21 SPIRITUAL NEEDS COMMON TO HOSPITALIZED PEOPLE

Chicago 4/22/2016
Gordon J Hilsman, D. Min.

SPIRITUAL NEEDS PRACTICALLY DEFINED...

... unpleasant or painful experiences of having difficulty finding meaning and purpose when facing what humans cannot control.

KEEPING A FOCUS ON NEEDS

- Patient/family oriented
- Care Centered
- Humanistic, practical
- Religious jargon light
- Professionally discussable
- Connected more easily with pragmatic, humanistic staff

SPIRITUAL ASSESSMENT FRAMEWORK

A basic structure with which to organize spiritual care work for enhancing patient care through interdisciplinary and intra-disciplinary communication
DOCUMENTING SPIRITUAL NEEDS

A list of 21 such needs that tend to emerge in the face of hospitalization can be useful in communicating spiritual assessment to interdisciplinary teams.

ONE FRAMEWORK:
FOUR ORGANIZING QUESTIONS

1. What does this person need emotionally right now?
2. What has this person lost, recently and historically?
3. What are the ways this person maintains and nurtures her own human spirit?
4. What does this person need that may be beyond my relationship with him? (Referral)

Are there “spiritual pathologies” that have severely damaged or even precluded this person’s spiritual development?

AXIS ONE: EMOTIONAL SUPPORT

When the universal negative human emotions anger, hurt, fears, sadness, and guilt become problematic they can benefit from being shared in the context of a caring interaction.
1. THE NEED TO TALK

“Needing to cry, yell, share, or just tell somebody how you feel about what is happening to you.”

2. FEAR AND ANXIETY

Tension at the probability of harm

3. HOSTILITY AND RESENTMENT

Signed by edginess, verbal sniping, personal challenging, criticizing, threatening, and sometimes violence, “old anger” exacerbates the natural levels of discontent that emerge from being hospitalized for a condition we simply don’t like.

4. SAD, DISCOURAGED, DESPAIRING

Feeling somewhere on a continuum between:
- Disappointed,
- Discouraged,
- Defeated,
- Sorrowful,
- Apathetic and
- Giving up
5. DEEP HURT

Rape, combat, violent attack, sexualizing in childhood, and any form of abuse as a child, can result in spiritual wounding that shows itself in resultant inner turmoil and maladaptive behavior all through life. The need cannot be filled, nor even helped much by short term relationships. In the immediate situation, acceptance, presence, and bits of warm understanding wherever it can be found, help a wounded person endure and keep seeking perspective and healing. Sometimes referral may be timely.

6. NEED FOR EMPOWERMENT

Need to find and implement your own best ways of dealing with difficult times.
Five Major Loss Needs

- 7. Acute Grief
- 8. Prior Grief
- 9. Dying
- 10. Life Adjustment
- 11. Estrangement

7- CURRENT GRIEF
MAJOR LOSS IN PREVIOUS 48 HOURS

Saying goodbye to somebody you are losing

8 - PRIOR GRIEF
MAJOR PAST LOSS BEING CURRENTLY GRIEVED

Warm-sad memories from reminiscing about past losses

9 - DYING
DEALING WITH THE GOODBYES OF THE DYING PROCESS

Saying goodbye when you’re dying
10-LIFE ADJUSTMENT
MAKING PEACE WITH A MAJOR CHANGE IN APPEARANCE OR FUNCTION

Getting used to the new way things will be

10-ESTRANGEMENT
NEED TO RE-CONNECT WITH RELATIONALLY SEPARATED LOVED ONES

EMOTIONAL SUPPORT NEEDS

1. To Talk
2. Fears and Anxiety
3. Resentment and Hostility
4. Sadness, Discouragement, Despair
5. Deep Hurt
6. Empowerment
7. Current or Recent Loss
8. Prior Loss
9. Dying
10. Life Adjustment
11. Estrangement

RELIGIOUS/SPRITUAL SUPPORT NEEDS

How does this person uniquely maintain and nurture her own human spirit?

AXIS THREE:
RELIGIOUS/SPRITUAL SUPPORT NEEDS

1. Careful Listening
2. Empathic Reflecting
3. Supportive Validation
4. Gentle Query
5. Intuitive Interpreting

Establishing Rapport

1. 1. Careful Listening
2. 2. Empathic Reflecting
3. 3. Supportive Validation
4. 4. Gentle Query
5. 5. Intuitive Interpreting

Spiritual Needs Framework

Referral Needs

20. Family Conflict
21. Love Life Pain

17. Ethics Confusion
18. Addiction/Mental Illness Concerns
19. Advocacy

Instructing

16. Self-Forgiveness
15. Spiritual Counseling
14. Spiritual Validation
13. Religious Support
12. Religious Support
11. Religious Support
10. Religious Support
9. Life Adjustment
8. Prior Loss
7. Current or Recent Loss
6. Empowerment
5. Deep Hurt
4. Sadness, Discouragement, Despair
3. Resentment and Hostility
2. Fears and Anxiety
1. To Talk

How does this person uniquely maintain and nurture her own human spirit?
12. Religious Support

13. Spiritual Validation

14. Spiritual Counsel

16. Self Forgiveness

Religious/Spiritual Care

The Need to feel the immediate positive presence of Transcendence. (Classic examples are Eucharist and individual or shared personal prayer, directly addressing a Deity not merely with words, but from the soul.)

13 - SPIRITUAL VALIDATION - NEED TO SHARE UNIQUE WAYS ONE NURTURES ONE’S HUMAN SPIRIT

14 - SPIRITUAL COUNSELING – (MULLING )

THE NEED TO DISCUSS ULTIMATE MATTERS, QUESTIONS, ISSUES, OR RELIGIOUS WOUNDS OF PAST LEADERS OR ORGANIZATIONS
15. SELF-FORGIVENESS
Need for relief from guilt or shame

16 - RELIGIOUS INSTRUCTION
NEED TO LEARN, RELEARN, OR AUGMENT RELIGIOUS OR OTHER SPIRITUAL SELF CARE MODALITIES

AXIS FOUR: ADVOCACY AND REFERRAL
What does this person need that may be beyond my relationship with her/him?

Spiritual Needs Framework
Establishing Rapport
1. Careful Listening
2. Empathic Reflecting
3. Supportive Validation
4. Gentle Query
5. Intuitive Interpreting

1. To Talk
2. Fears and Anxiety
3. Resentment and Hostility
4. Sadness, Discouragement, Despair
5. Deep Hurt
6. Empowerment
7. Current or Recent Loss
8. Prior Loss
9. Dying
10. Life Adjustment
11. Estrangement
12. Religious Support
13. Spiritual Validation
14. Spiritual Counseling
15. Self-Forgiveness
16. Instructing
17. Ethics Confusion
18. Addiction/Mental Illness Concerns
19. Advocacy
20. Family Conflict
21. Love Life Pain

EMOTIONAL SUPPORT NEEDS
MAJOR LOSSES
RELIGIOUS/SPiritual PRACTICE NEEDS
Referral Needs
17. Medical Ethics Confusion
17. Medical Ethics Confusion
19. Advocacy
18. Mental Health/Addiction Concerns
20. Family Conflict
18. Mental Health/Addiction Concerns
17 - ETHICS CONFUSION
NEED TO UNDERSTAND OR DISCUSS TREATMENT OUTCOME CONCERNS
19 - ADVOCACY
NEED FOR SUPPORT IN FINDING NEEDED CARE

18 - MENTAL HEALTH/ADDICTION CONCERNS
NEED TO EXPLORE CONCERNS ABOUT ONE'S MENTAL HEALTH OR MOOD ALTERING CHEMICAL ABUSE

18 - MENTAL HEALTH/ADDICTION CONCERNS
NEED TO EXPLORE CONCERNS ABOUT ONE'S MENTAL HEALTH OR MOOD ALTERING CHEMICAL ABUSE
20. LOVE LIFE PAIN
NEED FOR LISTENING, ADVICE OR REFERRAL ABOUT ONE’S LOVE LIFE

21 - FAMILY CONFLICT
Facilitating the addressing and potential resolution of family conflicts

DEVELOP THE ART OF REFERRAL
- Emotion based
- Deft
- Firm
- Person oriented
- Non-Anxious

“We need to look as closely at **what gives us meaning** as we do at blood pressures and cholesterol.”

Larry Dossy, M.D.