theologic beliefs and conflicts. It is ideally performed by persons with special training in this area, such as those trained as Clinical Pastoral Education (CPE) chaplains.

Spiritual assessment is the process by which health care providers can identify a patient's spiritual needs pertaining to medical care.

Role of the Physician

Family physicians are concerned with any factors that affect their patients' health. It is important that physicians maintain a balanced, open-minded approach to medical care without sacrificing scientific integrity. Physicians can begin to incorporate spirituality into medical practice in three ways: (1) by scientific study of the subject; (2) by assessment of the patient's spirituality and diagnosis of spiritual distress; and (3) by therapeutic interventions.

Most Americans believe that physicians should consider their spiritual needs as part of their medical care.

Scientific study involves evaluating the current evidence for a link between spirituality and health and planning further study to clarify these effects. It is important to keep an open mind regarding new methods of study and to be aware that there are some things that may never be fully understood.

For assessment and diagnosis, the physician should evaluate whether spirituality is important to a particular patient and whether spiritual factors are helping or hindering the healing process.

Therapeutic interventions include consideration of a patient's spirituality in recommendations regarding prevention, medical treatment and adjuvant care. In addition, elements of general spiritual care should be incorporated into the routine medical encounter. Although not easily measurable, a physician's ability to offer connection, compassion and presence can be a powerful therapeutic intervention.

Spiritual Assessment

A spiritual assessment performed during a medical encounter is a practical way to begin incorporating spirituality into medical practice.

General Prerequisites

Several factors can increase the success of a discussion of spiritual issues with patients.

Whole Person Health –Spirituality and Health

Spiritual Self-Understanding and Self-Care. A physician needs to understand his or her own spiritual beliefs, values and biases in order to remain patient-centered and nonjudgmental when dealing with the spiritual concerns of patients. This is especially true when the beliefs of the patient differ from those of the physician.

One way to promote self-understanding is to perform a formal spiritual self-assessment using the tool described in this article. Spiritual self-care is integral to serving the multiple needs and demands of patients in the current health care system. Self-care can take the form of reconnecting with family and friends, time alone (for quiet contemplation, playing a sport, recreational reading, nature watching, etc.), community service, or religious practice.

Studies generally support the hypothesis that spirituality is correlated with favorable health care outcomes.

Self-care and self-understanding can help physicians prepare for difficult questions, such as "Why is this happening to my child [or me]?" or questions regarding the physician's beliefs. It can also help physicians prepare for times when patients may make requests for prayer, or prepare for emotional responses from the patient or the physician.

Establishment of a Good Physician-Patient Relationship. The patient is more likely to discuss spiritual concerns within the context of a trusting and therapeutic physician-patient relationship.

Appropriate Timing of Discussions. Maslow's hierarchy of needs (i.e., physical, then mental and spiritual) is one way to help determine when timing is appropriate. Routine inquiry about spiritual resources can flow naturally following discussion of other support systems and may open the door for further discussion. Appropriate timing for more in-depth discussion requires skillful interpretation of verbal and nonverbal cues from patients and families and the willingness to explore further with gentle, open-ended interview techniques. The topic of spirituality may be introduced during discussion of advance directives, a new diagnosis of severe illness, terminal care planning, addiction, chronic pain, chronic illness, domestic violence or grieving.

A spiritual assessment should include the following: determination of spiritual needs and resources, evaluation of the impact of beliefs on medical outcomes and decisions, discovery of barriers to using spiritual resources and encouragement of healthy spiritual practices.

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.³⁷ 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.

Whole Person Health –Spirituality and Health

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 developed for use in the hospice setting, for use by pastoral counselors or nurses, or as research instruments.^{28,33,38-41} Little has been written about approaches developed for use by practicing physicians in a routine medical encounter.⁴²⁻⁴⁴

The HOPE Questions

The HOPE questions, outlined below, were developed as a teaching tool to help medical students, residents and practicing physicians begin the process of incorporating a spiritual assessment into the medical interview. These questions have not been validated by research, but the strength of this particular approach is that it allows for an open-ended exploration of an individual's general spiritual resources and concerns and serves as a natural follow-up to discussion of other support systems. It does not immediately focus on the word "spirituality" or "religion." This minimizes barriers to discussion based on use of language.

The HOPE questions cover the basic areas of inquiry for physicians to use in formal spiritual assessments (*Table 3*). The first part of the mnemonic, H, pertains to a patient's basic spiritual resources, such as sources of hope, without immediately focusing on religion or spirituality. This approach allows for meaningful conversation with a variety of patients, including those whose spirituality lies outside the boundaries of traditional religion or those who have been alienated in some way from their religion. It also allows those for whom religion, God or prayer is important to volunteer this information. There are many ways of asking these questions (*Table 4*).

The second and third letters, O and P, refer to areas of inquiry about the importance of organized religion in patients' lives and the specific aspects of their personal spirituality and practices that are most helpful. A useful way to introduce these questions is a normalizing statement such as: "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 to this question is "Yes," inquiry can proceed with specific questions regarding religion and personal spirituality (*Table 4*). If the answer to the question is "No," the physician can end this line of questioning or, if the patient appears to be at ease, ask follow-up questions such as: "Was it ever important to you?" If the answer is "Yes," then the question "What changed?" opens the door for patients to discuss important spiritual concerns that may have an impact on their medical care.

TABLE 4

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?)

Whole Person Health –Spirituality and Health


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)

If the patient is dying: How do your beliefs affect the kind of medical care you would like me to provide over the next few days/weeks/months?



The final letter of the mnemonic, E, pertains to the effects of a patient's spirituality and beliefs on medical care and end-of-life issues. These questions can help focus the discussion back onto clinical management. *Table 4* suggests several areas of inquiry, including barriers to the access of usual spiritual resources; fears, concerns or conflicts regarding the patient's belief system and the current medical situation; and the effects of specific beliefs or rituals on medical management. Understanding spiritual issues in the care of the dying has been addressed in detail elsewhere.^{30,36,39} Major themes include fear of disconnection or isolation and the ability to make peace with the death that is approaching as well as with the life that is ending.

Effects of Spiritual Assessment on Medical Management

Many possible steps may follow the spiritual assessment.

1. Take no further action. Spiritual concerns and questions often have no clear answers or solutions, yet they can significantly affect the quality of a patient's suffering. Experienced physicians know that in many cases there is little they can offer to their patients in the way of medical solutions and cure. At these times, the best therapeutic intervention is to offer their presence, understanding, acceptance and compassion.
2. Incorporate spirituality into preventive health care. Patients can be helped to identify and mobilize their own internal spiritual resources as a preventive health care measure. These resources may include prayer, meditation, yoga, t'ai chi, walks in the country or listening to soothing music.
3. Include spirituality in adjuvant care. The physician can help patients identify spiritually based measures that can be useful to them in conjunction with standard medical treatment. For example, a patient may choose to say the rosary while taking medication or may need to listen to music or read scripture before surgery.
4. Modify the treatment plan. Modifications can be made based on better understanding of the patient's spiritual needs as related to medical care. This can include such measures as stopping or continuing chemotherapy in a patient with metastatic cancer; referring a patient in spiritual distress or crisis to a

Whole Person Health –Spirituality and Health

clinical chaplain; using community cultural or religious resources; and teaching the relaxation response or other meditation techniques to patients with chronic pain or insomnia.

Final Comment

Spirituality is an important, multidimensional aspect of the human experience that is difficult to fully understand or measure using the scientific method, yet convincing evidence in the medical literature supports its beneficial role in the practice of medicine. It will take many more years of study to understand exactly which aspects of spirituality hold the most benefit for health and well-being. The world's great wisdom traditions suggest that some of the most important aspects of spirituality lie in the sense of connection and inner strength, comfort, love and peace that individuals derive from their relationship with self, others, nature and the transcendent.

As family physicians begin the process of integrating spirituality into medical practice, it is important to keep in mind the advice to "do no harm" and to maintain the utmost respect for the patient's rights to autonomy and freedom of thought and belief. If done responsibly, the practice of medicine may be the best arena for integrating science and spirituality. The future exploration of this field offers physicians the opportunity to improve care and gain a clearer understanding of some of life's and medicine's greatest mysteries.

The Authors

GOWRI ANANDARAJAH, M.D.,

is a clinical assistant professor of family medicine at Brown University School of Medicine, Providence, R.I. She is co-director of residency and medical school curricula on spirituality. Dr. Anandarajah received her medical degree from University of North Carolina at Chapel Hill School of Medicine and completed her residency in family medicine at Duke University Medical Center, Durham, N.C.

ELLEN HIGHT, M.D., M.P.H.,

is a clinical assistant professor and assistant residency director in the Department of Family Medicine at Brown University School of Medicine. She earned her medical degree from Boston University School of Medicine and served her residency in family medicine at Brown University, Memorial Hospital of Rhode Island. Dr. Hight received her master's degree in public health from Harvard School of Public Health, Boston.

Address correspondence to Gowri Anandarajah, M.D., Department of Family Medicine, Brown University School of Medicine, Memorial Hospital of Rhode Island, 111 Brewster St., Pawtucket, RI 02860.

REFERENCES

1. Levin JS, Larson DB, Puchalski CM. Religion and spirituality in medicine: research and education. *JAMA* 1997;278:792-3.
2. Matthews DA, McCullough ME, Larson DB, Koenig HG, Swyers JP, Milano MG. Religious commitment and health status. *Arch Fam Med* 1998;7:118-24.

Whole Person Health –Spirituality and Health

3. King DE, Bushwick B. Beliefs and attitudes of hospital inpatients about faith healing and prayer. *J Fam Pract* 1994;39:349-52.
4. Maugans TA, Wadland WC. Religion and family medicine: a survey of physicians and patients. *J Fam Pract* 1991;32:210-3.
5. Puchalski CM, Larson DB. Developing curricula in spirituality and medicine. *Acad Med* 1998;73:970-4 [Published erratum appears in *Acad Med* 1998;73: 1038].
6. Gallup G. Religion in America 1990. Princeton, N.J.: Princeton Religious Research Center, 1990.
7. Oyama O, Koenig HG. Religious beliefs and practices in family medicine. *Arch Fam Med* 1998;7: 431-5.
8. Ehman JW, Ott BB, Short TH, Ciampa RC, Hansen-Flaschen J. Do patients want physicians to inquire about their spiritual or religious beliefs if they become gravely ill? *Arch Intern Med* 1999;159: 1803-6.
9. Daaleman TP, Frey B. Spiritual and religious beliefs and practices of family physicians: a national survey. *J Fam Pract* 1999;48:98-104.
10. Ellis MR, Vinson DC, Ewigman B. Addressing spiritual concerns of patients. *J Fam Pract* 1999;48: 105-9.
11. Benson H. Timeless healing: the power and biology of belief. New York: Scribner, 1996.
12. NIH Technology Assessment Panel on Integration of Behavioral and Relaxation Approaches into the Treatment of Chronic Pain and Insomnia. *JAMA* 1996;276:313-8.
13. Matthews DA, Larson DB, Barry CP. The faith factor: an annotated bibliography of clinical research on spiritual subjects: Vol I. Rockville, Md.: National Institute for Healthcare Research, 1993.
14. Matthews DA, Larson DB. The faith factor: an annotated bibliography of clinical research on spiritual subjects: Vol III. Enhancing life satisfaction. Institute for Healthcare Research, 1995.
15. Craigie FC, Larson DB, Liu IY. References to religion in The Journal of Family Practice. *Fam Pract* 1990; 30:477-8,480.
16. Larson DB, Sherrill KA, Lyons JS, Craigie FC, Thielman SB, Greenwold MA, et al. Associations between dimensions of religious commitment and mental health reported in the American Journal of Psychiatry and Archives of General Psychiatry: 1978-1989. *Am J Psychiatry* 1992;149:557-9.
17. Oxman TE, Freeman DH, Manheimer ED. Lack of social participation or religious strength and comfort as risk factors for death after cardiac surgery in the elderly. *Psychosom Med* 1995;57:5-15.
18. Zuckerman DM, Kasl SV, Ostfeld AM. Psychosocial predictors of mortality among the elderly poor. *Am J Epidemiol* 1984;119:410-23.
19. Benson H, Friedman R. Harnessing the power of the placebo effect and renaming it "remembered wellness." *Ann Rev Med* 1996;47:193-9.
20. Brody H. Placebo response, sustained partnership, and emotional resilience in practice. *J Am Board Fam Pract* 1997;10:72-4.
21. Dossey L. Healing words. New York: HarperPaperbacks, 1993.
22. Byrd RC. Positive therapeutic effects of intercessory prayer in a coronary care unit population. *South Med J* 1988;81:826-9.
23. Harris WS, Gowda M, Kolb JW, Strychacz CP, Vacek JL, Jones PG, et al. A randomized, controlled trial of the effects of remote, intercessory prayer on outcomes in patients admitted to the coronary care unit. *Arch Intern Med* 1999;159:2273-78.
24. Sloan RP, Bagiella E, Powell T. Religion, spirituality, and medicine. *Lancet* 1999;353:664-7.
25. Sulmasy DP. Is medicine a spiritual practice? *Acad Med* 1999;74:1002-5.
26. McKee DD, Chappel JN. Spirituality and medical practice. *J Fam Pract* 1992;35:201,205-8.
27. Thomason CL, Brody H. Inclusive spirituality. *J Fam Pract* 1999;48:96-7.
28. Hay MW. Principles in building spiritual assessment tools. *Am J Hosp Care* 1989;6:25-31.
29. Craigie FC, Hobbs RF 3d. Spiritual perspectives and practices of family physicians with an expressed interest in spirituality. *Fam Med* 1999;31:578-85.
30. Derrickson BS. The spiritual work of the dying. *Hosp J* 1996;11:11-30.
31. Ross L. The spiritual dimension. *Int J Nurs Stud* 1995;32:457-68.
32. Smucker C. A phenomenological description of the experience of spiritual distress. *Nurs Diagn* 1996; 7:81-91 [Published erratum appears in *Nurs Diagn* 1996;7:115].
33. Stoll RI. Guidelines for spiritual assessment. *Am J Nurs* 1979;79:1574-7.

Whole Person Health –Spirituality and Health

34. Smith H. The world's religions: our great wisdom traditions. San Francisco: HarperSanFrancisco, 1991.
35. Sharma A, ed. Our religions. San Francisco: HarperSanFrancisco, 1993.
36. O'Connor PM. Spiritual elements of hospice care. *Hosp J* 1986;2:99-108.
37. Remen RN. Kitchen table wisdom: stories that heal. New York: Riverhead, 1996.
38. Fitchett G. Spiritual assessment in pastoral care: a guide to selected resources. Monograph no. 4. Decatur, Ga.: Journal of Pastoral Care Publications, 1993.
39. Millison MB. A review of the research on spiritual care and hospice. *Hosp J* 1995;10:3-18.
40. Farran CJ, Fitchett G, Quiring-Emblen JD, Burck JR. Development of a model for spiritual assessment and intervention. *J Relig Health* 1989;28(3):185-93.
41. Hatch RL, Burg MA, Naberhaus DS, Hellmich LK. The Spiritual Involvement and Beliefs Scale. *J Fam Pract* 1998;46:476-86.
42. Culver MD, Kell MJ. Working with chronic pain patients. *Am J Pain Management* 1995;5:55-61.
43. Maugans TA. The SPIRITual history. *Arch Fam Med* 1996;5:11-6.
44. Puchalski C, Romer AL. Taking a spiritual history allows clinicians to understand patients more fully. *J Palliative Med* 2000;3:129-37.

Copyright © 2001 by the American Academy of Family Physicians.

This content is owned by the AAFP. A person viewing it online may make one printout of the material and may use that printout only for his or her personal, non-commercial reference. This material may not otherwise be downloaded, copied, printed, stored, transmitted or reproduced in any medium, whether now known or later invented, except as authorized in writing by the AAFP. Contact afpserv@aafp.org for copyright questions and/or permission requests.

An excellent resource for teaching materials, videos etc is at –

www.csh.umn.edu/modules/index.html



CENTER FOR SPIRITUALITY & HEALING

What's Inside

- [About the Modules](#)
- [The Development Team](#)
- [Technical Requirements](#)
- [Interactive Scenario Builder](#)
- [Contact Us](#)
- [Center for Spirituality and Healing Home Page](#)

Recommended Internet browsers.



You will need [Flash Player version 7](#) to view the modules. If you do not see text moving in the box above, click on the link to install Flash.

Free Online Learning

Healthcare Professional Series

Healthcare providers will learn about complementary therapies and healing practices in this informative series.



[Overview of Complementary Therapies](#)



[Spirituality in Healthcare](#)



[Culture, Faith Traditions, and Health](#)



[Overview of Mind-Body Therapies](#)

[Clinical Hypnosis](#)
[Meditation](#)
[Prayer](#)
[Yoga](#)



[Botanical Medicines](#)



[Developing a Personal Plan for Health & Well-Being](#)



[Clinical Aromatherapy](#)



[Craniosacral Therapy](#)



[Healing Touch](#)



[Osteopathy](#)



[Traditional Chinese Medicine](#)



[Chiropractic](#)

THE ASSOCIATION FOR PASTORAL CARE IN MENTAL HEALTH

Registered charity No. 1081642 and a limited company in England & Wales No. 3957730

Office; [APCMH](#) c/o St Marylebone Parish Church, Marylebone Road, London NW1 5LT

Web Site address: www.pastoral.org.uk

In the Feb 2007 newsletter is an article by David Roe.

What are the Spiritual Needs of Non-Believers ?

A personal view by David Roe

The purpose of this article is to ask this question, not to answer it !

A year ago I was invited to talk a small local meeting of another mental health charity. The organizer asked me to include in my talk something about “spirituality”. My heart sank, as I was not qualified to address this subject. Although APCMH is a Christian-based organization, I did not want to try to deal with it from one particular viewpoint, as I realized that my audience was likely to consist of persons of different religious beliefs as well as those who had no religious belief.

I thought I should start by checking out what APCMH had to say on its web-site. This states that APCMH “is primarily concerned with the spiritual needs of people with mental health problems. We hope to encourage local initiatives in faith communities in order to support and empower mental health service users...” There has been much said about the importance of meeting the spiritual needs of those who are mentally ill – and for the medical profession to recognize that expression religious beliefs should not be ignored or regarded as a symptom of the illness. However, presumably most branches of APCMH, do not distinguish between Christians or those who have other or no religious beliefs, when deciding whether to help persons with mental health problems, or to recruit volunteers.

So what are the spiritual needs of those with no religious beliefs who suffer from mental health problems ? This question is not easy to answer – one basic reason for this is that “spiritual” has more than one dictionary definition. To simplify, the three relevant definitions are:-

- (a) connected with religion and the church;
- (b) connected with the world outside the body or physical things; and
- (c) connected with the higher / finer qualities of the human spirit.

Modern day use of “spiritual” and “spirituality” can be based on any one of these meanings, or can embrace all of them.

Whole Person Health – Spirituality and Health

Some Christians may say that a non-believer's spiritual needs may be met if they were helped to believe in God and follow a Christian life. That may be so, but steering them in that direction if they had not taken the first steps themselves may cause offence or be counter-productive.

One example of the second meaning of "spiritual" is evident in the "spirituality" section of a library, which is usually adjoining the "religion" section, and includes books on a wide range of "new-age" and older mystic and supernatural phenomena and beliefs. These include, for example, astrology, feng shui, spiritualism, clairvoyance, extra-sensory perception, crystal healing, witchcraft, ghosts, poltergeists, tarot cards, and so on. If a person with a mental health problem was interested in some of these activities I suppose one could be meeting their spiritual needs to help them get more involved and meet others with similar views, if the practice of the activities caused no harm.

The normal use of the word "spirituality" today in the context of mental health is broader. For example, "Promoting mental health: a resource for spiritual and pastoral care" (Church of England, the National Institute for Mental Health in England, and "Mentality") says "*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.*"

A problem with this type of short definition is that it lacks a moral or ethical element, and appears to allow humans to have a positive or higher spiritual quality while doing harm to others. For example, a person preparing to be a suicide bomber could be said to have meaning and purpose in life, revering and holding in awe that which inspired him to act.

The Spirituality and Psychiatry Special Interest Group of the Royal College of Psychiatrists avoids this problem in their definition, which is as follows : "*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 or 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.*"

So according to this definition does trying to to meet a non-believer's spiritual needs include helping them find meaning and purpose in life,

Whole Person Health – Spirituality and Health

Being Alongside January - February 2007

insight and a feeling of self-worth and belonging ? If so, how? This is easier said than done, especially for a volunteer rather than a professional in the mental health care services.

Humanists do not recognize the existence of God or other supernatural entities, but have a moral and ethical code of behaviour. One humanist definition of "spiritual" comes from Prof. Maslow : *"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, of one's specieshood, of full humanness."*

Marilyn Mason of the British Humanist Association refers to awe and wonder at the natural world as a "materialist spirituality" ("materialist" meaning the world of matter, which includes the products of the human mind and emotions). She 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 marvellous, 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. Many of those who, like me, share and value deeply the experiences sometimes labelled "spiritual" would classify them differently, and more clearly and precisely."*

So in the context of helping non-believers with mental health problems does meeting their spiritual needs mean helping them to view the natural world with awe and wonder, or enjoy the finer things in life – art, music, literature, love and so on ?

Whatever one understands by "spirituality", and meeting the spiritual needs of non-believers, a starting point is simply the gift of friendship – which involves caring, affection and loyalty. The Mental Health Foundation has said *"Friendship as a form of spiritual connection is of basic importance to the lives of people with mental health problems."*

David Roe

PLEASE feel free to add your own notes and references, experience and stories.

If you e-mail them to me at – drmikesheldon@aol.com I will add them here.

Many thanks

Article reference: <http://www.wphtrust.com/> spirituality and health care.pdf,

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

First written 5 May 2007, this version updated on April 2, 2008 , (c) WPH Trust