
SPIRITUAL DISTRESS

What is Spiritual Distress?

- Spiritual distress is a disruption in one's beliefs or value system. It affects a person's entire being. It shakes the basic beliefs of one's life

What are the Signs and Symptoms of Spiritual Distress?

- Questions the meaning of life
- Afraid to fall asleep at night or other fears
- Anger at God/higher power
- Questions own belief system
- Feels a sense of emptiness; loss of direction
- Talks about feelings of being left by God/higher power
- Seeking spiritual help
- Questions the meaning of suffering
- Pain and other physical symptoms can be expressions of spiritual distress as well

What to Report to the Hospice/Palliative 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

What can be done for Spiritual Distress?

Spiritual distress is common with terminal illnesses. Not everyone has it the same way or to the same degree.

Patients and Family

- Do not feel that you are bothering the team by asking questions
- Asking questions means that you care enough to ask the question
- Look for ways to keep and honor desired rituals and ways of life

Patient

- Remember not everyone has spiritual distress
- You may not feel up to talking with many people. It is very important to have at least one person who you trust to talk to about your fears and concerns
- Do not be hard on yourself for not feeling very “spiritual”
- Allow yourself to be angry. Try to talk about that anger
- Try listening to devotional tapes
- Try listening to music without words
- Allow someone to pray with/for you when you don’t have the energy
- Meditation can be helpful
- Write poetry or work on an art project
- Be sure to take your medication
- Forgive yourself

Family

- Provide calm, relaxing setting
- Be willing to be present without having to “do” something
- Treat the patient with dignity and respect
- As much as you can, enjoy this time together and look for ways to make memories
- Do not say “I know how you feel” because you do not. Instead, offer empathy for the continual loss of familiar meaning and identity associated with the illness
- Try not to “help,” rather provide support
- Support any desire to maintain links with friends and family
- Be willing to listen and reminisce
- Be open to giving spiritual support if asked or contact your minister, rabbi, priest, etc.

You can find other HPNA Patient Teaching Sheets on end-of-life care at <http://www.hpna.org/PatientEducation.asp>.

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