



**The  
Spirit of Caring:  
A Volunteer  
Education Resource**

**Module 5:  
Finding a Spiritual Focus**

**Developed by:  
Provincial Spiritual Health Care Management Network**

## Module 5 – Session Guide

### Spiritual Assessment

#### Facilitators Overview/Outline

TIME	ACTIVITY	RESOURCE	COMMENT
5-7 min	Identifying Spiritual Activities	Handout Paper to work on individually. Discuss in large group together. (Appendix 1)	Goal: To have volunteers identify spirituality in a broad sense. (Review of previous material)
15 min	What is a Spiritual Assessment? - What it is NOT - Where do we begin	Facilitator	* Facilitator may wish to develop PowerPoint presentation
Option: 5 min	Identifying Spiritual Needs (Option: Review Clinebells' Seven Spiritual Hungers)	Facilitator	* Facilitator may wish to develop PowerPoint presentation
15- 20 min	or Adopted version of Chapman's "5 Love Languages" as a lens through which to assess spirituality	(Handout – Appendix 2)	
10 min	Identify scenarios with appropriate Care languages	Worksheet as individuals or partner with a small group. End by discussing in large group and why they chose their answers. (Appendix 3)	Handout
Break			
5 min (Optional)	Read aloud to the group the children's book "What is God's Name?" by Rabbi Sandy Essenberg Sasso.	Facilitator	Attention to different ways of understanding God or the spiritual dimension of life.
5 min	Note on Assessing Children and Coping	Facilitator (Appendix 4 – 4 pages) Review Sample of Activities to assist children process their thoughts and feelings	Make handout copies available
5 min	What is Spiritual Distress? *Ask group for what kinds of signs and symptoms they would be watching for	Facilitator  Group conversation	

10 min	Tuning into Spiritual Themes  *Know when and how to make a referral at your site	Review handout from GWISH (Appendix 5 – 2 pages )	Facilitator may wish to read aloud “patient’s words” and ask the group what spiritual themes they hear * Facilitator review how to make a referral to a professional Spiritual Health Care provider
10- 15 min	Becoming Familiar with Spiritual Assessment Tools  Practice using the tool on 2-3 case studies	Facilitator  *Review the tool.	* The facilitator may wish to select one Spiritual Assessment Tool for all volunteers to use. Others may desire volunteers to become familiar with several assessment tools and allow the volunteer to select one which appeals to them personally.
10 min  (Optional)	Practice using a spiritual assessment tool on yourself  “Reflect on your own spirituality” handout form-journal-art	Individual basis - personal reflection (Appendix 6) Share in small groups	Have pens and coloring pencils available

## Finding a Spiritual Focus

Lindsay Drabiuk

### Objectives:

- Learn to recognize spiritual issues, themes, and needs
- Familiarization with spiritual assessment tools
- Understand how and when to make a referral to a professional Spiritual Care Provider.

NOTE: Often in the literature, this is referred to as spiritual assessment. For the Peer Supporter there is no expectation that this skill will be developed, however, being aware of the importance of being able to discern the “spiritual” in the conversation is important.

### Opening Activity:

Identifying Expressions of Spirituality (See Appendix for handout)

Place a checkmark beside the statements which have to do with “spirituality”:

### **Spiritual Focus** (Bullet Points for Facilitator to Cover)

- When we think of finding the spiritual focus what often comes to mind is a list of issues or problems that may be identified and ‘ticked off’ in a box. (Analogy of bringing a car to the mechanic, who then runs a series of tests on the vehicle to see what’s wrong and what parts need to be ordered in to fix the problem.)
- Finding the Spiritual focus is understood quite differently-- although the spiritual care provider will still ask questions, the goal is not to end up with a completed questionnaire.
- It is not a series of questions to be asked, but rather “questions to be kept in mind while the person is sharing him/herself through a narrative encounter.”<sup>1</sup>
- For example: instead of trying to rate the level of hope a patient exhibits on a scale of one to ten, try instead holding these questions in mind as you listen to their story: Does this person have anyone or anything that s/he depends on? Where is her/his sense of awe and wonder? What does ‘hope’ look like for this person?

<sup>1</sup> Fitchette, George. Assessing Spiritual Needs, Minneapolis: Augsburg, 1993.

- Finding the spiritual focus should be viewed as an ongoing process rather than a completed set of questions that have checked off or a written record made on the patient's admission to the hospital.

**Charles Topper puts it this way:**

*“Spiritual Assessment begins as an intuitive process of listening and having hunches about the person with whom I am with... This is not like being a private detective or the spiritual expert who, once they have the information, can solve the problem for someone else. Rather, we want to facilitate the process of people coming to recognize their own spiritual needs by discovering their own wisdom and internal strength in relating to these needs.”<sup>2</sup>*

*“Conversational assessment is relational rather than interrogative. It does not attempt to measure or quantify spirituality, religiosity, or spiritual injury.” (James Lewis)*

**What finding the spiritual focus is NOT:**

- The goal is not to ‘measure’ a person’s spirituality.
- The purpose is not to make a ‘diagnosis’ or to identify ‘problem’ areas that need to be corrected or solved.
- It is not an itemized list of checkboxes that can be ‘ticked’ off.

*Remember: Spiritual Care provides patients with a supportive presence and is above all a ministry of listening and BE-ing with another person where they are at in their lives.*

**Identifying Religious Needs and Spiritual Needs**

Some patients will have a religious framework from which they make sense of the world and draw meaning, hope, and strength from their religious beliefs. When a patient is in the hospital, he or she may not have the same kind of access they normally would have to this type of religious support. It is important to assess whether a patient would like religious support from a particular faith community so that a timely referral can be made. The patient may wish to participate in certain ceremonies or rituals that are facilitated by a representative of their faith community. However, people often have spiritual needs that differ from their religious needs. We must be available to provide spiritual care to patients and their loved ones alongside the religious care they may already be receiving.

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<sup>2</sup> Topper, Charles. Spirituality in Pastoral Counseling and the Community Helping Professions. Birmingham, NY: The Haworth Pastoral Press, 2003.

### **A few guidelines for assessing spirituality:**

1. Always show respect for the patient's expression of their faith or beliefs, even if they differ dramatically from your own.
2. Resist any temptation to offer solutions or other forms of "fixing".
3. Try to understand how the patient's beliefs are helping or hindering them with coping with their illness experience.
4. Seek to comprehend how the patient understands what has happened to them, how they understand themselves, and how the patient sees they can address their situation.

### **Where do we begin?**

- An understanding of the spiritual needs of patients and their loved ones can be developed by establishing a friendly rapport, and then using the relationship to invite conversation and more personal sharing.
- It involves listening on a deep level to what is being said and to what is not being said as patients reflect upon their stories, their lives, and their feelings.
- A good assessment should be able to identify what kinds of spiritual needs the patient is longing for.

### **What are Spiritual Needs?**

Optional Section:

Based on over 30 years of psychological counseling and pastoral care, Howard Clinebell believes that humans have **seven spiritual hungers** in common:

1. All people need to experience regularly the healing and empowerment of love – from others, self, and an ultimate source/God.
2. Everyone needs to experience renewing times of transcendence – moments that expand us beyond the immediate sensory spheres.
3. Everybody needs vital beliefs that give some sense of meaning and hope in the midst of losses, tragedies, and failures.
4. Every person needs to have values, priorities, and life commitments – usually centered in issues of justice, integrity, and love – that guide us in personally and socially responsible living.
5. Each human being needs to discover and develop their inner wisdom, creativity and love of their unique transpersonal/spiritual self.
6. All people need a deepening awareness of oneness with other people and with the natural world, the wonderful web of all living things.
7. Every human being needs spiritual resources to help heal the painful wounds of grief, guilt, resentment, unforgiveness, self-rejection, and shame. We also need spiritual resources to deepen our experiences of trust, self-esteem, hope, joy and love of life.

Clinebell feels that everybody must pay attention to these needs to feel whole and fulfilled, making spirituality central to human well-being (Clinebell, 1992).

Question for Reflection:

In your Spiritual Care Visit ask yourself, “How are these needs being met during this patient’s hospital stay?”

### **Spiritual Need to Feel Cared For**

Question for Reflection:

What are some of the things that could cause a patient to feel uncared for while being in the hospital?

A feeling of being cared for lies at the heart of many of our spiritual needs. However, it is important to be mindful that people can experience being cared for in many different ways—what may be interpreted as a caring action to one person may not carry the same meaning for the next person.

Author Gary Chapman suggests that there are five basic ways that people speak and understand what he calls a “language of caring”.<sup>3</sup> These five languages of care include: words of affirmation, quality time, receiving gifts, acts of service, and physical touch. (We’ll speak more about what’s involved with these languages in a moment.)

While it’s possible to become fluent in more than one language, we are usually more comfortable speaking and understanding our native tongue. The same is true for ‘languages of caring’; we tend to try to care for others the way we ourselves would like to be cared for.

*For example, Mary feels cared for when she is given undivided attention and the opportunity to verbalize her feelings. Because this is vital to her emotional wellbeing, she is likely to want to offer this same type of quality time to others when she is in a care giving role. The language of Quality Time is her ‘mother tongue’—it makes sense to her, and it is the easiest for her to communicate care.*

However, your “care language” and the “care language” of the patient you are visiting in the hospital may be as different as Japanese from English.

*Andrew feels cared for when people do things for him—like when his son comes by to clear out his driveway with the snow blower, or when his wife makes lemon meringue*

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<sup>3</sup> Chapman, Gary. The Five Love Languages. Chicago: Northfield Publishing, 1992.

*pie for dessert after Sunday dinner. When Andrew was in the hospital after surgery he was on strict bed rest. When Mary came by to visit him as a Spiritual Care Volunteer, she recognized that the many tasks Andrew was requesting of her might be an indication of how he feels cared for. Instead of trying to coax him into talking about his illness experience Mary realized that she and Andrew might have different ways of experiencing care. She decided to 'speak the Care Language' that Andrew was speaking, which was Acts of Service. After Mary had adjusted the blinds, and exchanged the magazines, and filled up his cup with cold water, Andrew began to feel calmer; he felt cared for. Mary knew that Andrew still may not want to verbalize his feelings, but he would be more likely to want to do so once his need to feel cared for had been met in the language he speaks most fluently.*

Observe the people you are caring for. Take note of the things they request of you. Many times, their request will be in keeping with their own language of care. Watch how they express care to others. Notice the things for which they are most appreciative. These are likely indicators of their language of care.

When we begin to speak each other's language of care, the emotional climate can be enhanced for the benefit of those we are caring for.

### **The Five "Languages of Care" are:**

#### Words of Affirmation

One way to express care is to use words that build up or encourage. Authentic encouragement requires empathy and the ability to see the world from the other person's perspective, and then to communicate, "I know. I care. I am with you. How can I help?" It means trying to show that we believe in the other person and in their abilities. It can mean giving credit and praise. Words of appreciation and verbal compliments are powerful communicators of care. When someone asks for the opportunity to discuss an area of hurt in their life in order to find healing, they are speaking the language of "Words of Affirmation".

#### Quality Time

Quality time entails giving someone your undivided attention. This involves making eye contact, and being fully focused and present with the person in front of you. A central aspect of quality time is "togetherness". Togetherness does not necessarily mean proximity; the important thing emotionally is that we are spending focused time with the other person. One of the most common expressions of the language of "Quality Time" is sympathetic dialogue and conversation. Chapman draws this important distinction: "Words of Affirmation focus on what we are *saying*, whereas quality conversation focuses on what we are *hearing*. If I am [caring] for you by means of quality time and we are going to spend that time in conversation, it means I will focus



on drawing you out, listening sympathetically to what you have to say. I will ask questions, not in a badgering manner but with a genuine desire to understand your thoughts, feelings, and desires.”<sup>4</sup>

### Receiving Gifts

For someone who feels cared for through the receiving of gifts, the gift functions as a visual symbol of care. A gift *can be* something one can hold in their hand and say, “Look, she was thinking of me,” or, “He remembered me.” What is important is that the person knows that they were thought of and the gift itself is a symbol of that thought. It doesn’t matter whether the gift costs money, as symbols have emotional value. There can also be intangible gifts such as the gift of self or the gift of presence. Making yourself available to be present for a special occasion or for a significant event can be interpreted by someone who speaks this language of care as being given the gift of presence. As a Spiritual Care Volunteer it is expected that you will limit your gift giving to presence, not presents.

### Acts of Service

This language of care involves seeking to serve another person by doing things for them. Tasks such as changing the water in a flower vase, straightening up a messy bedside table, repositioning pillows, or bringing a patient a warm blanket are all examples of acts of service. They require thought, time, effort, energy, and occasionally some planning. If done with a positive spirit, they are expressions of caring. People who speak this language feel cared for when specific things are done for them. It must be noted that a request for a task to be done is quite different than a demand. A request has the potential to direct care into something meaningful, whereas a demand does not allow the opportunity for the act to be an expression of care freely given. As a Spiritual Care Volunteer you must feel comfortable declining requests which cross personal or ethical boundaries.

### Physical Touch

It seems obvious that physical touch is a way of communicating care, however for someone who speaks this language, touch carries with it a much deeper meaning—they feel uncared for without it. Without neurological connections being made through physical touch, people who speak this language can end up feeling very isolated and alone. Physical touch can be a powerful communicator during times of crisis and disappointments. We cannot always change events, but we can survive if we feel cared for. Putting a hand on the shoulder, shaking hands, giving a tender hug, and holding someone as they cry are all examples of physical touch. ***When working in a health care***

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<sup>4</sup> Ibid., 65.

***setting it is crucial to be aware of inappropriate forms of physical touch as they relate to physical and/or sexual abuse as well as health concerns and infection control.***

With a little practice, we can learn to speak in all five languages of care!

Activity:

Match the scenario in the left hand column to the love language in the right hand column.  
(See Handout – Appendix 3)

**BREAK**

Optional Activity:

Read Aloud Children’s Book, “What is God’s Name?”

**A note about children and coping:**

Adults often struggle with knowing how much to tell children when there is a serious health concern in the family. One of the first steps toward helping children cope with serious illness is talking about it— during a hospital stay and afterwards. By talking openly about what is happening kids, learn that their families are there for support. It also helps them to know that they can count on the people they love and trust to be honest.

The second step is to help children develop tools for coping with their thoughts and feelings.

As spiritual care providers it can often seem easier to focus on those patients and family members who are able to *verbally* express their thoughts and feelings. Children have thoughts and feelings too, although they may find it difficult to express how they are feeling in words. It is usually easier for kids to show and explain their feelings through activities such as playing, puppets, drawing and making up stories. Part of our role as spiritual care providers is to offer emotional and spiritual support to children as they come to terms with their experience of illness.

Included with this module are some examples of activities that can help children to process what is going for them emotionally and spiritually during a loved one’s illness.

When the activities are completed you may like to ask some open-ended questions (such as, “What’s going on in the picture with the little boy?”) in order to better

understand what a child is experiencing. Try to listen for what spiritual issues are present for this child.

What does this child need right now to feel loved and cared for?

**\* Review Examples of Children’s Spiritual Assessment Activities (Appendix 4)**

**What is Spiritual Distress?**

When a person can no longer understand or find meaning in their situation in life, it can result in feeling a sense of loss. This loss may have various expressions, such as a loss of hope, a loss of feeling loved, a loss of feeling connected, or a loss of trust that things will be alright.

Spiritual distress is often the result of these types of losses, and is commonly experienced as an incongruence or disharmony between one’s belief or value system and their lived reality.

Spiritual distress essentially shakes the foundational beliefs of one’s life and may be caused by a variety of factors including physical or emotional pain, chronic or terminal illness, or the death or illness of a loved one.

**How can I tell if someone I am visiting is experiencing spiritual distress?**

Some of the signs and symptoms which may indicate the presence of spiritual distress include:

- Questioning the meaning of suffering
- Verbalizing inner conflict about beliefs
- Verbalizing concerns about relationship with God
- Questions the meaning of life and their own existence
- Seeking spiritual assistance
- Afraid to fall asleep at night or other fears
- Nightmares or other sleep disturbances
- Feeling a sense of emptiness, abandonment, or loss of direction
- Inability to accept self
- Alteration in behavior or mood evidenced by anger, crying, withdrawal, preoccupation, anxiety, hostility, or apathy.

Listen broadly to what is being shared and ask yourself, “Is this person experiencing spiritual health and wellbeing or are they experiencing spiritual distress and malaise?”

Perhaps they are experiencing shades of both in different areas of their life?

- Ask yourself, what is happening for this person on a ‘feelings’ level?
- Is he or she expressing any blame or anger?
- Is there a longing for forgiveness? A sense of feeling abandoned or feeling lonely?

- Is there a sense of being overwhelmed by suffering or feeling uncertain if they can endure?
- Is there a feeling of peace and serenity? Is there in some way an acceptance of events beyond this person's control?
- Is there resistance to change or a refusal to acknowledge the difficulty of the present situation?

**What to Report to the Spiritual Care Coordinator and/or Care Team:**

- Any signs of behaviors listed above
- Side effects of medications
- Report any behaviors that are out of character for the patient at this time
- Report any symptoms that are getting worse
- Talking about suicide
- Known history of spiritual distress
- Not caring about self and life in general
- Sudden rejection or neglect of previous practices or beliefs

Some spiritual needs may be beyond the scope or expertise of a Spiritual Care Volunteer, but once identified, measures can be implemented to ensure needs are met. Issues of spiritual concern should be recorded along with resources required to meet them and outcomes so that communication remains effective and issues can then be monitored.

**When to make a referral:**

If something comes up that makes you uncomfortable or that is outside of your level of training, it is appropriate and expected for you to make a referral for follow up care. Chaplains, Spiritual Care Coordinators, and Spiritual Health Specialists can also help you to debrief exceptionally difficult situations you may have encountered during your volunteer shift.

**Handout from GWISH: Tuning into Spiritual Themes** (Appendix 4)

**Examples of Spiritual Assessment Models**

There are several examples of spiritual assessments which are available to help acquaint you with some of the most common areas of spiritual need. You may choose to adopt a spiritual assessment model to assist you in recognizing and responding to the spiritual needs which are revealed through a spiritual care encounter.

\*(See Handout of Various Spiritual Assessment Models)

## Examples of Spiritual Assessment Tools

### CSI-MEMO (Koenig, 2002)

- CS - Do your religious/spiritual beliefs provide **comfort** or are they a source of **stress**?
- I - Do you have any spiritual beliefs that might **Influence** your medical decisions?
- MEM - Are you a **MEMber** of a religious or spiritual community, and is it supportive to you?
- O - Do you have any **Other** spiritual needs you'd like to talk about?

### FICA (Puchalski, 2000)

- F – Faith, Belief, Meaning  
“Do you consider yourself to be spiritual or religious?” or “Do you have any spiritual beliefs that help you cope with stress?” or “What do you believe in that gives meaning to your life?”
- I – Important or Influence  
“What importance does your faith or belief have in your life? Have your beliefs influenced how you take care of yourself in this illness? What role do your beliefs play in your life?”
- C – Community Connections  
“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?”
- A – Address/Action  
“How would you like me to help you address these issues?”

### FAITH (King, 2002)

- F – Do you have a **Faith** or religion that is important to you?
- A – How do your beliefs **Apply** to your health?
- I - Are you **Involved** in a faith community?
- T - How do your spiritual views affect your views about **Treatment**?
- H - How can I **Help** you with any spiritual concerns?

FACT (LaRocca-Pitts, 2008)

F – Faith (or Beliefs)

What is your Faith or Belief? Do you consider yourself to be a person of faith or a spiritual person? What things do you believe in that give your life meaning and purpose?

A – Active (or Available, Accessible, Applicable)

Are you currently active in your faith community? Are you part of a religious or spiritual community? Is support for your faith available to you? Do you have access to what you need to Apply your faith (or beliefs)? Is there a person or group whose presence and support you value at a time like this?

C – Coping (or Comfort, Conflicts, Concern)

How are you Coping with your medical situation? Is your faith (or beliefs) helping you Cope? How is your faith (your beliefs) providing comfort in light of your diagnosis? Are any of your beliefs in conflict with medical treatment? Are there any particular concerns you have for the medical team?

T – Treatment Plan

1. Patient is coping well
  - a. Support and encourage
  - b. Reassess at a later date
2. Patient is coping poorly
  - a. Depending on relationship and similarity in faith/beliefs, provide direct intervention: spiritual counseling, prayer, Sacred Scripture, etc.
  - b. Encourage patient to address these concerns with their own faith leader
  - c. Make a referral to the hospital chaplain

SPIRIT (Ambuel & Weissman, 1999)

S – Spiritual Belief System

Do you have a formal religious affiliation? Can you describe this? Do you have a spiritual life that is important to you?

P – Personal Spirituality

Describe the beliefs and practices you personally accept. Describe the beliefs and practices that you do not accept or follow. In what ways is your spirituality/ religion meaningful to you?

I – Integration with a Spiritual Community

Do you belong to any religious or spiritual groups or communities? How do you participate in this group/community? What importance does this group have for you? What types of support and help does or could this group provide for you in dealing with health issues?

R – Ritualized Practices and Restrictions

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

I – Implications for Medical Practice

Are there specific elements of medical care that your religion or belief system discourages or forbids? What aspects of your religion/spirituality would you like your health care team to know about as we care for you?

T – Terminal Events Planning

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

Activity:

Practice making a spiritual assessment on yourself. (Appendix 4 and 5)

**Opening Activity - Place a checkmark beside the statements which have to do with  
“spirituality”:**

- “I like to lie beside my cat and listen to her purr. It’s a very soothing sound.”
- “Whenever I see the Big Dipper I think of my dad; he’s the first one who pointed it out to me. He died over 10 years ago. I miss him so much.”
- “Praying the rosary or saying a ‘Hail Mary’ offers me structure during my busy day. It helps me feel grounded in something bigger than myself.”
- “I can’t believe I’m pregnant! I can’t wait to post the good news on Facebook! Everyone’s going to be so excited! I have so much to learn about taking care of a baby—good thing I have lots of friends who can help me out!”
- “In the summer my wife and I spend as much time as possible at the lake. The sound of the loons calling back and forth over the water at dusk is hauntingly beautiful.”
- “My grandkids love cupcakes. I make a special effort to bake some when they come over on the weekends.”
- “I’m not sure I can believe in God when there’s so much suffering in the world. Why doesn’t He do anything about it!? I don’t understand what good all this prayer is supposed to be doing?”
- “Meditation helps to clear my mind and focus on the present moment. My problems don’t seem so overwhelming when I can de-stress.”
- “Fasting during Ramadan is very important to me. My co-workers try to respect this by delaying our department potluck lunch until the month is over. I really appreciate that they make this effort.”
- “I don’t believe in “God” or a “Higher Power”. That all seems like nonsense to me. What I do believe in is helping those in need. I volunteer at the homeless shelter downtown and I’m very committed to raising money for a grassroots organization that works with AIDS orphans.”



**The Five “Languages of Care” are:****Words of Affirmation**

One way to express care is to use words that build up or encourage. Authentic encouragement requires empathy and the ability to see the world from the other person’s perspective, and then to communicate, “I know. I care. I am with you. How can I help?” It means trying to show that we believe in the other person and in their abilities. It can mean giving credit and praise. Words of appreciation and verbal compliments are powerful communicators of care. When someone asks for the opportunity to discuss an area of hurt in their life in order to find healing, they are speaking the language of “Words of Affirmation”.

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<sup>5</sup> Ibid., 65.

## Acts of Service

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## Physical Touch

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With a little practice, we can learn to speak all five languages of care!

### Appendix 3

In a spiritual care visit you may encounter some of the following situations. Which of the five languages of care do you see present in each scenario?

**Chose one of the following for each of the situations below:**

- Words of Affirmation
- Quality Time
- Receiving gifts
- Acts of Service
- Physical touch

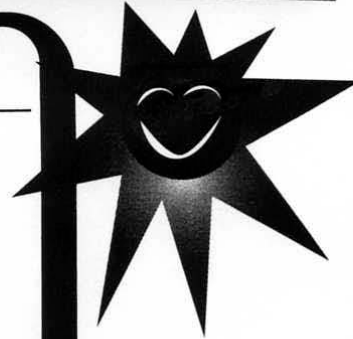
1. A patient who reaches out to hold your hand when you come to the bedside.	
2. A patient who takes the time to show you all of the cards she has received while in hospital and who asks you to read her aloud the messages of love and support.	
3. A father who brings his daughter a flower for every day of her hospital stay.	
4. A patient who is deeply appreciative that you gave him a rosary when he thought he had misplaced his own.	
5. A patient who feels reassured when a family member is with him at all times in the room...even while he is sleeping.	
6. A bed-ridden patient who asks you to help straighten the blankets, and re-organize the items on her bedside table, and to bring her some ice chips, and to exchange the magazines she has borrowed from the lending library.	
7. A palliative patient who asks for some assistance writing a letter to his son who refuses to see him.	
8. A patient's mother who frequently reaches out to hug the hospital staff and volunteers in appreciation for everything they are doing to help her child.	

1. physical touch, 2. words of affirmation, 3. gift giving, 4. gift giving, 5. quality time, 6. acts of service, 7. words of affirmation, 8. physical touch

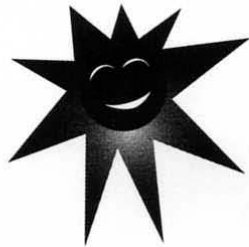
# Feeling Thermometer

How are you  
feeling today?  
Color as high  
or low as  
you feel.

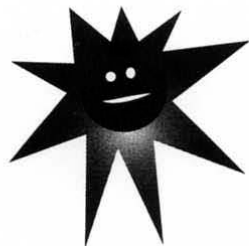
I'm Great!



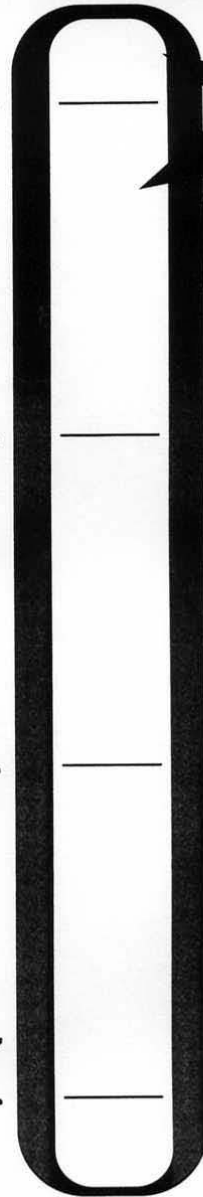
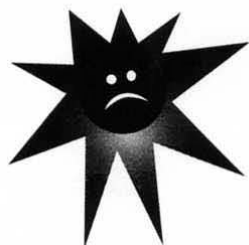
Okay.



So-so.

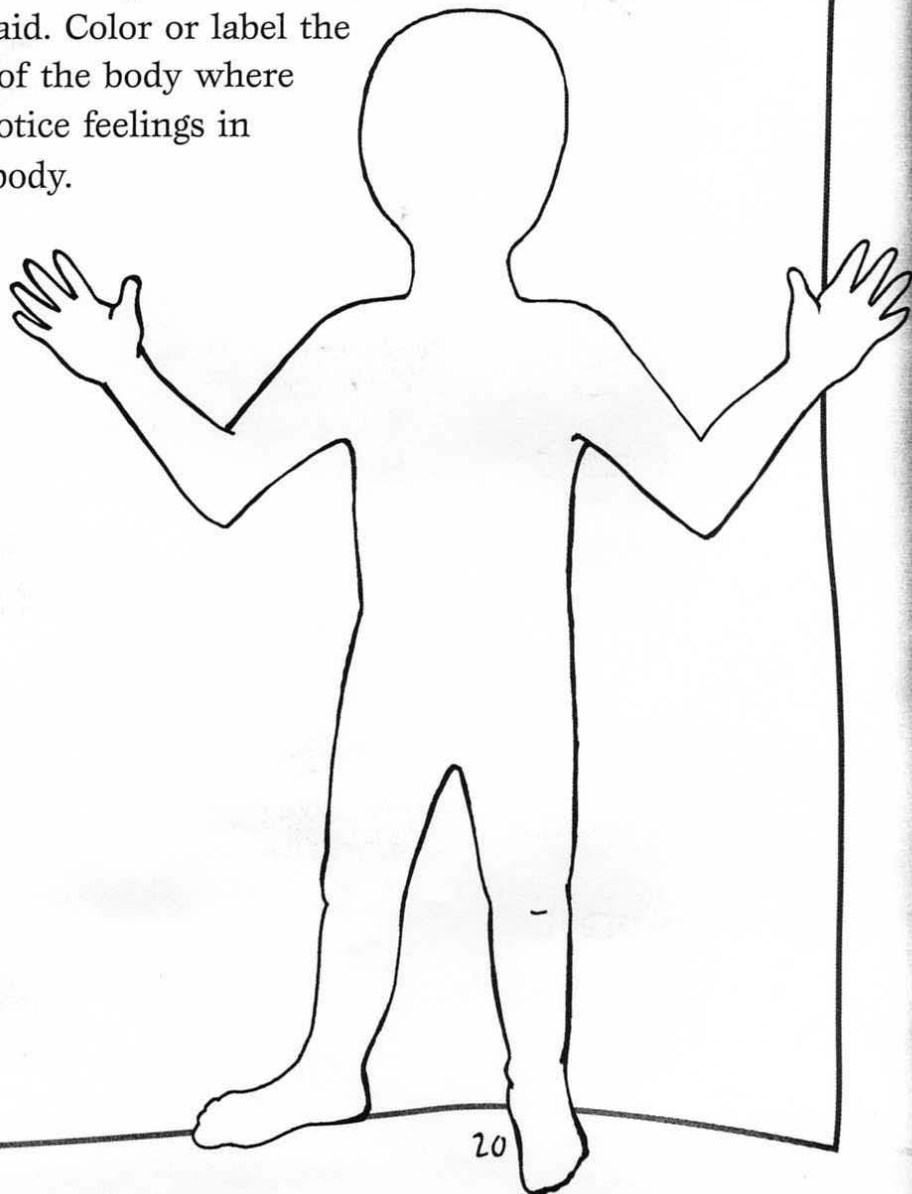


I'm really  
down.



## Feelings and My Body

We know about feelings by how our bodies react, such as having cold hands when we are nervous or afraid. Color or label the parts of the body where you notice feelings in your body.



# My Checklist

When someone you love is sick, you may have all sorts of thoughts and feelings. Put a check in the box that relates to how you think or feel.

	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
It's okay to cry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I should hide my feelings so that I don't bother anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's wrong to be angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worry affects how I sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I can't do anything right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think something I did caused the cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's okay if I don't want to talk about my feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nobody cares about me anymore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm afraid that someone else I love will get cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## What Animal Am I?

Some Native Americans have a favorite animal that reminds them of something about themselves. What kind of animal would you be? Write a fable (or fairy tale) or draw a picture of the animal that is like you.



## Tuning In to Spiritual Themes

Patient's Words	Spiritual Themes Revealed
<p>"I don't know why this is happening to me."</p> <p>"My life is pretty worthless right now."</p> <p>"I find no value in life."</p> <p>"I don't want to take the meds anymore."</p> <p>"I don't have any reason to get well."</p> <p>"I don't feel like living."</p>	Lack of meaning and purpose
<p>"Why me?"</p> <p>"Why am I suffering?"</p> <p>"I don't know why this is happening to me."</p>	Existential crisis
<p>"It's not going to get better, is it?"</p> <p>"I'm just going to die, so why bother doing anything more?"</p>	Hopelessness (or Realism)
<p>"I can't take this anymore!"</p> <p>"Let me die!"</p> <p>"There is nothing left for me."</p>	Despair
<p>"I must have done something to deserve this."</p> <p>"This illness is a punishment (or curse)."</p>	Guilt/Shame



<p>"I prayed, went to church, did all the right things, now this. It's not fair!"</p> <p>"If God is all-loving, why is this happening to me?"</p>	<p>Anger at God</p>
<p>"It's my husband's fault. He worked such long hours. He was never there. The stress was too much for me."</p> <p>"If the doctor had diagnosed this correctly, I wouldn't be sick like this now."</p>	<p>Anger at others</p>
<p>"You come into the world alone, you go out alone."</p> <p>"I'm in this by myself. There is no one that really cares."</p>	<p>Feeling abandoned by God or others</p>
<p>"My children will just move on with their lives without me."</p> <p>"No one will be grateful for what I did."</p> <p>"I'll never have a chance to finish this [book, project, etc.]."</p> <p>"My two-year-old won't remember who her mother was."</p>	<p>Not being remembered</p>
<p>"I can't share this with my faith community or with loved ones."</p> <p>"I don't believe I can trust anyone with my feelings."</p> <p>"I've been hurt before. I don't want to get hurt again."</p> <p>"I don't want to go there. Leave me alone."</p>	<p>Lack of trust</p>
<p>"I've done some pretty bad things in the past. I need to deal with that."</p>	<p>Reconciliation/forgiveness</p>

**Take a few moments to reflect on your own spirituality.**

How do you seek to make sense out of life? Where do you find meaning and hope? What is important to you personally? What brings you joy? How do you feel loved and cared for?

*Use the right side of this page to journal or draw your responses to these questions.*

If you find that you are struggling to get started try working your way through some of the following questions to get your 'reflective juices' flowing. There are no right or wrong answers; the only correct answers are the ones which hold true for you. Let your mind roam quickly over your life experiences and try to get a sense of the 'big picture' of your life. If a question or its options makes no sense, skip over it.

These questions have been adapted from  
**Jones, Paul W. *Theological Worlds*. Nashville: Abingdon Press, 1989.**

Life for me is a:

- a. mysterious pilgrimage
- b. basic right
- c. courageous act
- d. new gift
- e. quest for self-fulfillment
- f. other: \_\_\_\_\_

I tend to view death as:

- a. a reality to be faced steadfastly
- b. deserved and rightful
- c. a foe to be resisted
- d. opening to another world
- e. part of life's rhythm
- f. other: \_\_\_\_\_

I am renewed when I experience:

- a. awe, wonder
- b. exoneration, justice
- c. fullness, self-worth
- d. humility, forgiveness
- e. compassion, integrity
- f. other: \_\_\_\_\_



The image shows a large rectangular box with a thin black border. Inside the box, there are approximately 20 horizontal lines spaced evenly, providing a designated area for writing responses to the questions on the left side of the page.

That which I find painfully real in life is:

- a. conflict
- b. disappointment
- c. shallowness
- d. isolation
- e. judgment
- f. other: \_\_\_\_\_

“Center stage” for making sense out of my existence is:

- a. the cosmos
- b. the self
- c. the demonic
- d. history
- e. life itself
- f. other: \_\_\_\_\_

An image for “home” for me is:

- a. tomorrow
- b. spring housecleaning
- c. a day off
- d. a room of my own
- e. the ocean
- f. other: \_\_\_\_\_

What tends to give you hope?

- a. changes in this world that will make it better
- b. support that encourages me to become who I am
- c. experiences that hint of the meaning of the whole
- d. trust in grace
- e. Divine companionship to see it through together
- f. Other \_\_\_\_\_

Handwriting practice area with 25 horizontal lines.

