

Spiritual Distress in Patients: A Guideline for Health Care Providers

Chaplain John Ehman, 9/98

Patients often draw upon spiritual aspects of their lives to cope with the stress of illness and treatment. However, sometimes spiritual issues themselves become problematic, and patients may experience spiritual distress as an additional and complicating stressor. The following chart suggests observable indicators of spiritual distress that may have implications for a patient's care and proposes direct and inviting questions.

Area of Inquiry	Possible Indicators of Spiritual Distress	Possible Questions
Religious practice	1) Interruption of religious practices (especially prayer/meditation and social religious activities)	Are there any religious activities or practices that have been interrupted because of your illness?
Issues of meaning amid change	2) Questions/expresses inner conflict about the meaning or purpose of his/her pain or illness 3) Questions/expresses inner conflict about the meaning or purpose of his/her life or life in general 4) Expresses a sense of injustice 5) Expresses hopelessness and despair 6) Withdrawal from, or loss of, relationships 7) Evidences grief, including anticipatory grief 8) Evidences a lack of acceptance of changes/losses	Do you feel at peace with the changes in your life that have come about because of your illness?
Religiously focused expressions of possible distress	9) Expresses feelings of abandonment by his/her own religious group or by God 10) Mentions God, especially in anger 11) Mentions "evil," "the enemy," or similar concepts 12) Interprets pain/illness as punishment, especially as "deserved" punishment 13) Expresses or evidences guilt 14) Refers to self as "bad," "sinful," or "unlovable" 15) Mentions "hell," "purgatory," or similar concepts 16) Expresses or evidences anxiety or fear regarding an afterlife 17) Raises explicitly religious issues/themes 18) Avoids (defensively) the topic of spirituality and spiritual needs 19) Questions the moral or ethical implications of therapies, especially those involving: <ul style="list-style-type: none"> - reproductive system - blood transfusion - amputation or removal of organs - dietary restrictions 	Illness is a hard thing physically. Has it been a hard thing spiritually for you? [Note that the phrasing here may help to normalize the response and may also invite the patient to draw connections between physical illness and spiritual distress.]
Permission for referral	[Referral may be made to the patient's own clergy person or to a certified chaplain.]	Would you like to speak with someone about your spiritual concerns?

NOTE: This resource is an adaptation of "Spirituality & Pain: Assessment For Spiritual Distress," developed by John Ehman, Kurt Wieser, Ralph Ciampa. and Janet Abrahm (Hospital of the University of Pennsylvania, 1998). The indicators above are based upon, but not confined to, the North American Nursing Diagnosis Association diagnosis of Spiritual Distress.

6/22/06