Spirituality and Client Counseling: Why It’s Important and How to Integrate into Practice

Presented by:

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November 7, 2013
Spirituality and Health

- An essential part of a person
- Critical factor in health and wellbeing
  - In patients, clients
  - In healthcare professionals, in elder lawyers
- Basis of compassionate, relationship-centered care
Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.

Reasons for clinical integration of spirituality

• Patients want their spiritual issues addressed and integrated into their care
• Ethical guidelines mandate attention to all dimensions of patient suffering
• Spiritual wellbeing as part of whole health for all people
• Research demonstrates impact on clinical outcomes on quality of life
Suffering in aging

- Suffering due to a person’s sense of independence and dignity being threatened
- Increased likelihood of chronic illness
- Activity limiting conditions (arthritis, memory impairment)
- Increased dependence of care from others
- Financial strain (medical expenses, not working)
- Social isolation (death of family, friends)
Suffering as Spiritual Distress

• Majority of patients diagnosed with serious illness experience spiritual distress

• Patients with spiritual distress more likely to be depressed, and have a desire for hastened death
Spirituality and Mind Body Intervention’s impact on healthcare outcomes:

- Improved quality of life and greater will to live
- Improved pain management
- Coping with suffering, chronic illness, and dying
- Recovery from depression, anxiety, and other mental illnesses
- Recovery from a variety of conditions
- Better stress management
- Lower stress-associated biological markers, changes in area of brain associated with stress/emotions
WHO: Definition of Health

• “Dynamic state of complete physical, mental, spiritual and social well-being and not just the absence of disease or infirmity”

Ustun and Jacob, Bulletin of the WHO, 2005
Role of Elder Law Attorneys

• Attention to suffering
• Technical: advance directives, adhering to patients' wishes etc.
• Client attorney relationship is important—
  • Compassionate presence to another’s suffering
• Attorney should support client in their whole health
Emerging health systems should include....

- Mind-body-spirit approaches
- Patient is encountered in all his dimensions
- Community is involved in healthcare
- Relationship centered focus in clinical care and in elder law
- Love and compassion are core modalities of wellbeing
How to integrate into care.....
Recommendations:

- Integral to any patient-centered healthcare system
- Based on honoring dignity, attending to suffering
  - THE IMPORTANCE OF RELATIONSHIP IN CLINICAL CARE
- Spiritual distress treated the same as any other medical problem; spiritual resources of strength also identified
Interprofessional Spiritual Care: An Integrated Model

- **Interdisciplinary (including Chaplains)**
- **All patients get a spiritual history or screening**
- **Integrated into a whole person treatment plan**

*Puchalski, Ferrell, Virani et.al. Improving the Spritual Domain of Palliative care  Journal of Palliative Medicine, October 2009*
Generalist-Specialist Spiritual Care Model

• It is the responsibility of everyone on the team and in the community to:
  • Listen to patient’s spiritual issues
  • Identify spiritual distress
  • Support spiritual resources of strength
• Chaplain as the spiritual care specialist
• Suggest that elder lawyers also provide generalist spiritual care
Diagnosis Discernment in Clinical Care
(Diagnosis Pathway)

- Is the patient in distress? If so, is it physical, emotional, social or spiritual or a combination of these?
- Who needs to be involved on the team to address the different sources of distress? (mental health, chaplain, clergy, etc.)
- What can the clinician identifying the distress do on his/her own? (SIMPLE VS. COMPLEX)
- (What is the role of the chaplain in Elder Law?)
Julianna is a 65 yo with end stage colon ca. Assessment reveals:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Pain is well controlled; continue with current medication regimen. Nausea; still has episodes of nausea and vomiting, likely secondary to partial small bowel obstruction (SBO). Add octreotide to current regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Insomnia related to worry about her illness and what choices to make. Supportive counseling, presence.</td>
</tr>
<tr>
<td>Social</td>
<td>Excellent family support. Encouraged family meeting to discuss palliative care options. Close to minister at her church</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Deep faith in God and spiritual practices are supportive to Julianna but are also impacting her ability to deal with the progression of her illness. Is faith in part being used to deny illness. Referral to chaplain, invite patient’s clergy to attend family meeting if patient requests</td>
</tr>
</tbody>
</table>
Spiritual History

F - Do you have a spiritual belief? Faith? Do you have spiritual beliefs that help you cope with stress/what you are going through/ in hard times? What gives your life meaning?

I - Are these beliefs important to you? How do they influence you in how you care for yourself? In your healthcare decisions?

C - Are you part of a spiritual or religious community?

A - How would you like your healthcare provider to address these issues with you? (or elder lawyer?)
“Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.”

F - Meaning, purpose, transcendence (sacred, God, significant, others, moment)….Inner Life

I - How this affects one's life, healthcare decisions, coping

C - Connectedness to others within a sacred, or significant context
Spirituality in Legal Practice

- Compassionate client-centered communication
  - Identify and be present to suffering
- Spirituality impacts healthcare and legal decisions (e.g. end of life)
- Spirituality as part of professional formation of attorneys—meaning in profession

www.GWish.org

- Education resources (SOERCE, National Competencies)
- Interprofessional Initiative in Spirituality Education (nursing, medicine, social work, pharm, psychology)
- Retreats for healthcare professionals (Assisi, US)
- *Time for Listening and Caring*: Oxford University Press
- *Making Healthcare Whole*, Templeton Press
- FICA Assessment Tool—online DVD
- Spirituality and Health Summer Institute, July, GW campus
- INSPIR
- Christina Puchalski, MD, 202-994-6220
  hscmp@gwumc.edu
Spirituality is an essential element of healthcare because spirituality is, as Viktor Frankl wrote, the essence of our humanity. Spirituality speaks to what gives ultimate meaning and purpose in a person’s life. It is that part of people that seeks healing and reconciliation with self or others. Spiritual values such as hope, faith, and altruism can help people handle adversity and cope with suffering and illness. Religions offer people a language of hope and ways to understand their suffering. Religious and other spiritual communities also offer people social support.

Many studies have indicated that spiritual and religious beliefs and practices may affect healthcare outcomes, including mortality, cardiovascular disease and depression. Research in meditation and prayer has shown positive health benefits of these practices and has suggested a role for spiritual beliefs in resiliency and coping with stress.

There is also institutional support for the inclusion of spirituality into healthcare. The Joint Commission on Accreditation of Healthcare Organizations requires that, when a hospitalized patient requests spiritual care, it should be provided. The American Association of Medical Colleges, the Accreditation Council for Graduate Medical Education, the American Psychiatric Association, the American Academy of Physician Assistants, the American
Association of Colleges of Nursing, the Council on Social Work Education and other organizations have identified training objectives that support the inclusion of spirituality in the curriculum. Many professional organizations, such as the American College of Physicians, the American Medical Association, and the American Nursing College also recognize that spiritual care is an important element of the ethical obligation health-care professionals have to attend to all dimensions of a patient’s suffering and to be present fully to their patients in a compassionate way.

There also have been significant changes in medical school education with regard to spirituality and health. More than 70% of medical schools now teach courses on spirituality and health, many of them required. The Association of American Medical Colleges has published guidelines for these courses. One of the learning objectives is that all students will know how to take a spiritual history. Furthermore, courses on spirituality have been added to residency programs, specifically in psychiatry, internal medicine, and family practice. In all these courses, there is a requirement that residents learn how to complete a spiritual assessment.

Patients also voice their support and
request for a more integrated approach to their care with their spiritual issues addressed by their healthcare professionals. In a study by Ehman, 21 85% of patients noted that their trust in their physician increases if that physician addresses their spiritual concerns. In addition, 95% of the patients for whom spirituality is important want their doctor to be sensitive to their spiritual needs and to integrate it in their treatment; 50% of the patients for whom spirituality is not important feel that physicians should address patients' spiritual issues in the case of serious and chronic illness. In another study, 22 patients in a family practice setting felt that it was important for physicians and healthcare providers to address their spiritual issues and beliefs. The study also found 95% want their spiritual beliefs addressed in the case of serious illness, 86% when admitted to a hospital, and 60% during a routine history.

**Meaning and purpose are things that all people seek; the inability to find that meaning and purpose can lead to depression and anxiety.**

**RECOGNIZING SPIRITUAL ISSUES IN THE CLINICAL SETTING**

For the courses in medicine on spirituality and health, a definition of spirituality was derived by consensus conference of clinicians, medical educators, and chaplains. 9 Central to this definition is that spirituality has to do with a person's search for ultimate meaning in life through participation in religion, as well as through relationships with God or family, and expressed in nature, rationalism, humanism, and the arts. All these factors can influence how patients and healthcare professionals perceive health and illness and how we interact with one another. Thus, the definition includes a personal expression of spirituality as well as a relational one to others.

Spirituality is broader than religion, and in listening for spiritual themes from patients, it is important to recognize that spirituality can be expressed in many different ways. Thus, for some patients, church is the spiritual community; for others, it may be likeminded friends or family. Spiritual practices may range from prayer and meditation to walking in the woods, listening to music, or painting.

In a consensus conference between the Association of American Medical Colleges and the George Washington Instute for Spirituality and Health, medical educators, clinicians, medical ethicists, and chaplains developed guidelines for spiritual care. 23 Of particular importance was the guideline that clinicians should create environments where patients feel they can trust their clinician and share whatever concerns that patient has, including spiritual concerns. Thus, the first step in communicating with patients about spiritual issues is to communicate a genuine interest in and compassion for the patient. By creating an atmosphere of caring compassion and a willingness to be open to whatever concerns the patient raises, the interaction becomes focused in a patient-centered model of care. In this model, there is recognition that a patient's understanding of illness can be affected by many factors, including spiritual and religious beliefs and practices. 24

In listening to the patient's story, one can identify themes, including spiritual themes. The most common spiritual themes include lack of meaning and purpose in life, hopelessness, despair, guilt or shame, lack of connection or love with others or with God, anger at God or others, and abandonment by God or others.

Meaning and purpose are things that all people seek; the inability to find that meaning and purpose can lead to depression and anxiety. People find many sources of meaning and purpose throughout their lives that may be transient — jobs, relationships, accomplishments, and financial success. However, the challenge for all people is finding meaning and purpose even in the midst of failed jobs, bad relationships, missed accomplishments, and unattained successes. Ultimate meaning and purpose is that meaning that sustains people in
the emptiness of their external lives, or as people face dying. Spiritual and religious beliefs play a significant role in how people transcend their suffering to find such ultimate meaning.25

Hopelessness often arises in the midst of serious illness. Studies have indicated that people who are more hopeful during illnesses do better in regard to depression and other health indicators.26,27 How people come to understand hope also varies. Initially, hope may be lodged in cure or recovery, but when that is not possible, people may have a hard time tapping into resources of hope. In those times, hope may be manifested as acceptance, finishing important goals or activities, living life fully in the face of difficulty, finding meaning, and eventually experiencing a good quality of life and death. Helping people restructure their thinking so that they can see hopefulness in the midst of despair is an essential part of therapy. Spiritual and religious beliefs offer people a language of hope. Religious and spiritual communities offer people support as people try to find hope and meaning for themselves.

Profound despair can stem from an existential crisis, lack of meaning and purpose, hopelessness, and extreme loneliness. People need a sense of connection to others and a sense that they are loved and cared for. Spiritual and religious communities offer that sense of love and connection for people. Thus, in listening to a patient’s story, one might hear themes of support from the church community or family. However, one also can hear themes of abandonment and anger at the community of support or at God. This sense of abandonment by or anger at the community that offered solace at one point in a person’s life can lead to a profound sense of despair and isolation.

Religious themes can cause distress in people’s lives. Anger at God is often normal in the face of serious illness, yet it can lead to conflict, guilt, and despair. It is important to allow people to talk about that anger in a safe environment where they do not feel they will be judged. It is often in the clinical setting that patients will share such feelings. In their religious communities, they may be told that it is wrong to be angry at God, or that it reflects a weakening in one’s faith to be angry or feel abandoned by God. In the clinician’s office, the patient may find a safe haven to explore these feelings in greater depth. Koenig and colleagues38 found that negative religious coping was associated with poorer physical health, worse quality of life, and greater depression in medically ill hospitalized older adults but that positive religious coping was associated with better mental health in those patients. Understanding how spirituality and religion relate to patients’ understanding of their illness and their ability to cope is an important aspect of providing comprehensive patient-centered care.

THE SPIRITUAL HISTORY

As in any other part of the history, listening to themes alone will not elicit all the information needed to provide good medical care. Thus, specific questions need to be asked to target specific areas of information such as depression, social support, domestic violence, sexual preferences and practices, and so on. Patients may not think to volunteer information to a clinician unless they are invited to share in that particular area. This is particularly true of spirituality. While patients are interested in having spirituality integrated into their care, it is not yet a common practice to have

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physicians address spiritual issues. Patients may need an invitation to share in this area. A spiritual history is simply a set of targeted questions aimed at inviting patients to share their spiritual and religious beliefs, if desired.

A number of tools have been developed to use for spiritual history taking. These include FICA, SPIRIT, and HOPE. I developed with several colleagues, can be done in a time-efficient manner. It is outlined in the Sidebar (see page 153). These questions are meant to serve as a guide for the discussion about spiritual issues.

The goals of the spiritual history are:

- Invite the patient to share spiritual and religious beliefs if they chose to do so.
- Learn about the patient’s beliefs and values.
- Assess for spiritual distress (e.g., meaninglessness, hopelessness etc), as well as for spiritual resources of strength (e.g., hope, meaning and purpose, resiliency, spiritual community).
- Provide an opportunity for compassionate care whereby the healthcare professional connects to the patient in a deep and profound way.
- Empower the patient to find inner resources of healing and acceptance.
- Learn about patients’ spiritual and religious beliefs that might affect healthcare decision making.

The spiritual history normally is completed during the social history section of the history and physical. While asking the patient about living situation and significant relationships, the clinician can transition into how the person cares for himself or herself. Questions about exercise and how one deals with stress and difficult situations are an important part of self-care. In this context, the clinician then asks if spiritual beliefs and practices are important to the patient. This lodges the spiritual history within the clinical context.

The spiritual history is patient-centered. If the patient does not identify as spiritual or religious, or if the person does not wish to discuss spirituality, then the clinician should not force the questions. It is important to respect patient’s privacy in these issues.

Clinicians must also be careful about how the questions are asked and what kind of information should be discussed within the clinical context. Proselytizing is not allowed in the clinical setting, as this would violate the trust that patients place in clinicians. There is a power differential between clinicians and patients. Patients may feel vulnerable with their clinicians, and that vulnerability needs to be honored and protected. A well-meaning clinician may share personal beliefs with the patient, but the patient may adopt or superficially agree with the clinician’s beliefs out of fear that their medical care could be compromised if they don’t agree. That is why clinicians must be sensitive to appropriate boundaries and honor those boundaries.

Clinicians, as a whole, are not trained spiritual care providers. Chaplains, clergy, pastoral counselors, and spiritual directors are trained to work specifically with patients’ spiritual issues. Chaplains are certified by chaplaincy organizations to work specifically with patients in healthcare settings to help them work through spiritual crisis or distress. Chaplains also are trained to participate in and lead rituals that may be important to patients and to facilitate connection with the patients’ clergy if needed, within healthcare settings. Chaplains work with patients of any religious or nonreligious backgrounds. Clergy are ordained, trained in religious care, and work predominantly with patients from their religious denomination. Pastoral counselors are master’s- or doctoral-trained counselors; half of their training is in how spiritual and religious issues affect manifestation of and coping with the presenting symptoms. Spiritual directors are not counselors; rather, they are trained to assist people in their spiritual journey by helping them discern how God or the divine is working in their lives.

The spiritual history is a screening tool to help identify spiritual issues, but more in-depth spiritual counseling should be done with trained spiritual care providers. Some mental health professionals may have more training in spiritual assessment, diagnosis, and treatment than other healthcare professionals, but even then, the focus of the training is different from trained spiritual care providers. Many patients can benefit from the unique training of all these different professionals.

SUMMARY

Spiritual needs are important to many patients. There is institutional support for the inclusion of spiritual care in the holistic care of patients. There is also data that patients want their spiritual beliefs integrated into the care of their patients and that spiritual beliefs may benefit patients in some healthcare outcomes, resiliency to stress and adverse situations, and coping with suffering. A spiritual history provides an opportunity...
in the clinical encounter for the patient to share spiritual beliefs if that is what he or she chooses to do. It also helps the clinician to identify spiritual distress, as well as spiritual resources of strength, and to provide the appropriate therapy and referrals needed to give the patient the best care from a biopsychosocial-spiritual framework.

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SPIRITUAL ASSESSMENT TOOL – FICA

Spiritual Assessment Tool

An acronym which can be used to remember what to ask in a spiritual history is:

F: Faith or Beliefs
I: Importance and Influence
C: Community
A: Address

Some specific questions you can use to discuss these issues are:

F: What is your faith or belief?
   Do you consider yourself spiritual or religious?
   What things do you believe in that give meaning to your life?

I: Is it important in your life?
   What influence does it have on how you take care of yourself?
   How have your beliefs influenced in your behavior during this illness?
   What role do your beliefs play in regaining your health?

C: Are you part of a spiritual or religious community?
   Is this of support to you and how?
   Is there a person or group of people you really love or who are really important to you?

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

General recommendations when taking a spiritual history:

1. Consider spirituality as a potentially important component of every patient’s physical well being and mental health.
2. Address spirituality at each complete physical exam and continue addressing it at follow-up visits if appropriate. In patient care, spirituality is an on-going issue.
3. Respect a patient’s privacy regarding spiritual beliefs; don’t impose your beliefs on others.
4. Make referrals to chaplains, spiritual directors or community resources as appropriate.
5. Be aware that your own spiritual beliefs will help you personally and will overflow in your encounters with those for whom you care to make the doctor-patient encounter a more humanistic one.

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Taking Spiritual History Allows Clinicians to Understand Patients More Fully
Christina Puchalski, M.D. and Anna L. Romer, Ed.D; Journal of Palliative Medicine Volume 3, Number 1, 2000 Pgs 129 – 137
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2. Ibid: pg’s 661 - 663
3. Christina Puchalski; Spiritual Assessment in Clinical Practice; Psychiatric Annals; March 2006; 36,3 ; Psychology Module pg. 153
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5. Ibid; page 13 (Reed 1987)
6. Ibid; page 6,7,8
7. Christina Puchalski; Spiritual Assessment in Clinical Practice; Psychiatric Annals; March 2006; 36,3 ; Psychology Module pg. 152 (Ehman)
8. Ibid pg 151
9. Ibid pg 150 (Viktor Frankl)
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11. Ibid pg 130

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Improving the Quality of Spiritual Care as a Dimension of Palliative Care: The Report of the Consensus Conference


Abstract

A Consensus Conference sponsored by the Archstone Foundation of Long Beach, California, was held February 17–18, 2009, in Pasadena, California. The Conference was based on the belief that spiritual care is a fundamental component of quality palliative care. This document and the conference recommendations it includes builds upon prior literature, the National Consensus Project Guidelines, and the National Quality Forum Preferred Practices and Conference proceedings.

Introduction

In the early 1990s, academic medical centers, medical and nursing schools, residency programs, and hospitals began to recognize the role of spiritual care as a dimension of palliative care. A growing body of literature1–5 as well as attention from the lay press6–8 raised awareness of and questions about the role of spirituality in health care. Surveys have demonstrated that spirituality is a patient need,9,10 that it affects health care decision-making,11, 12 and that spirituality affects health care outcomes including quality of life.13–18 Spiritual and religious beliefs can also create distress and increase the burdens of illness.19,20

Studies have raised critical issues including the need for a commonly accepted definition of spirituality, the appropriate application of spiritual care in palliative care settings, clarification about who should deliver spiritual care, the role of health care providers in spiritual care, and ways to increase scientific rigor surrounding spirituality and spiritual care research and practice. These issues and the current variability in delivering spiritual care as a component of palliative care raised awareness of the need for guidelines for ensuring quality care. To this end, a Consensus Conference sponsored by the Archstone Foundation of Long Beach, California, was held February 17–18, 2009, in Pasadena, California. The Conference was based on the belief that spiritual care is a fundamental component of quality palliative care. According to the National Consensus Project (NCP) for Quality Palliative Care,21 “The goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies.” Palliative care is viewed as applying to patients from the time of diagnosis of serious illness to death. In this way, the principles of spiritual care can be applicable across all phases and settings for the seriously ill, without regard to culture, religious tradition, or spiritual frames of reference.

The goal of the Consensus Conference was to identify points of agreement about spirituality as it applies to health care and to make recommendations to advance the delivery of quality spiritual care in palliative care. Five literature-based categories of spiritual care (spiritual assessment, models of care and care plans, interprofessional team training, quality improvement, and personal and professional development)
were identified and provided the framework for the Consensus Conference. The resulting document and conference recommendations builds upon prior literature, the NCP Guidelines\(^2\) and National Quality Forum (NQF) Preferred Practices\(^2\) and Conference proceedings. This article represents the final Consensus Report. An expanded description of the Conference content and each section of this article is currently in preparation and will be published as a book.

### Palliative Care Guidelines and Preferred Practices

The first clinical practice guidelines for palliative care were released in 2004 by the NCP\(^2\); the guidelines were revised and a second edition was published in 2009.\(^2\) These guidelines are applicable to specialist-level palliative care (e.g., palliative care teams) delivered in a wide range of treatment settings and to the work of providers in primary treatment settings where palliative approaches to care are integrated into daily clinical practice (e.g., oncology, critical care, long-term care). Specifically these Clinical Practice Guidelines are intended to

1. Facilitate the development and improvement of clinical palliative care programs providing care to diverse patients and families with life-limiting or debilitating illness.
2. Establish uniformly accepted definitions of the essential elements in palliative care that promote quality, consistency, and reliability of these services.
3. Establish national goals for access to quality palliative care.
4. Foster performance measurement and quality improvement initiatives in palliative care services.

The guidelines address eight domains of care: structure and processes; physical aspects; psychological and psychiatric aspects; social aspects; spiritual, religious, and existential aspects; cultural aspects; imminent death; and ethical and legal aspects.

The successful dissemination of the NCP guidelines led next to collaboration with the NQF. Building on the NCP Guidelines, the NQF released a set of preferred practices for palliative care in 2006.\(^2\) This was a major advancement in the field of palliative care given the status of NQF as the nation’s major private–public partnership responsible for identifying and approving evidence-based quality measures linked to reimbursement in all parts of the health care system. NQF involvement also was crucial in attracting the interest of policymakers in this field. Using the 8 NCP domains for its framework structure, the NQF identified 38 preferred practices to operationalize the NCP Guidelines and to set the foundation for future measurement of the outcomes of care. These practices are evidence-based or have been endorsed through expert opinion and apply to both hospice and palliative care. The 2009 NCP Guidelines\(^2\) and the NQF Preferred Practices\(^2\) (Table 1) served as the foundation for the recommendations for the Consensus Conference.

### Consensus Conference Design and Organization

Achieving a consensus on spiritual care, both conceptually and pragmatically, requires engagement, deliberation, and dialogue among key stakeholders. Conference participation was by invitation. Invitees included a representative sample of 40 national leaders, including physicians, nurses, psychologists, social workers, chaplains and clergy, other spiritual care providers, and health care administrators (Table 2). Participants agreed to develop a consensus-driven definition of spirituality, make recommendations to improve spiritual care in palliative care settings, identify resources to advance the quality of spiritual care to be made available through the George Washington Institute for Spirituality and Health SOERC website,\(^2\) and help with dissemination of the final documents. Prior to the conference, participants received a written overview of spiritual care as a dimension of palliative care drafted by Christina Puchalski, M.D. and Betty Ferrell, Ph.D., R.N., Principal Investigators. This document was, in effect, the first draft of this Consensus Report and incorporated feedback from an advisory committee and conference participants. It provided a common base from which the group could identify recommendations to improve spiritual care.

The conference began with an overview of the purpose of the conference, its structure, and its relation to the existing NCP guidelines and NQF preferred practices. This was followed by an overview of the developing Consensus Report, its structure, and areas of agreement and disagreement based on the participants’ reviews. The conference was facilitated by a consultant who established “ground rules” to create a safe environment for discussion and disagreement, for sharing all ideas, and for respect and the opportunity to speak without fear of judgment about diverse views.

At the conclusion of the first plenary session, participants attended one of five preassigned working groups each with an assigned facilitator. Each working group developed a proposed definition of spirituality and identified the key components of spirituality. After the first working group session, participants reviewed all the definitions and components and, using a consensus process, reached initial agreement on a definition and its important components.

The second plenary session began with a brief overview of the literature in spirituality and spiritual care. This was followed by a second working group session in which participants (in their same preassigned groups) were asked to focus on one of five key areas of spiritual care: Models and Treatment Plans, Assessment, Interprofessional Team, Training, Quality Improvement, and Personal and Professional Development. Facilitators asked each group to consider the following questions according to their specific group topic:

1. What are the issues identified in addressing the topic in spiritual care?
2. What are the barriers in implementing the topic?
3. What are the recommendations for the topic in applying spiritual care as a dimension of palliative care?
4. What resources or implementation strategies are available for the topic?
5. The conference facilitator received all of the written notes from the working groups, synthesized all the comments, and prepared a compilation for all participants to discuss on Day 2.

On Day 2, using a consensus process, conference participants finalized the definition of spirituality within the context of a health care environment. Critical elements of the definition included meaning, connectedness to spirituality as an aspect of humanity, and the search for the significant or sacred. In addition, spirituality was defined as being inclusive
of philosophical, religious, spiritual, and existential issues that arise in the clinical setting. These elements were grounded in theological, philosophical, empirical, and clinical literature.25,26 The agreed upon definition is as follows:

Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred.

The participants then reviewed the Consensus Document considering their work from the previous day. Participants were asked to identify areas in the document that were missing or required further elaboration or clarification and, once again, to comment on all aspects of the document. Verbal and written comments were collected.

Over the following 2 months this Consensus Document was revised yet again to incorporate the feedback from conference participants. This version of the document was sent to a panel of 150 expert reviewers for additional comments. All participants of the Consensus Conference and the 6 project advisors have reviewed this Consensus Report and agreed to its content.

Conference Recommendations

Recommendations for improving spiritual care are divided into seven keys areas that were developed from the original five focus groups from the Consensus Conference. The seven areas are

- Spiritual Care Models
- Spiritual Assessment

Table 1. National Consensus Project Guidelines21 and National Quality Preferred Practices for Spiritual Domain22

<table>
<thead>
<tr>
<th>National Consensus Project Guidelines spiritual domain</th>
<th>National Quality Forum preferred practices</th>
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<tbody>
<tr>
<td>Guideline 5.1 Spiritual and existential dimensions are assessed and responded to based upon the best available evidence, which is skillfully and systematically applied. Criteria:</td>
<td></td>
</tr>
<tr>
<td>• The interdisciplinary team includes professionals with skill in assessment of and response to the spiritual and existential issues common to both pediatric and adult patients with life-threatening illnesses and conditions, and their families. These professionals should have education and appropriate training in pastoral care and the spiritual issues evoked by patients and families faced with life-threatening illness.</td>
<td></td>
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<tr>
<td>• The regular assessment of spiritual and existential concerns is documented. This includes, but is not limited to, life review, assessment of hopes and fears, meaning, purpose, beliefs about afterlife, guilt, forgiveness, and life completion tasks.</td>
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<tr>
<td>• Whenever possible a standardized instrument should be used to assess and identify religious or spiritual/existental background, preferences, and related beliefs, rituals, and practices of the patient and family.</td>
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<td>• Periodic reevaluation of the impact of spiritual/existental interventions and patient-family preferences should occur with regularity and be documented. Spiritual/existental care needs, goals, and concerns are addressed and documented, and support is offered for issues of life completion in a manner consistent with the individual’s and family’s cultural and religious values.</td>
<td></td>
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<tr>
<td>• Pastoral care and other palliative care professionals facilitate contacts with spiritual/religious communities, groups or individuals, as desired by the patient and/or family. Of primary importance is that patients have access to clergy in their own religious traditions.</td>
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<tr>
<td>• Professional and institutional use of religious/spiritual symbols is sensitive to cultural and religious diversity.</td>
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<tr>
<td>• The patient and family are encouraged to display their own religious/spiritual or cultural symbols.</td>
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<tr>
<td>• The palliative care service facilitates religious or spiritual rituals or practices as desired by patient and family, especially at the time of death.</td>
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<tr>
<td>• Referrals to professionals with specialized knowledge or skills in spiritual and existential issues are made when appropriate.</td>
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<tr>
<td>DOMAIN 5. SPIRITUAL, RELIGIOUS, AND EXISTENTIAL ASPECTS OF CARE</td>
<td></td>
</tr>
<tr>
<td>PREFERRED PRACTICE 20</td>
<td></td>
</tr>
<tr>
<td>Develop and document a plan based on assessment of religious, spiritual, and existential concerns using a structured instrument and integrate the information obtained from the assessment into the palliative care plan.</td>
<td></td>
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<tr>
<td>PREFERRED PRACTICE 21</td>
<td></td>
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<tr>
<td>Provide information about the availability of spiritual care services and make spiritual care available either through organizational spiritual counseling or through the patient’s own clergy relationships.</td>
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<tr>
<td>PREFERRED PRACTICE 22</td>
<td></td>
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<tr>
<td>Specialized palliative and hospice care teams should include spiritual care professionals appropriately trained and certified in palliative care.</td>
<td></td>
</tr>
<tr>
<td>PREFERRED PRACTICE 23</td>
<td></td>
</tr>
<tr>
<td>Specialized palliative and hospice spiritual care professionals should build partnerships with community clergy and provide education and counseling related to end-of-life care.</td>
<td></td>
</tr>
</tbody>
</table>
### Table 2. Consensus Conference Leaders and Participants

#### The Project Team

<table>
<thead>
<tr>
<th>City of Hope National Medical Center, Duarte, CA</th>
<th>Shirley Otis-Green, M.S.W., L.C.S.W., A.C.S.W., O.S.W.-C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty R. Ferrell, Ph.D., FAAN, M.A., FPCN</td>
<td>Senior Research Specialist</td>
</tr>
<tr>
<td>Principal Investigator</td>
<td></td>
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<tr>
<td>Research Scientist</td>
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<tr>
<td>Rose Virani, R.N.C., M.H.A., O.C.N., FPCN</td>
<td>Rev. Pam Baird</td>
</tr>
<tr>
<td>Project Director</td>
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<td>Senior Research Specialist</td>
<td></td>
</tr>
<tr>
<td>Rev. Cassie McCarty, M.Div., B.C.C.</td>
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<tr>
<td>Spiritual Care Consultant</td>
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<tr>
<td>Andrea Garcia, B.A.</td>
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<tr>
<td>Project Coordinator</td>
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<tbody>
<tr>
<td>Christina Puchalski, M.D., M.S., FACP</td>
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</tr>
<tr>
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<tr>
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<td>Associate Director</td>
</tr>
<tr>
<td>Executive Director</td>
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<tr>
<td>Mikhail Kogan, M.D.</td>
<td></td>
</tr>
<tr>
<td>Coeditor, The Spirituality and Health Online Education and Resource Center (SOERCE)</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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| Elder Health Care of Volusia                                                                   | H. Lee Moffitt Cancer Center & Research Institute |
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| Senior Research Specialist                                                                     | Professor and Chief of Psychiatry Service |
| City of Hope                                                                                  | Memorial Sloan-Kettering Cancer Center |
| Duarte, CA                                                                                     | New York, NY               |

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<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Position</th>
<th>Organization</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katherine Brown-Saltzman, R.N., M.A.</td>
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<tr>
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<td>Los Angeles, CA</td>
</tr>
</tbody>
</table>

(continued)
Spiritual care models offer a framework for health care professionals to connect with their patients; listen to their fears, dreams, and pain; collaborate with their patients as partners in their care; and provide, through the therapeutic relationship, an opportunity for healing. Healing is distinguished from cure in this context. It refers to the ability of a person to find salve, comfort, connection, meaning, and purpose in the midst of suffering, disarray, and pain. The care is rooted in spirituality using compassion, hopefulness, and the recognition that, although a person’s life may be limited or no longer socially productive, it remains full of possibility.27

Contemporary scientific healing retains the same formal structure that informed prescientific cultures—healing is still about the restoration of right relationships. Illness disturbs more than relationships inside the human organism; it disrupts families and workplaces, shatters preexisting patterns of coping, and raises questions about one’s relationship with the significant or the sacred.29 According to the biopsychosocial–spiritual model, everyone has a spiritual history. For many people, this spiritual history unfolds within the context of an explicit religious tradition; for others it unfolds as a set of philosophical principles or significant experiences. Regardless, this spiritual history helps shape who each patient is as a whole person. When life-threatening illness strikes, it strikes each person in his or her totality.35 This totality includes not simply the biologic, psychological, and social aspects of the person,36 but also the spiritual aspects as well.37,38 The biologic, psychological, social, and spiritual are distinct dimensions of each person. No one aspect can be disaggregated from the whole. Each aspect can be affected differently by a person’s history and illness and each aspect can interact and affect other aspects of the person.

Interprofessional spiritual care model

The spiritual care model that underpinned the work of the Consensus Conference is a relational model in which the patient and clinicians work together in a process of discovery, collaborative dialogue, treatment and ongoing evaluation, and follow-up. The model, developed prior to the conference and then presented and discussed at the conference and subsequently modified, is different for inpatient (Fig. 2) and outpatient (Fig. 3) settings but the overall goals are similar. All parties in the spiritual care model have the potential for being transformed by interaction with one another. Based on examples in the literature39–41 and the input from consensus participants and advisors, a model was developed for implementing spiritual care. Health care professionals should...
take an appropriate spiritual history from the patient upon admission to the clinical setting. Based on information from the spiritual history, clinicians can identify the presence of a spiritual issue (including spiritual distress or spiritual resources of strength) and make the appropriate referrals to chaplains in the inpatient setting or to other appropriate spiritual care providers in an outpatient setting. Clinicians should distinguish when the patient presents with emotional or psychosocial issues, spiritual issues, or both and make the appropriate referral. This model is based on a generalist–specialist model of care in which board-certified chaplains are considered the trained spiritual care specialists. These board-certified chaplains serve as a resource to identify other spiritual care providers who might be appropriate for the patient.

**Recommendations**

1. Spiritual care should be integral to any compassionate and patient-centered health care system model of care.
2. Spiritual care models should be based on honoring the dignity of all people and on providing compassionate care.
3. Spiritual distress or religious struggle should be treated with the same intent and urgency as treatment for pain or any other medical or social problem.
4. Spirituality should be considered a patient vital sign. Just as pain is screened routinely, so should spiritual issues be a part of routine care. Institutional policies for spiritual history and screening must be integrated into intake policies and ongoing assessment of care.
5. Spiritual care models should be interdisciplinary and clinical settings should have a Clinical Pastoral Education-trained board-certified chaplain as part of the interprofessional team.

**Spiritual Assessment of Patients and Families**

Failure to assess spiritual needs may potentially neglect an important patient need; it also fails to consider patients as whole persons. Communication with patients and families about spiritual issues ranges from preliminary screening in order to identify potential spiritual issues to a spiritual history taken by trained health care providers to a spiritual assessment by a board-certified chaplain.\(^42,43\)

**Spiritual screening**

Spiritual screening or triage is a quick determination of whether a person is experiencing a serious spiritual crisis and therefore needs an immediate referral to a board-certified chaplain. Spiritual screening helps identify which patients may benefit from an in-depth spiritual assessment. Good models of spiritual screening use a few simple questions that can be asked in the course of an overall patient and family screening. Examples of such questions include, “Are spirituality or religion...
FIG. 2. Outpatient spiritual care implementation model.

important in your life?” and “How well are those resources working for you at this time?”

**Spiritual history**

Spiritual history-taking is the process of interviewing a patient in order to come to a better understanding of their spiritual needs and resources. A spiritual history can be integrated into existing formats such as the social history section of the clinical database. Compared to screening, history-taking uses a broader set of questions to capture salient information about needs, hopes, and resources. The history questions are asked in the context of a comprehensive examination by the clinician who is responsible for providing direct care or referrals to specialists. The information from the history permits the clinician to understand how spiritual concerns could either complement or complicate the patient’s overall care. It also allows the clinician to incorporate spiritual care into the patient’s overall care plan. Unlike spiritual screening, which requires only brief training, those doing a spiritual history should have some education in and comfort with issues that may emerge and knowledge of how to engage patients comfortably in this discussion.

The goals of the spiritual history are to

- Invite all patients to share spiritual and religious beliefs, and to define what spirituality is for them and their spiritual goals.
- Learn about the patient’s beliefs and values.
- Assess for spiritual distress (meaninglessness, hopelessness) as well as for sources of spiritual strength (hope, meaning, and purpose).
- Provide an opportunity for compassionate care.
- Empower the patient to find inner resources of healing and acceptance.
- Identify spiritual and religious beliefs that might affect the patient’s health care decision-making.
- Identify spiritual practices that might be helpful in the treatment or care plan.
- Identify patients who need referral to a board-certified chaplain or other equivalently prepared spiritual care provider.

There are clinical history tools available that can be used to collect and document clinical information. Several tools have been developed for this purpose including FICA (Faith/Beliefs, Importance, Community, Address in care or action), SPIRIT (Spiritual belief system, Personal Spirituality, Integration, Rituals/restrictions, Implications, and Terminal events), HOPE (Hope, Organized religion, Personal spirituality, Effects of care and decisions), and Domains of Spirituality (developed for use by social workers). Generally, these tools include more objective data (e.g., religious affiliation, spiritual practices) while touching upon deeper and more subjective spiritual aspects (e.g., meaning, importance of belief, sources of hope).

**Spiritual assessment**

Formal spiritual assessment refers to a more extensive process of active listening to a patient’s story conducted by a board-certified chaplain that summarizes the needs and resources that emerge in that process. The chaplain’s summary should include a spiritual care plan with expected outcomes that is then communicated to the rest of the treatment team. Unlike history-taking, the major models for spiritual assessment are not built on a set of questions that can be used in an interview. Rather, the models are interpretive frameworks that are based on listening to the patient’s story as it unfolds. Because of the complex nature of these assessments and the special clinical training necessary to engage in them, this assessment should be done only by a board-certified chaplain or an equivalently prepared spiritual care provider.

When each level of evaluation occurs depends on the setting and who is asking the questions. In hospitals, nursing homes, or hospices, spiritual screening should be done by the nurse or social worker upon triage or admission in order to assess for spiritual emergencies that may require immediate intervention. In outpatient settings, a spiritual screening might not take place as an event separate from the clinical encounter. Rather, if the patient comes to the physician’s office in distress, a spiritual screening might be done as part of the initial conversation with the physician, advanced practice nurse, or physician assistant. A spiritual history could be done by the physician, nurse, social worker, or other clinician responsible for developing and assessment and treatment plan. The spiritual assessment would be done by a board-certified chaplain.

**Recommendations**

1. All patients should receive a simple and time-efficient spiritual screening at the point of entry into the health care system and appropriate referrals as needed.
2. Health care providers should adopt and implement structured assessment tools to facilitate documentation of needs and evaluation of outcomes of treatment.
3. All staff members should be vigilant, sensitive, and trained to recognize spiritual distress.
4. All health care professionals should be trained in doing a spiritual screening or history as part of their routine history and evaluation; unlicensed staff members should report all witnessed pain or spiritual distress.
5. Formal spiritual assessments should be made by a board-certified chaplain who should document their assessment and communicate with the referring provider about their assessment and the plans of care.
6. Spiritual screenings, histories, and assessments should be communicated and documented in patient records (e.g., charts, computerized databases, and shared during interprofessional rounds). Documentation should be placed in a centralized location for use by all clinicians. If a computerized patient database is available, spiritual histories and assessments should be included.
7. Follow-up spiritual histories or assessments should be conducted for all patients whose medical, psychosocial, or spiritual condition changes and as part of routine follow-up in a medical history.
8. The chaplain should respond within 24 hours to a referral for spiritual assessment.

**Formulation of a Spiritual Treatment Plan**

**Integrating spiritual issues into the treatment plan**

Health care professionals determine how to integrate information from the spiritual assessment into the patient’s
overall treatment plan. Using the language consistent with practice in most health care settings, this includes identifying or diagnosing the spiritual problems/needs; identifying spiritual goals (if appropriate); and determining, implementing, and evaluating the appropriate spiritual interventions (Tables 3 and 4). Health care professionals involved in assessing and referring patients should identify spiritual issues or make spiritual diagnoses if applicable. Some spiritual diagnosis labels currently exist but these may be limited in scope (e.g., to patients with cancer) and also are not presently used for reimbursement. Thus a clinician may identify a spiritual issue or a patient’s sources of strength or the clinician may identify a spiritual diagnosis. In general a spiritual issue becomes a diagnosis if the following criteria are met:

1. The spiritual issue leads to distress or suffering (e.g., lack of meaning, conflicted religious beliefs, inability to forgive).
2. The spiritual issue is the cause of a psychological or physical diagnosis such as depression, anxiety, or acute or chronic pain (e.g., severe meaninglessness that leads to depression or suicidality, guilt that leads to chronic physical pain).
3. The spiritual issue is a secondary cause or affects the presenting psychological or physical diagnosis (e.g., hypertension is difficult to control because the patient refuses to take medications because of his or her religious beliefs).

If there is an interprofessional team involved then a board-certified chaplain, as the expert in spiritual care, provides the input and guidance as to the diagnosis and treatment plan with respect to spirituality. In situations where there is no interprofessional team, health care professionals identify the issues or make the diagnoses and develop the treatment plan. These clinicians are responsible for referring complex spiritual issues to a board-certified chaplain. For simple issues, such as a patient wanting to learn about yoga, meditation, or art or music therapy, the health care professional can make the appropriate referral or implement a course of action. For

<table>
<thead>
<tr>
<th>Diagnoses (Primary)</th>
<th>Key feature from history</th>
<th>Example statements</th>
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<tr>
<td>Existential concerns</td>
<td>Lack of meaning</td>
<td>“My life is meaningless.”</td>
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<tr>
<td></td>
<td>Questions meaning about one’s own existence</td>
<td>“I feel useless.”</td>
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<td></td>
<td>Concern about afterlife</td>
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<td></td>
<td>Questions the meaning of suffering</td>
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<td></td>
<td>Seeks spiritual assistance</td>
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<td>Abandonment by God or others</td>
<td>Lack of love, loneliness</td>
<td>“God has abandoned me.”</td>
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<tr>
<td></td>
<td>Not being remembered</td>
<td>“No one comes by anymore.”</td>
</tr>
<tr>
<td></td>
<td>No sense of Relatedness</td>
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<td>Anger at God or others</td>
<td>Displaces anger toward religious representatives</td>
<td>“Why would God take my child... it’s not fair.”</td>
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<tr>
<td></td>
<td>Inability to forgive</td>
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<td>Concerns about relationship with deity</td>
<td>Desires closeness to God, deepening relationship</td>
<td>“I want to have a deeper relationship with God.”</td>
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<td>Conflicted or challenged belief systems</td>
<td>Verbalizes inner conflicts or questions about beliefs or faith</td>
<td>“I am not sure if God is with me anymore.”</td>
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<td>Conflicts between religious beliefs and recommended treatments</td>
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<td></td>
<td>Questions moral or ethical implications of therapeutic regimen</td>
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<td>Expresses concern with life/death or belief system</td>
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<td>Despair/Hopelessness</td>
<td>Hopelessness about future health, life</td>
<td>“Life is being cut short.”</td>
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<td></td>
<td>Despair as absolute hopelessness</td>
<td>“There is nothing left for me to live for.”</td>
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<td>Grief/loss</td>
<td>The feeling and process associated with the loss of a person, health, relationship</td>
<td>“I miss my loved one so much.”</td>
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<tr>
<td>Guilt/shame</td>
<td>Feeling that one has done something wrong or evil</td>
<td>“I do not deserve to die pain-free.”</td>
</tr>
<tr>
<td></td>
<td>Feeling that one is bad or evil</td>
<td></td>
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<tr>
<td>Reconciliation</td>
<td>Need for forgiveness or reconciliation from self or others</td>
<td>“I need to be forgiven for what I did.”</td>
</tr>
<tr>
<td></td>
<td>“I would like my wife to forgive me.”</td>
<td></td>
</tr>
<tr>
<td>Isolation</td>
<td>Separated from religious community or other</td>
<td>“Since moving to the assisted living I am not able to go to my church anymore.”</td>
</tr>
<tr>
<td></td>
<td>“I just can’t pray anymore.”</td>
<td></td>
</tr>
<tr>
<td>Religious-specific</td>
<td>Ritual needs</td>
<td></td>
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<tr>
<td></td>
<td>Unable to perform usual religious practices</td>
<td></td>
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<tr>
<td></td>
<td>Loss of faith or meaning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Religious or spiritual beliefs or community not helping with coping</td>
<td>“What if all that I believe is not true.”</td>
</tr>
</tbody>
</table>

Table 3. Spiritual Concerns
the more complex spiritual issues, referral to a board-certified chaplain or other spiritual care provider is critical. Use of decision tree algorithms may facilitate the care process. Figure 4 is an example of one such algorithm.

Several surveys have demonstrated that some patients would like to be able to pray with their physicians and nurses. A survey conducted by Stanford University Medical Center, ABC News, and USA Today in 2005 reported that prayer is the second most commonly used method that hospitalized patients rely upon for pain control, after opioid analgesics. Astrow and Lo have developed guidelines for praying with patients that could be adapted a priori. Regardless, prayer requests from patients should be handled sensitively and compassionately.

Tables 5 and 6 are examples of how spiritual care can be incorporated into a treatment plan. These plans should include input from the interprofessional team and be updated on a regular basis based on appropriate follow-up and re-evaluation.

**Evaluation and follow-up**

NCP Guidelines call for periodic reevaluation of the impact of spiritual/existential interventions and patient and family preferences. Any time a diagnosis of a spiritual nature is made or a need is identified, whether related to pain, nutrition or a psychosocial or spiritual distress, it is of utmost importance to determine the impact of the interventions and adjust the plan of care as needed.

**Documentation**

Documenting the provision of spiritual care allows for communication about the intervention and the corresponding desired outcomes. Documentation should occur in the social history section of the intake history and physical of the patient’s chart, as well as in the daily progress notes as applicable. Documentation of the intervention showing its value and effectiveness is key to quality care and provides knowledge to other members of the interprofessional team who share in the care of the patient. Health care professionals could consider documenting spiritual issues as part of a comprehensive biopsychosocial-spiritual assessment and plan. Sound clinical judgment should govern how much detail is provided in the documentation. Private content or information offered in confidence should be documented only to the extent that it directly affects the patient’s clinical care of patients and is critical for other members of the interprofessional team to know.

**Recommendations**

1. Screen and assess every patient’s spiritual symptoms, values, and beliefs and integrate them into the plan of care.
2. All trained health care professionals should do spiritual screening and history-taking. These caregivers should also identify any spiritual diagnoses and develop a plan of care. Detailed assessment and complex diagnosis and treatment are the purview of the board-certified chaplains working with the interprofessional team as the spiritual care experts.
3. Currently available diagnostic labels (e.g., National Comprehensive Cancer Network [NCCN] Distress Management guidelines, Diagnostic and Statistical Manual [DSM] code V62.89, NANDA nursing diagnoses) can be used, but further work is needed to develop more comprehensive diagnostic codes for spiritual problems.
4. Treatment plans should include but not be limited to: a. Referral to chaplains, spiritual directors, pastoral counselors, and other spiritual care providers including clergy or faith-community healers for spiritual counseling.
b. Development of spiritual goals

c. Meaning-oriented therapy

d. Mind–body interventions

e. Rituals, spiritual practices

f. Contemplative interventions

5. Patients should be encouraged and supported in the expression of their spiritual needs and beliefs as they desire and this should be integrated into the treatment or care plan and reassessed periodically. Written material regarding spiritual care, including a description of the role of chaplains should be made available to patients and families. Family and patient requests specifically related to desired rituals at any point in their care and particularly at the time of death should be honored.

6. Board-certified chaplains should function as spiritual care coordinators and help facilitate appropriate referrals to other spiritual care providers or spiritual therapies (e.g., meditation training) as needed.

7. Spiritual support resources from the patient’s own spiritual/religious community should be noted in the chart.
8. Follow-up evaluations should be done regularly, especially when there is a change in status or level of care, or when a new diagnosis or prognosis is determined.

9. Treatment algorithms can be useful adjuncts to determine appropriate interventions.

10. The discharge plan of care should include all dimensions of care, including spiritual needs.

11. Spiritual care must extend to bereavement care. Palliative care programs should institute processes to ensure that systematic bereavement support is provided. Referral to bereavement counselors or services should be available as appropriate for loved ones and families after the death of the patient. Structured bereavement assessment tools should be used to identify needs for support and those at greatest risk for complicated grief.

12. Health care professionals should establish procedures for contact with family or loved ones following the death of a patient. This may include sending condolences, attending funerals, holding memorial services, or other rituals to offer support to and connection with the family.

**Interprofessional Considerations: Roles and Team Functioning**

Collaboration among the members of interprofessional teams has become a central component in health care delivery.

### Table 5. Case Example: Assessment and Treatment Plan

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Assessment</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Well-controlled pain</td>
<td>Continue current medication regimen.</td>
</tr>
<tr>
<td></td>
<td>Nausea and vomiting, likely secondary to partial small bowel obstruction.</td>
<td>Evaluate treatment options to relieve nausea associated with bowel obstruction.</td>
</tr>
<tr>
<td>Emotional</td>
<td>Anxiety about dyspnea that may be associated with dying</td>
<td>Refer to counselor for anxiety management and exploration of issues about fear of dying.</td>
</tr>
<tr>
<td></td>
<td>Anxiety affecting sleep at night</td>
<td>Consult with palliative care service for treatment of dyspnea and anxiety.</td>
</tr>
<tr>
<td>Social</td>
<td>Unresolved issues with family members as well as questions about funeral planning and costs</td>
<td>Refer to social worker for possible family intervention as well as assistance with end-of-life planning.</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Expresses fear about dying; seeks forgiveness from son for being a “distant dad.”</td>
<td>Refer to chaplain for spiritual counseling, consider forgiveness intervention, encourage discussion about fear of death.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue presence and support.</td>
</tr>
</tbody>
</table>

### Table 6. Case Example: Discharge Plan

<table>
<thead>
<tr>
<th>Domain</th>
<th>Problem</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Status post-hip fracture</td>
<td>Physical and occupational therapy</td>
</tr>
<tr>
<td></td>
<td>Ensure adequate pain management</td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>Anxious about not being able to work; has panic attacks at night</td>
<td>Evaluate options to treat anxiety and sleeplessness</td>
</tr>
<tr>
<td>Social</td>
<td>Isolation in new facility</td>
<td>Counseling with social worker</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Isolation from church community; desires deepening of her relationship with God</td>
<td>Encourage family to visit at new facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Contact rehabilitation facility to get information regarding activities, volunteers, support available</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer to chaplain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Refer to spiritual director once discharged from rehabilitation facility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide list of meditation centers and teachers in patient’s community or refer to social work for basic instruction</td>
</tr>
</tbody>
</table>

member of any team must be aware of and respect the professional ethics of other team members. Any team member who cooperates in, or fails to object to, any harmful act is a moral accomplice. Team dynamics can also raise ethical issues. In the interest of harmony, team members can become too compliant or be too eager to be seen as “good team-players.” It is important that all members of the interprofessional team be respected and valued as integral participants in the care of the patient. Finally, patients and family members also have roles to play as members of the palliative care team.

**Interprofessional communication/confidentiality and spiritual care**

Communication is a critical element of interprofessional care. Whether in the hospice, hospital, outpatient, or long-term care setting, interprofessional rounds may offer the best way to optimize communication. Documentation in the patient record is essential to communicate spiritual concerns. Practice principles are important to foster interprofessional collaborative spiritual care (Table 7).

**Interprofessional functioning in the outpatient setting**

Incorporation of a full interprofessional team in the outpatient setting may present challenges. There are no generally accepted guidelines or practices for spiritual care in this arena.

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**Table 7. Guide for Interprofessional Collaborative Spiritual Care**

<table>
<thead>
<tr>
<th>Preamble: The goal of this guide is to promote meaningful, compassionate care that addresses the spiritual dimension of an individual. The spiritual dimension is an essential part of the individual’s personal striving for health, wholeness, and meaningful life. Each person’s definition of spirituality is individualized and may or may not include a religious preference. This is a guide to the ways in which health care professionals can honor, integrate, and bring to light the spiritual underpinnings of a wide variety of professional ethical codes for a mutual goal of achieving the highest possible level of health and healing for all.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collaborators:</strong> Patients, families, and a variety of health and spiritual care professionals: such as health care chaplains/clergypersons/spiritual and religious leaders, culturally based healers, mind-body practitioners, nurses, physicians, psychologists, public health researchers, social workers, and community health educators.</td>
</tr>
<tr>
<td><strong>Shared Values:</strong> Autonomy, compassion, competence, confidentiality, courage, dignity, equality, generosity, humility, integrity, justice, respect, reverence, trust, and worth.</td>
</tr>
</tbody>
</table>

This guide affirms the following for health care professionals in the provision of spiritual care:

1. Recognize spirituality as an integral component to the human experience of illness, healing, and health.
2. Perform spiritual inquiry in a patient-centered, confidential, and respectful manner.
3. Elicit the patient’s ongoing spiritual concerns/issues/needs.
4. Be sensitive to the ways in which a patient describes spiritual beliefs, practices, values, meaning, and relationships.
5. Respect patient autonomy to address or not address spirituality.
6. Practice spiritual self-care as a provider of spiritual care.
7. Collaborate with qualified interdisciplinary professionals.
8. Provide competent and compassionate spiritual care.
9. Work in partnership in the study, application, and advancement of scientific knowledge regarding spirituality and health care.
10. Perform only those services for which one is qualified, observe all laws, and uphold the dignity and honor of one’s profession.

Prepared as the final class project, for Practical Tools in Spiritual Care, a course in the Online Graduate Certificate Program in Spirituality and Health, George Washington University and George Washington University Institute for Spirituality and Health, 2008, D. Kreslins, S. Alvarez-Baez, M. Hardee, M. McCahill, L.J. Peterson; C. Puchalski, M.D., Course Director.
It is easy to assume that patients or family member who desire spiritual care or who would find it useful have access to spiritual or religious resources and a community to provide for that need. However, Balboni\textsuperscript{9} found that 49\% of patients with advanced cancer were not finding their religious and spiritual needs met by their faith communities.

It is often the case that the patients and caregivers in outpatient settings will not have a regular chaplain available to them. The Joint Commission\textsuperscript{57} only requires that accredited institutions “accommodate” spiritual and religious needs. There is no requirement that a chaplain or spiritual care provider of any kind be available. Many hospitals and long-term care facilities provide for spiritual needs with volunteer community clergy or religious leaders. As more and more health care is shifted to the outpatient setting because of economics and as burdens on the health care system increase, opportunities to provide spiritual care to patients and families will increase and may also set the stage for requiring board-certified chaplains or equivalently prepared spiritual care providers in the outpatient setting.

Community spiritual leaders: Members of the team at large

In addition to social workers, chaplains, physicians, and nurses, there are other spiritual professionals who can participate as part of the larger palliative care team. These include community clergy, religious leaders, community elders, spiritual directors, pastoral counselors, parish nurses, lay religious professionals, culturally-based healers, and other spiritual care providers of diverse religious, spiritual, and culturally diverse backgrounds including humanistic nonreligious leaders.

When building relationships with community religious or spiritual care providers, it is important for the interprofessional health care team to determine what training the person has, since this can vary widely. It is also important to determine the person’s beliefs about how medical decisions should be made and how end-of-life care should proceed, especially with regard to the use of pain medicines and life-sustaining treatments.

Recommendations

1. Policies about effective and appropriate communication channels between health care professionals and spiritual care professionals in a variety of health care settings are needed.
2. Policies should be developed by clinical sites to facilitate networking, communication, and coordination among spiritual care providers. Board-certified chaplains can function as spiritual care coordinators to facilitate this communication.
3. Health care professionals should work to create healing environments in their workplace.
4. Respect for the dignity of all health care professionals should be reflected in policies (e.g., a hospital code of ethics could include respect for fellow workers and treating all with compassion).
5. Spiritual care providers should document their assessment of patient needs in the patient record and contribute to the treatment plans as appropriate as part of interprofessional communication and collaboration.

6. Given the significant shift in health care to outpatient settings, there is a need for board-certified chaplains in these areas. Initial screening and some treatment of spiritual issues may be done by health care professionals such as physicians, counselors, parish nurses, and social workers. More complex spiritual issues need to be attended to by a board-certified chaplain or equivalently prepared spiritual care provider.

7. Activities and programs to enhance team spirit and system-wide compassion and respect can be introduced into the workplace. These can include retreats, opportunities for reflection, team-building experiences, and service recognition awards for compassionate care.

Training and Certification

Since 2000 there has been a significant increase in formal education in spirituality and health in the health care professions. Over 85\% of medical and osteopathic schools have topics related to spirituality integrated into the curriculum.\textsuperscript{25} Nursing has integrated spirituality into baccalaureate education.\textsuperscript{58,59} Social work programs have spirituality integrated into their undergraduate and masters program.\textsuperscript{60} The Marie Curie Cancer Centre in London has developed a set of competencies for health care providers for spiritual care.\textsuperscript{61}

Chaplains (whether ordained, commissioned, or otherwise set aside by their religious-tradition community) are identified leaders who have acquired an extended education in pastoral care. All board-certified chaplains have at least 1600 hours of clinical pastoral education. Clinical Pastoral Education (CPE) is interfaith professional education for ministry. It brings theological students and ministers of all faiths (pastors, priests, rabbis, imams, and others) into supervised encounters with persons in crisis. At the conclusion of this course of study CPE students are considered competent in pastoral formation and providing spiritual support to people of diverse spiritual, religious, and cultural backgrounds. In North America, chaplains can receive certification from a number of the national organizations that are accredited by the COMMISSION Network Commission on Accreditation of Pastoral Services.\textsuperscript{62} They include the following:

- Association of Professional Chaplains (approximately 3700 members).
- The Canadian Association for Pastoral Practice and Education (approximately 1000 members).
- National Association of Catholic Chaplains (approximately 4000 members).
- National Association of Jewish Chaplains (approximately 400 members).

In addition to spiritual care training, there also needs to be palliative care training for all disciplines including chaplains. Palliative care education is increasing in the clinical disciplines but there is still an increased need for this education. Since 1990 these educational initiatives as well as research have given rise to the field of spirituality and health. While there have been significant advances, there is still a need for increased and more formalized training in spirituality and health in undergraduate health care professions curricula, as well as graduate, postgraduate, and continuing education.
Chaplains have certification in spiritual care; it would be important to also have accountability measures for health care professionals involved in spiritual care based on their professional education.

**Recommendations**

1. All members of the palliative care team should be trained in spiritual care. This training should be required as part of continuing education for all clinicians. At a minimum, content of these educational programs should include:
   a. All team members should have training in spiritual care commensurate with their scope of practice in regard to the spiritual care model. Health care professionals should be trained in doing a spiritual screening or history.
   b. Health care professionals who care for patients are involved in diagnosis and treatment of clinical problems, and are involved in referring patients to specialists or resources should know the basics of spiritual diagnosis and treatment.
   c. All team members should have knowledge of the options for addressing patients’ spirituality, including spiritual resources and information.
   d. Health care professionals should be trained in the tenets of different faiths and in different cultures in order to provide culturally and spiritually competent care.
   e. As part of their training in cultural competency, all team members should have a broad minimum level of training in the spiritual/religious values and beliefs that may influence patient and family decisions regarding life-sustaining treatment and palliative care.
   f. All team members should be aware of the training and differences in spiritual care providers and know when to refer to each.
   g. All team members should have training in compassionate presence and active listening, and practice these competencies as part of the interprofessional team.

2. Team members should have training in self-care, self-reflection, contemplative practice, and spiritual self-care.

3. Health care systems should offer time for professional development of staff with regard to spiritual care and develop accountability measures in spiritual care for the interprofessional team.

4. Board-certified chaplains can provide spiritual care education and support for the interprofessional team members.

5. Clinical sites should offer education for community clergy members and spiritual care providers about end-of-life care, procedures in health care facilities, palliative care, patient confidentiality, self-care, and how to support health care professionals in their professional development. Education for seminary students regarding end-of-life care can be facilitated by collaborating with seminary accreditation organizations.

6. Development of chaplain certification and training in palliative care is needed.

7. Profession-specific (e.g., medicine, nursing, social work, psychology) competencies and training in spiritual care should be developed.

8. Spiritual education models should be interdisciplinary. Examples of educational programs that could be utilized include those from the Marie Curie Cancer Center in London and the George Washington Institute for Spirituality and Health in Washington, D.C.

**Personal and Professional Development**

Spiritual care emphasizes the importance of relationships, therefore, health care is an inherently spiritual profession. Inherent to the proposed spiritual care model is the transformation that occurs when a health care professional and a patient interact in a professional relationship. Caring for people who suffer opens up the possibility of personal transformation for the health care professional. To be open to that, the professional must have an awareness of the spiritual dimensions of their own lives and then be supported in the practice of compassionate presence with patients through a reflective process.

When considering professional development and spiritual formation, health care providers must overcome barriers to the idea of health care as a spiritual undertaking. Health care providers form deeper and more meaningful connections with the patients by developing an awareness of their own values, beliefs, and attitudes, particularly regarding their own mortality. Many physicians and nurses speak of their own spiritual practices and how those practices help them deliver good spiritual care, which, in turn, helps in their ability to deliver good physical and psychosocial care to the seriously ill and dying patients. Reflective work is required in order to gain insight into one’s own sense of spirituality, meaning, and professional calling in order to have the capacity to provide compassionate and skillful care. By being attentive to one’s own spirituality and especially to one’s sense of call to service to others, the health care professional may be able to find more meaning in his or her work and hence cope better with the stresses.

**Ethical considerations**

While advocating for the health care professional’s attention to the spiritual needs of patients, it is recognized that certain special characteristics of the relationship between the health care professional and the patient help to shape how this is carried out in practice. The first important characteristic to note is the marked power imbalance between the professional and the patient. The sick, and especially those who are dying, often feel they have little control over their lives. All the power and control is perceived as belonging to the health care professional who must never exploit a patient’s weakness or vulnerability. Health care professionals have a profound moral obligation to be trustworthy and to use their power in the interests of their patients.

Second, there is a deep sense of intimacy regarding the spiritual aspects of a person’s life. The one granted such access must exercise care, restraint, and confidentiality. Finally, it is important to recognize that while spiritual concerns can assume a particular importance at the end of life, attention to the spiritual needs of patients is not something to be reserved
only for patients approaching death. Consistent with the philosophy of the NCP Guidelines and NQF Preferred Practices, palliative care is appropriate regardless of disease status, can begin at the time of early diagnosis, and attention to spiritual needs should be integrated across the trajectory of illness.

**Boundaries.** In order to ensure appropriate therapeutic relationships with patients and families, boundaries need to be recognized for the benefit of all concerned. Boundaries are mutually understood, unspoken physical, emotional, social, and spiritual limits for the health care professional and patient. The health care professional-patient relationship is often a one-way relationship that lacks equality and reciprocity. Boundaries allow for compassionate presence in the healing encounter. Health care professionals are more vulnerable to crossing these boundaries when they are overworked, stressed, or have experienced chronic losses or grief. Thus, it is critical that institutions and individual professionals make opportunities for appropriate self-care and reflection to avoid these risks.

**Prohibition on Proselytizing in the Clinical Setting.** Some clinicians may be motivated to proselytize by virtue of a zealous devotion to their own faith or spiritual commitments. A health care professional is never justified advising patients to "get religion" even if his or her intent is beneficial. Proselytizing within the clinical relationship is a violation of the trust the patient has given to the health care professional and inappropriate in the context of the professional relationship between the patient and the clinician.

Importantly, the prohibition on proselytizing should not be construed as a prohibition on asking patients about their spiritual or religious beliefs and practices. Skillful spiritual screening, history-taking, and assessments should not be threatening to patients or specific to one denomination, faith tradition, or philosophical orientation. Encounters regarding spirituality should not imply a particular answer that the patient can presume the health care professional considers "correct" but rather should open a dialogue that can be tailored to the specific needs of the individual patient.

**Recommendations**

1. Health care settings should support and encourage the health care professional’s attention to self-care, reflection, retreat, and attention to stress management.
   a. The role of spirituality in the health care professional’s health, well-being, and resiliency to stress, as well as their ability to be compassionate, should be included in training and orientation for new staff members.
   b. Reflective processes should be integrated into regular staff meetings and educational programs using rituals and care resources used for patients.
   c. Environmental aesthetics should encourage reflection and foster self-nurturing behaviors.

2. Professional development should address spiritual development especially as it relates to the health care professional’s sense of calling to their profession, the basis of relationship-centered care, and provision of compassionate care.
   a. Provide staff with the resources for basic spiritual care and for addressing spiritual and cultural issues of patients recognizing how the clinician’s own spiritual and cultural background may influence how they provide care.
   b. Integrate spirituality and self-care concepts into each profession’s curriculum and continuing education programs.
   c. Provide opportunities and resources for health care professionals in their life-long professional and spiritual growth within the clinical context, recognizing that intimate professional relationships can be transformational for health care professionals and patients.

3. The interprofessional team should be encouraged and given time for regular and ongoing self-examination (e.g., providing a safe, confidential space for compassionate listening at the work site, offering opportunities for off-site retreats, providing resources for referrals [spiritual directors, therapists] as needed).

4. Health care settings should provide opportunities to develop and sustain healthy teams and a sense of connectedness and community. Opportunities may include:
   a. Structured interprofessional teams that honor the voice of all members and value a sense of mutual support.
   b. Ritual and reflections in team meetings.
   c. Provision of onsite staff support for team-building.

5. Institutions should provide opportunities for the interprofessional team to discuss ethical issues as they arise.
   a. Health care professionals must be reminded and cautioned regarding the power imbalances that characterize the health care environment. Spirituality should be defined broadly to be inclusive of religious, philosophical, and existential or personal beliefs, values, and practices and centered on patient preferences.
   b. Discussions should include a virtues-based ethics approach to address complex spiritual concerns.
   c. Health care professionals should be afforded the opportunity to discuss spiritual and ethical conflicts and issues they encounter in working with patients and other health care professionals.

**Quality Improvement**

The process of quality improvement is widely recognized in all health care settings. There is an increased emphasis on improving the quality or performance of health care services through application of standard approaches adapted from business and industry. Well-established quality improvement efforts in health care have addressed common and costly patient care concerns such as safety, infection control, relief of common symptoms, patient adherence, and other aspects of patient care delivery. While quality improvement approaches vary, common features include assessment of the current status of care, planning of strategies for improved care, implementation of these strategies, and ongoing evaluation of outcomes with continued refinement of care.

As hospice and palliative care have emerged as major aspects of health care delivery, these settings have adapted quality improvement methods from acute care settings. Hospices have been increasingly pressured to demonstrate effectiveness and pioneering, hospital-based palliative care programs have also applied quality improvement strategies to design, implement, and evaluate their services. Common aspects of hospice and palliative care targeted for improvement.
have included relief of pain and symptoms, delivery of bereavement services, patient and family satisfaction with care, use of advanced directives, avoidance of life-prolonging therapies, the ability of these programs to achieve patient goals of care, and attention to desires about place for death.69–78

**Application of quality improvement to spiritual care**

The domain of spiritual care has received less attention than other aspects of palliative care within quality improvement efforts69 in part because there are many challenges to application of quality improvement efforts in spiritual care. The well-defined guidelines for spiritual care that have been advanced by NCP, NQF, and this Consensus Report can provide an established standard of quality that can be targeted for improvement. Nevertheless, it is important to acknowledge that the existential quality of spiritual care makes quantification of outcomes a challenge. Assessing relief of suffering, forgiveness, meaning in life, and other abstract aspects of spiritual care require approaches that exceed the capacity of the usual quantitative metrics applied to other aspects of health care. Therefore, spiritual experts need to have creative input into developing measures that will adequately assess spiritual care. Spiritual metrics that reflect the goals of spiritual care need to be developed. These metrics might include an increase in chaplain referrals, improved patient satisfaction, and lower scores on a spiritual distress scale as a result of attention to patients’ spiritual concerns.

Improving the quality of spiritual care as a function of quality improvement processes will require attention to the unique aspects of this domain of care. Some quantitative approaches may be applicable. For example, hospice and palliative care programs can adapt quantitative methods for assessing referrals to chaplaincy, rates of completion of spiritual assessment, and the incorporation of desired rituals into the treatment plan. However, qualitative approaches also will be needed to capture the unique aspects of spiritual care. Data derived from patient or family interviews, staff focus groups, and reflections on patient care can inform palliative care programs in their quest to improve the quality of spiritual care.

**Quality improvement frameworks**

The NCP Guidelines,21 NQF Preferred Practices,22 and recommendations from this Consensus Report provide a shared framework for palliative care programs. There is tremendous opportunity for the palliative care community to advance the critical aspect of spiritual care. Application of these recommendations followed by meaningful evaluation can improve the quality of spiritual care delivered to patients and families. Attention to spiritual care by accrediting bodies, such as The Joint Commission, can further advance spiritual care in the knowledge that without quality spiritual care, quality palliative care will not be achieved.

**Recommendations**

1. All palliative care programs should include the domain of spiritual care within their overall quality improvement plans. Spirituality should be a component of electronic medical records. Clinical settings should monitor the quality of care specifically with regards to spiritual care at the time of death. Measurable outcomes can include patient and staff satisfaction and quality of life. Process measures can include rates of chaplain referral and timelines of completion of routine spiritual assessment among other metrics.
2. Assessment tools should be evaluated to determine which are most efficacious and clinically relevant. Tools and measurement techniques across palliative care settings should be standardized.
3. Quality improvement frameworks based on NCP Guidelines that relate to structure, process, and outcomes of spiritual care need to be developed.
4. Building on tested quality improvement models (e.g., pain management), quality improvement efforts specific to spiritual care should be tested and applied.
5. Research that will contribute to improving spiritual care outcomes to palliative care patients should be supported. Recognizing the complex definition of spirituality and its difficulty in measurement, studies should use multiple quantitative and qualitative methods for evaluation.
6. Funding to evaluate the current state of the science, establish a research agenda, and facilitate research opportunities for spiritual care research should be sought.

**Conclusion**

Spiritual care is an essential domain of quality palliative care as determined by NCP and NQF. Studies have indicated the strong desire of patients with serious illness and end-of-life concerns to have spirituality included in their care. There is a strong empirical and scholarly body of literature to support the inclusion of spiritual care as part of a biopsychosocial–spiritual approach to care. Based on the position that palliative care encompasses the care of all patients from the time of diagnosis of spiritual illness, the principles in this Consensus Report can be applied to the care of most patients. In this report, practical recommendations are provided for the implementation of spiritual care in palliative, hospice, hospital, long-term, and other clinical settings. Critical to the implementation of these recommendations will be interprofessional care that includes board-certified chaplains on the care team, regular ongoing assessment of patients’ spiritual issues, integration of patient spirituality into the treatment plan with appropriate follow-up with ongoing quality improvement, professional education and development of programs, and adoption of these recommendations into clinical site policies.

By utilizing the recommendations set forth in this document, clinical sites can integrate spiritual care models into their programs, develop interprofessional training programs, engage community clergy and spiritual leaders in the care of patients and families, promote professional development that incorporates a biopsychosocial–spiritual practice model, and develop accountability measures to ensure that spiritual care is fully integrated into the care of patients.

Tools and resources for implementation of spiritual care can be submitted to SOERCE, an online resource center on gwish.org

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Author Disclosure Statement

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References


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Several semesters ago, I assigned two students to assist a man with simple estate planning documents. Because he had an aggressive form of cancer, his doctors projected death within weeks. From the beginning, we knew that this was no ordinary fellow. He was a boxing coach who worked with boys in a community known for its string of amateur (and even a few professional) boxing champions. Many of these titlists got their start with this man. He was known as tough but caring, and commanded the respect of his pupils. Not surprisingly, many simply called him “Coach,” and soon we found ourselves doing the same.

Coach's illness was advancing quickly, and we knew that we had to act without delay. Within a day, the students made their first visit to Coach's home. As expected, he wanted us to draft simple estate planning documents. However, Coach also added a surprising request: he wanted to adopt his eight-year-old granddaughter.

The students learned that Coach was surrounded by a close, intact family that included his daughter and her husband, the child's natural parents, both of whom were financially and personally stable. Coach's wife, a remarkably strong woman herself, was his primary caregiver. The entire family endorsed the adoption idea and, at times, seemed amused by our reaction.

Fortunately, Coach had moments of comfort and lucidity during which he explained his decision to seek adoption. As is customary in many Hawaiian families, Coach and his wife had taken in their granddaughter and raised her as their own, while maintaining and encouraging the child's knowledge of, and love for, her biological parents. The relationship grew strong through the years, and Coach wanted the child to understand that even after his death, he and his wife still would be responsible for her welfare. While it was clear that the child's biological parents loved and could support her, Coach wanted to assume a clear legal obligation that extended beyond his life. Sensing our skepticism, the family explained that this was a gift to the girl, one that would stay with her in ways she already understood.

As we hurriedly worked with Coach and his family to complete his estate planning documents and to
get the adoption action filed and calendared, we became privy to things that occurred as he approached death. In one incident, Coach's son was scheduled to fly east to finish his last semester in college. Devoted to his father, the young man decided not to leave while his father was alive. This invoked a strong response from Coach: From his bed, he ordered his son to return to campus. Then, he took his timepiece from the nightstand and closed his reluctant son's hand around it. It was a powerful gift of connectedness and remembrance.

A few weeks before the adoption hearing, Coach was honored in a ceremony during a boxing tournament. His many achievements were listed for the crowd. Despite his pain and ebbing stamina, he was proud. He knew that the ceremony took place because he was dying, but it did not matter. He was grateful for the chance to see many of his former students, some of whom were now fathers and coaches themselves. He was fulfilled in knowing that a part of him was alive in them.

In time, my students fulfilled their tasks and the adoption was granted. After the hearing, Coach's wife announced to Coach, “Well, I guess we're parents again,” knowing fully that she and her husband had never stopped being parents. By this time, Coach was deteriorating quickly and his death was near. One student said that his death would come more quickly now that the major items of “business” were complete--she was correct. Coach died a few weeks after the adoption hearing. Each of my students who had worked with Coach called on the family in his or her own way to express condolences.

The students and I later discussed the case. They described how their legal work seemed dwarfed by something bigger, and how Coach and his family were real people who refused to be objectified. They recognized their place in this man's final days, and understood how their legal skills had been used to implement a vision that enlarged and gave meaning to a dying man's life. In the process, the students sensed that they had been given something and quietly received it without knowing exactly what it was. It touched something deep inside them and caused them to consider matters not typically discussed in law school classrooms. I wanted to help them articulate, and better savor, what they had experienced. I wanted to give them words to express the “largeness” they sensed, and to encourage them to keep looking for it in all their work. I struggled to find the appropriate words to use, a moment lapsed, and the conversation turned to our next case.

I. Introduction

Spirituality. We all use the term, or some form of it. It is part of our everyday vocabulary. We believe that we know what it means; or at least, we “feel” its meaning. We often include it when we list the different dimensions of human existence: physical, mental, emotional, and spiritual. The fact that it frequently ends up last on the list signifies a “lacking” in the term: lack of tangibleness, lack of understanding, maybe even lack of importance. We write laws that speak of it. For example, in statutes that list factors for deciding child custody cases, we are instructed to consider, among other things, which party is able to best provide for a child's spiritual needs. [FN1]

Unless the appropriate context exists, people are uncomfortable talking about it in general conversation. The risk of sounding uncouth, irrelevant, “squishy,” or threatening may lurk for one who injects spirituality into conversation. There is even more discomfort when the subject arises in a law school. One often wonders whether spirituality and the teaching of law students are mutually exclusive.

This Article proposes that such an intersection is more than just a possibility and that we must strive to
find the intersections of law and spirituality. This search already has begun in other professional schools. Many medical schools, buoyed by studies supporting a relationship between patients' healing and spirituality, no longer ask whether there is a place for spirituality, turning instead to the question of how to make a place for it. [FN2] Law schools should at least address whether there is a place for spirituality in legal education because failing to do so leaves unturned what may be the default response: there is simply no place for spirituality in the public culture of legal education.

The time is right for the question to be considered. Spirituality has enjoyed a resurgence in American society [FN3] and has begun to emerge within the legal profession and in legal academic circles. [FN4] In 1997, Fordham University School of Law hosted a *245 conference entitled, “The Relevance of Religion to a Lawyer's Work: An Interfaith Conference.” The conference convened law practitioners, academics, theologians, and religious leaders to discuss the place for religion in the work of lawyering and included an agenda for future discussions. [FN5] This conference drew in part from a 1996 symposium issue by the Texas Tech Law Review, which collected over forty essays from individuals who were asked to reconcile their professional lives with their faith. [FN6] Two years earlier, Marquette University Law School hosted an inaugural conference of religiously affiliated law schools, which also resulted in a law review collection of papers presented at the conference. [FN7] Although the Marquette conference was not necessarily focused on the marriage of law and personal faith, it compelled—by virtue of its rigorous discussion of the identity, mission, and viability of religiously affiliated law schools—an examination of the religious values on which these schools were founded and how these values should continue to shape the training and socialization of their law students. [FN8]

These conferences and papers used the term “religion.” To clarify, “spirituality,” as used here, carries a meaning distinct from religion. As discussed later, religion is a man-made instrument that is often organized and institutionalized for the ostensible purpose of nurturing the spiritual lives of its believers. But religion is not spirituality. In fact, religion can be dispiriting, and history is replete with stories of great evil done in the name of religion. While religion waxes and wanes, spirituality remains constant, always with us even if we choose not to give it attention. Spirituality may form the heart of a religion, guiding its *246 adherents; but, as defined in this Article, it is not religion.

In 1997, Professors Cheryl Connor and Lucia Ann Silecchia presented a talk entitled Integrating Spiritual Perspectives with Law Practice through Clinical Education. This presentation took place at a teaching conference at Catholic University of America Columbus School of Law in Washington, D.C. Its focus was on the spirit (not on religion as a vehicle), and its place in a mainstream clinical conference signaled a certain readiness to seriously consider things spiritual in our work and lives.

Yet, the discomfort of launching into a discourse about spirituality in legal education is daunting because it cuts against the “ordinary religion” [FN9] of the legal academic culture in raw and unsparing ways. This Article frames the discussion within my area of teaching—clinical legal education—to deal, in part, with my unease. The trenches where clinical teaching occurs should be a place where law students can feel comfortable and open in their struggle to reconcile their spiritual lives with their work, or at least to explore the tension between their growing sense of what constitutes traditional lawyering, and their need for personal or internal fulfillment apart from the material rewards of the profession. The vagaries of real life and real people have a way of invading zones of safety and tipping carts of idealized expectations, while providing opportunities for growth and exploration. As students meander through the heights and depths of active experiential learning, some will sense, if not articulate, internal stirrings, as often happens when human beings undergo change. The clinically-induced transformation of law student into lawyer is a major
change that should give students cause to think about who they are, what they are doing, and whether the path they are taking is consistent with what they perceive to be their calling. While some students emerge from the clinical experience with a renewal of spirit and purpose for their law education*247 and choice of profession, [FN10] others undergo a crisis in spirit as they wind their way through tasks, people, institutions, and decisions that test their souls. [FN11]

*248 I agree with others who say that the profession, at its core, faces a spiritual crisis that at least partly explains the unhappiness that marks a significant part of the profession. [FN12] As law students approach their entry into the profession, they should become aware not only of this crisis but receive guidance on how to survive it, and even how to assist in its dissipation. Although I am neither prepared to insist that all clinical programs have a clearly articulated “spiritual” component, nor to compel my colleagues to do anything that would push them beyond their discretion, I argue that those who are inclined to bring spiritual matters and perspectives into their clinical classrooms be encouraged to do so, [FN13] and that law schools publicly sanction a *249 place for this to happen. This would begin to reverse the “culture of disbelief,” [FN14] and eradicate the brackets we use to cloak the spiritual parts of ourselves while in the “public” sphere. [FN15] This is a tall order; but the burgeoning of clinical legal education was itself a striking departure from the traditional Langdellian model of scientific inquiry and analysis. Hopefully, the progressive heritage and personality of clinical legal education provides the open door for this exploration.

First, what is spirituality? This is where I begin. My disclaimer is that I have neither formal training nor special insight on spiritual matters. At best, I am a lay believer who would not dare to attempt an all-encompassing definition. [FN16] But others *250 have said things that resonate for me, and it is these thoughts that I rely on to develop a working definition for the purpose of this Article. I borrow liberally from the writings of medical scholars who for years have contemplated a unification between spiritual matters and their work.

On arriving at a working definition, or at least identifying the main components of one, I attempt an argument on why we--who are inclined to integrate the spiritual directly into our work as teachers--should do so. In summary, I mention three things: (1) the work of lawyering and maintaining our personhood is inevitably difficult; and if we have any hope of equipping our students to deal with this tension, we should consider how to develop spiritual muscle; (2) if we intend to improve the image of our profession and our work, we need to become pilgrims on a higher journey, finding firm ground by reaching upward; and (3) we deprive ourselves of an essential component of our beings by ignoring our spiritual dimension; and teaching and practicing law as a human enterprise loses something important when we shun the spiritual.

This Article concludes by suggesting that we incorporate spirituality into the vocabulary of our professional and teaching lives--saying it without flinching would be a start. This Article also suggests a modest step--“quest” journaling--to introduce spirituality into the legal education culture. My experience as a teacher in our elder law clinic has informed my thinking, and I therefore use our work with older adults to frame parts of my discussion.

II. Toward a Working Definition

In recent years, disciplines within the health professions have embraced the role of spirituality in their work. An article in the Internal Medicine News announced that at least twenty American medical schools now have programs that incorporate spirituality training for medical students. [FN17] While impressive, the current push among physicians-in-training actually lags behind the efforts of other allied health profes-
sionals who earlier recognized and accepted the role of spirituality in their healing work. [FN18]

*251 Viewing the medical profession's efforts to operationalize a definition of spirituality for its scholars and practitioners is helpful in formulating a definition. The language is understandable, practical, and appealing to common sensibilities. It distills from the writings of philosophers [FN19] and theologians ideas that have *252 ready application to the healing and caring for people. The language also embodies the efforts of medical professionals to go beyond, and thus enrich, their normative scientific approach to patients. In doing so, it provides a model for the community of legal practitioners and scholars whose work now favors a super-rational approach to very human clients and messy human conundra. Thus, some of what follows draws from the example and writings of the medical academy. [FN20]

I favor the definition of spirituality as a universal human dimension. [FN21] It is in all persons, just as there are biophysical and *253 psychological dimensions to each human being. [FN22] One may choose to nurse it, giving it a central place in one's life, or ignore it, leaving it dormant and undeveloped. [FN23] Professor Margaret Burkhardt, who has written extensively about spirituality in nursing, formed a working definition that adds substance to this definition. She referred to “[t]he unfolding of mystery through harmonious interconnectedness that springs from inner strength.” [FN24] Burkhardt's definition offers insights to the elements*254 of spirituality. When she refers to the “unfolding mystery,” she is talking about the revelations that each person experiences regarding the meaning of his life and experiences. These revelations occur through “harmonious interconnectedness,” and one answers his “why am I here and what am I doing here?” questions by arriving at some connection with or acceptance of himself, others, and some form of higher power or values. The more one has accomplished these connections, the closer one comes to understanding and accepting his station in life. The idea that one's connectedness springs from “inner strength” reminds us that our search for meaning originates from somewhere within, and that we all have something inside us, whether it is consciousness, courage, determination, receptiveness, humility, or some other human resource that forges or facilitates the connections.

Burkhardt's working definition captures the essential features of a spiritual journey (i.e., search, discovery, conciliation), rather than defining spirituality itself. Her “definition” is an apt description of what our spiritual dimension compels us to do. It sets us exploring for purpose and meaning in the hope of finding wholeness--and, for some, the transcendent and divine.

As stated in my introduction, spirituality is not religion or religiosity. [FN25] Unlike spirituality, which inheres in each person, religion is a framework or system of values and beliefs, often organized and institutionalized, that serves as a vehicle for spiritual expression and development. [FN26] While religion awaits adoption as *255 a matter of personal choice, [FN27] spirituality awaits acknowledgement by each person imbued with it. [FN28] Spirituality is often the heart of a particular religious tradition, [FN29] or spiritual ideas may need a religious institution to give them form and traction. [FN30] This relationship explains the intertwining and occasional interchanging of the terms. [FN31] However, they are not synonymous.

Spirituality can be existential or metaphysical. [FN32] Existential spirituality focuses on humanistic values, beliefs, or principles that guide and direct one's life. Metaphysical spirituality is generally centered on God, a deity, or simply some higher power. [FN33] While some might argue that one is closer to the truth than the other, for this Article, there is a wide berth for both. [FN34]

*256 Some commentators have assigned vertical and horizontal dimensions to spirituality. For ex-
ample, Professor Ruth Stoll, a pioneer in nursing theory and spiritual care, [FN35] described the vertical dimension as “the person's transcendent (beyond and/or outside self) relationship, [and] the possibility of person-relatedness to a higher being...” [FN36] For Stoll, the horizontal dimension “reflects and ‘fleshes out’ [one's] supreme value experiences with [a higher being or value]” and materializes as “one's beliefs, values, life-style, quality of life, and interactions with self, others, and nature.” [FN37] In either case, our spirituality helps us to “tie rocks to clouds,” [FN38] connecting the sacred to the material and the obvious.

Spirituality has been defined as having to do with the spirit or the soul, what some might consider the “better” or “higher” *257 part of us. [FN39] It is the part of us that: (1) sets us searching for meaning and purpose of life; (2) strives for transcending values, meaning, and experiences; and (3) motivates the pursuit of virtues such as love, truth, and wisdom. [FN40] Andrew Weil, a Harvard-educated physician who has written extensively on holistic approaches to healing, provided a tangible description of spirituality by recounting the origins and character of brandy, the first distilled liquor, which was formerly called “spirits of wine.” [FN41] He wrote:

In brandy, the alcoholic essence that gives fermented grape juice its intoxicating power has been concentrated, resulting in a much stronger drink. The original idea of Dutch distillers was to reduce the volume of wine to make it more easily transportable to colonies on other continents: you could seal brandy in barrels, then dilute it with water at the end of the ocean voyage to reexpand its volume. Of course, when people tasted the contents of the barrels, few bothered to add water, and a new, more powerful form of alcohol flooded the world. In the old name for this product and in the persistent use of the term “spirits” to describe all strong liquors is a clue to the nature of spiritual reality and its relationship to matter.

What is concentrated in brandy is the vital essence of wine, that which gives it power to alter consciousness. If you *258 warm a snifter of brandy and hold it in your hand, you can inhale (and sometimes feel the effects of) the volatile fumes that rise from the glass. In this concentrated form the essence of wine behaves like a gas as well as a liquid; that is, it is less dense and more active than it was in the form of wine, as well as more powerful. Spirit is the source of life and power, without which material forms are nonliving husks. It interpenetrates matter but is itself nonmaterial. [FN42]

So depicted, the spirit is invisible and nonmaterial, yet empowering and even life-giving. Health professionals such as Weil believe that spirituality holds a key to healing [FN43] and that physicians should be attentive to its power and place in securing the well-being of patients.

Growth in spirituality is an ongoing dynamic process that engenders increasing awareness of one's meaning, purpose, and values in life. [FN44] Harold Koenig, a physician who works with patients in mid-life and later, described spirituality in terms of “spiritual needs” that intersect the physical and psychological needs that medical professionals address. [FN45] For Koenig, spiritual needs are conscious or unconscious strivings that arise from the influence of the human spirit on the biopsychosocial natures. [FN46] These needs include the following: (1) need for meaning, purpose, and hope; (2) need to transcend circumstances; (3) need for support in dealing with loss; (4) need for continuity; (5) need for personal dignity and worthiness; (6) need for unconditional love; (7) need to express anger and doubt; (8) need to feel that God is on their side; (9) need to love and serve others; (10) need to be thankful; (11) need to forgive and be forgiven; (12) need to prepare for death and dying; and (13) need to engage in and be supported in religious behaviors. [FN47]

*259 For Koenig, these needs reflect the human impulse to connect with other human beings, a higher
reality, and, for some, a deity. [FN48] These needs drive us to find a purpose that fills and validates our lives and activities. For some, these needs are satisfied through a particular religious framework. [FN49] Spiritual expression is not limited to this structure, can and often occurs through creativity and sensuous experiences as well. Possibilities for peak experiences and self-transcendence may be found in art, humor, sharing of legacies, music, and even a meal. [FN50]

Failure to fulfill these needs may lead to a recognized diagnosis in nursing practice called “spiritual distress.” [FN51] Spiritual distress results when a disruption occurs in the “life principle which pervades a person's entire being and which integrates and transcends one's biological and psychosocial nature.” [FN52] Nurses are directed to look for defining characteristics that include such behaviors as: (1) showing concern with the meaning of life/death or any belief system; (2) showing anger at God; (3) questioning the meaning of suffering; (4) verbalizing inner conflicts about beliefs; (5) having an inability to participate in usual religious practices; (6) seeking spiritual assistance; (7) having nightmares or sleep disturbance; (8) displacing anger toward religious representatives; and (9) demonstrating gallows humor. [FN53]

These behaviors indicate either a disruption in pre-existing spiritual well-being or an unaddressed void that the patient, stressed by the effects of his illness, now seeks to fill. Currently, medical professionals are trained to consider the possibility of spiritual want or injury that these behaviors reflect, and to deal with it appropriately within the parameters of their profession.

In summary, our spirituality is the animating dimension of our humanity; healing human beings requires attention to this part of us. It points us toward something higher, [FN54] orienting us toward virtue and the search for transcendent meaning and purpose. It moves us toward connections with others and, for many, with a deity. [FN55] We use religion or what some might call “spiritual traditions” [FN56] as vehicles for developing this dimension and responding to its urgings.

As lawyers, we frequently refer to the “spirit of the law”; I suspect this is the most common use of the term “spirit” in our profession. We use the phrase to conjure the essence of a law, to speak of its purpose, its intended force and direction. When a law is applied in a way that grossly violates its “spirit,” the law, we would argue, stops being itself. When the spirit of the law is simply forgotten, the law becomes like dry leaves in the wind, twisting to the whims of those who manipulate them. It loses its seminal meaning and life force. [FN57] Likewise, when I speak of our spirituality, I am speaking of that part of us that defines us, animates us, makes us “more.” [FN58] Without it, we become less whole, less colored, less us.

III. Why Embrace Spirituality in Clinical Legal Education?

The legal profession would benefit if lawyers could find a place for spirituality within their work. I am not speaking of the private, individual ways that lawyers already seek spiritual growth and expression. [FN59] Instead I speak of legitimizing a place for spirituality in the public professional sphere. One port of entry is the law school clinic, which serves real clients and assumes the mission of assisting the poor by creating access, although limited, to legal services. Law school is a socializing agent for law students becoming lawyers. Clinics that bring students into communities to learn and serve provide a particularly good place to begin normalizing spirituality and spiritual perspectives in our work. [FN60]

I have supervised an elder law clinic [FN62] for the past four years and concede that I run it often without much thought to spiritual matters. But I do espouse the mission of service as fundamental to the work of the clinic and repeat ad nauseam my expectation of a client-centered mind set. Students know that
the clinic is a place that should run on good work, healthy respect for client dignity, and other altruistic impulses.

When we do turn to the sacred, it is often in response to our clients' acts, decisions, and lives. Our elderly clients have done things that gave us cause to think beyond the obvious, moving us to reflect on the humanness of our clients, our adversaries, and ourselves, and on the things we seek to become whole. In those reflections, we stumble on opportunities to at least consider the spiritual dimension of what we do.

* * * * *

Mrs. Q. was an 85-year-old Asian immigrant who lived in public housing. The state housing authority sought to evict her on what we thought were immaterial violations of house rules. The authority agreed that Mrs. Q. was not likely to be a repeat offender and conceded that it had not been significantly prejudiced by the violation. Yet, it refused to withdraw its eviction notice. Our first letter to the authority expressed our dismay, explained why we thought the eviction action was inappropriate, and indicated our preparedness to litigate if the notice was not rescinded. The authority's response was simple: “We'll see you at the hearing.”

We were surprised by the authority's hard stance, particularly in view of Mrs. Q.'s age and otherwise spotless record as a tenant. We had seen leniency in far worse cases. In addition to being puzzled by the authority, we were also taken by the client's mood as the case wore on. She was often angry and discouraged. Despite the merits of the case, she did not want to go to the hearing and grew increasingly impatient with us as we tried to work with her through a translator to assemble her account of what happened. In time, we pieced together the source of her feelings. We noticed how difficult it was to obtain the help of her adult children whose corroborating testimony was needed. The children were unwilling to do much, claiming they were too busy to do more than the minimum. This reluctance greatly disappointed Mrs. Q., who had come to Hawaii with her children to escape a repressive government in her homeland. While disappointed, she excused her children's behavior as the price of Americanization.

The lead student on the case was a bright, sensitive woman whose family had also immigrated from Asia. She understood the position of elders and the Confucian norm of filial piety in traditional Asian families, and was saddened by the children's reluctance. She explained the shame Mrs. Q. must have felt, as well as the disappointment of failed expectations. She worked tirelessly to bring the children into the fold and was constantly surprised by their unexplained slowness in coming to their mother's aid.

Without the children's wholehearted support, our narrative at the hearing would be less rich, less integrated, and wholly dependent on Mrs. Q.'s halting translated story. Given this and her growing disenchantment with the hearing, we had to think seriously about negotiating a nonhearing solution. We talked long and hard about what we might say to the housing authority to persuade it to back off. Then, a simple thought came: why not change our approach toward the authority's attorney who had come to embody the state's hardened stance? We thought that if we “got our backs down,” perhaps he would too. We decided to go with our hunch that he was a decent man and approach him as such.

Remarkably, after one meeting at his office and a phone call, the authority's attorney gave us what we asked for. The eviction was canceled, as was the hearing. All it took was looking at the attorney through different eyes. Paraphrasing a student's remark, we got the better in him, not the better of him. And it began by us giving him our better selves.

But Mrs. Q.'s story had not ended. While the hearing was canceled and her housing secured, she still had to deal with her disappointment with her children. We closed the case at that point, leaving her with a community worker who assisted members of the Asian immigrant community. We were thankful for the legal result and amazed at what turned the case around. But we were also taken by how small our result seemed when contrasted with what surfaced from the case. We wondered what it was like for Mrs. Q. to approach the end of her life, burdened with disappointment and unable to come to peace with it. The shelves of her living room displayed framed diplomas and certificates of her children's academic achievement, testimony to the success they had achieved. But the price of Americanization . . .

At the close of the case, my student posed an intriguing question. She wanted to know if she could send a box of cookies to the state's attorney. My immediate answer was quick: no, it was not necessary and would seem unprofessional. But then, she pointed out how, in the normal course of human activity, people regularly extended small gestures of conciliation and thanks after passing through a period of dispute and disruption. While we never delivered the cookies, her offer challenged me to think about what it was about the lawyering culture that made a box of cookies seem inappropriate.

Perhaps it was just my student's East-Asian world view, but her thoughts and reactions to this elderly woman's plight kept moving us to look beyond the black-letter law and see more. We quit demonizing opposing counsel and instead recognized the humanness that connected him to us. Thus, we stopped expecting the law's black letter to provide a solution, and instead, began talking about justice in ways that enabled the parties to commonly experience it. Thus, we stopped being vexed with Mrs. Q's depression by understanding that the potential loss of her apartment paled against the unfulfilled expectation of filial commitment. Thus, we were perplexed by my unwillingness to approve a simple gift of cookies. Each instance made us acknowledge the deeper, truer cries for meaning in our work as it touched us, our clients, and our adversaries.

* * * * *

Working with any group of clients should yield similar opportunities, but when one's focus is on a cohort of older adults, the opportunities are particularly visible. Religion and spirituality often grow in importance as individuals approach the later years of their lives. Some cultures encourage and expect this growth with aging. Seeking and finding transcending meaning and purpose occurs throughout life, helping individuals to understand, accept, and even thrive in the challenges to human existence. This can be particularly true for older adults whose developmental task consists of finding meaning in, and consolidating, past experiences and, in the process, attaining integrity over despair.

Not all older adults undertake spiritual tasks or journeys or are necessarily more spiritual than younger individuals. But I suspect that an elder law clinic, like a hospital where illness, isolation, and approaching death may propel one toward an awareness of the spiritual, is a place where matters of the soul are raised, examined, and even resolved. Further, it is a place where students come with the solemn expectation of doing something humanly special and good and may therefore be open to things that suggest the spiritual. In a clinic such as ours, many students return to the themes that professedly brought them to law school: empowering and taking care of others, particularly those who are underserved. In their work, purpose is renewed and personal transformations occur.

* * * * *
Mr. P. was a “young” elderly, only 60 years old. A Korean immigrant, he had worked hard all his life. He had been the proud breadwinner for his family and helped to support his aging mother. His work life ended abruptly when the car he was driving was struck by another person who ran a red light. His primary and most enduring injury was to his back. Despite the clear disability, he was denied Social Security disability benefits. When he came to us to appeal the denial, he had been without income for a few years, and, with shame, had been forced to become dependent on his mother.

His resolve to win the appeal increased when students explained that he had earned the Social Security benefits and that this was a “disability insurance” program to which he had contributed during his work life. The students’ resolve also grew once they realized that something beyond financial gain was at stake. In this case, the restoration of independence and self-esteem would return a kind of wholeness to Mr. P., one that was deeper and more healing than any material gain. The students themselves reached this conclusion, and it drove them in their preparations.

The students won their appeal and gained an award of over $20,000 in back benefits. I left it to them to call Mr. P and explain the favorable decision. Afterwards, I listened to them speak happily about the result. To them, this was a meaningful case with tangible benefits at different levels. They felt they had restored financial well-being and self-esteem to their client. They also felt empowered. They had come to law school wanting to help people, and in this case, they had done it in just the way they thought they would. Their work had effectuated a constructive result. Their skill and knowledge had made a difference for someone else. They felt good. They felt like lawyers.

I never told them that this case might be the exception, or that the good they were doing would not always be so evident. We did not talk about the disappointments they were bound to have or the spells of disillusionment that most lawyers have to work through. *269 It was an opportunity to engage in spiritual talk, to discuss how they might nourish the soul both inside and outside the workplace. It was a chance to help them consider the spiritual element that is embedded in much of our work. Their joy brimmed with raw materials for such a discussion: Purpose, place, connectedness, empowerment, service, and redemption. Without my help, would they recognize it on their own?

* * * * *

The spiritual element about the work of the clinic may not be readily apparent, even for those willing to provide a place for spirituality in the law school. So banished is spirituality from the vernacular and sightlines of legal education that we tend to either call it something else or miss it altogether. Spirituality is embedded in much of law. Our transcending notions of justice, the timeless reach of our constitution, the connectedness of precedence and stare decisis, the defining selflessness of advocacy—all are infused in spirituality, if only we would see it. While the law school culture may allow and even encourage students to nourish their souls and pursue the spiritual in their private lives, it fails to acknowledge spirituality in a formal institutional way, [FN71] and this failure contributes in part to the perception *270 that our activities in lawyering and the training of lawyers lacks the stuff of life. [FN72] Legitimizing a place for spirituality in the training and the work of lawyers would institutionally affirm that the professional activities of law students and lawyers can transcend narrow, mechanical, self-interested concerns and become “life-affirming,” not “life-distancing,” [FN73] metaphors for life, not *271 death. [FN74] As I have assumed that individuals have a spiritual dimension, so too should our corporate self be infused with such a dimension, a soul. Acknowledging this should come most easily in a live-client clinic like ours, where the
vagaries of human life intrude upon the neatness of law school, begging to be recognized.

Lawyers, as a whole, strive for the good and the noble. [FN75] Law students are no different. [FN76] But I am concerned about what *272 we do institutionally to discourage students' aspirations for contributing to societal betterment or simply being decent, joyful human beings who are privileged to be lawyers. I also worry about what we do to their spirit. A recent law review note [FN77] laments the “pacification” of Harvard law students. The student author refers to “pacification” as the process that “sucked” from Harvard law students a notable measure of self-worth and energy in law school, turning them into “the walking wounded”—demeanorized, dispirited, and profoundly disengaged from the law school experience. [FN78] Although the note could be dismissed as one particularly disillusioned student's viewpoint, it describes universally recognizable phenomena: the detaching from pre-law school selves and lives, the inability to attain the level of academic excellence enjoyed before law school, the flattening homogenization of identity and career aspirations, and the malaise that quickly supplants the exhilaration felt upon entry into law school—to deserve attention. [FN79] Interestingly, one of the author's suggestions for reversing this process is the admission of older students who, in the author's opinion, are more likely to have the “strong sense of self” and “clear sense of purpose” that best protects against the assaults on ego that commonly occur in law school. [FN80]

*273 Like most of us, our students are largely sojourners, still searching for their place and how to get there. This leaves them vulnerable. When we engage in the legitimate task of challenging them, we also risk wounding them. While some of the bruises heal themselves and generate growth, other wounds fester and ultimately show themselves in articles such as the above-mentioned one, or worse, in regrettable lawyer behavior. Part of the problem is that we may not even perceive this crippling because without institutional awareness of or interest in a student's spiritual dimension, the assaults on spirit grow invisible, beyond perception.

Others, in their own ways, have long sought to bring spirituality back into view. For example, over ten years ago, Roger Cramton declared that questions such as “Who am I?”, “What am I doing in the world?”, and “What do I want to do in the world?” should have “a major place in our teaching and scholarship.” [FN81] While recognizing the obstacles to bringing such questions into the law school environment, [FN82] Cramton argued against surrendering to such difficulties and urged law teachers to accept the risks and become available to the possibilities for growth and change. [FN83] He suggested that in neglecting issues of love, justice, and “ultimate reality,” we lapse into and even welcome an empty superficiality and a pretense that we are just “technicians teaching technique in a value-neutral context.” [FN84]

Elizabeth Dvorkin, Jack Himmelstein, and Howard Lesnick made a similar point almost twenty years ago when they collaborated on an exploration of the humanistic perspective of teaching and learning law. [FN85] Their work sought to place within traditional legal education “a focus upon the persons of teachers and students, the human dimensions underlying the subject matter, and the experience of learning[,] . . . a way for bringing together mastery with aspiration, intellect with experience, rigor with value, pragmatism with idealism, competence and skill with caring and a sense of meaning.” [FN86] They and nine other contributors struggled with their identities, roles, personal awareness during professional development, the need for and repression of the search for meaning, and the expression of self; their words remain timely and vibrant. [FN87] They ultimately called for a resistance to the tendency of traditional legal education to narrow and homogenize us in the way we look, feel, think, and aspire, in order to separate us from our humanity and values. [FN88] Their call to preserve humanness in our work is similar to the call to recognize spirituality contained in this Article. They valued the core of personhood in lawyers, students,
and their teachers. The core, our center, is largely found in our spirituality; to return from the edges means recognizing the part of us that truly makes us human.

My interest in bringing spirituality to the table is primarily instrumental. As suggested earlier, acknowledging this dimension helps us to: (1) look at our work in a fresh way and thus engage our daily and endless struggles with renewed vigor and hope; (2) orient ourselves toward something higher, thereby giving us a way out of the gutters that sully the self-esteem of our profession; and (3) remember that the law is first a human enterprise that requires attentiveness to that part of ourselves that makes us human.

A. Developing Spiritual Muscle

Our work as lawyers and teachers is not easy, and our students have a tough row to hoe. It would be neither honest nor realistic to blindly beatify our professional lives. As Randy Lee wrote:

*275 Furthermore, the expectations for lawyers are as overwhelming as these tasks are endless. When the situation seems hopeless, the lawyer must provide hope. When the world seems flawed, the lawyer must provide justice. When the work is complex, the lawyer must make the client feel special. When the client is objectionable, the lawyer must make the client feel accepted. Our public demands integrity. Our colleagues are paid to combat us. As layer piles upon layer, any lawyer is going to want to scream, “Enough already!” [FN89]

This world, or some semblance of it, will be the one many of our students will either choose, or stumble into. [FN90] Their current world is not a particularly easy one either, and the sometimes extreme stress they suffer is well-documented. [FN91] Much of the stress can be traced to strategies and techniques we use in the name of pedagogy. While some techniques are justifiable, others could be jettisoned without the sacrifice of pedagogical or educational *276 benefits. [FN92] Apart from spotting and excising behavior that accomplishes nothing more than student aggravation or depression, teachers, with the support of their institutions, should give thought to helping students get through the inevitable challenges of law school and law practice.

For those who are so inclined and can broach the challenge with appropriate sensitivity, helping students develop “spiritual muscle” or protect existing “muscle” from atrophy is one way. Muscle enlarges when exercised, and the challenges of law school certainly provide the resistance against which spiritual muscle can push and grow stronger. Our history is replete with stories of how an individual's or a community's spirituality helped people transcend difficult circumstances. Critical-race theorist Anthony Cook described how slave communities, through a particular spiritual tradition and practice, maintained *277 their integrity and connectedness in the face of overwhelming dehumanization:

The religious experience of conversion was central to the belief system of slaves. The process of conversion in African-American religion involved a period of sustained mourning in which the contrite sinner would assemble with worshippers in prayer for as many successive meetings as required to “bring the sinner through”--a phrase used to express the sinner's completion of a [rite] of passage from the alien-
ated existence of sinner to the bonds of Christian fellowship and community. The process of conversion often resulted in a cataclysmic seizure of the person by the Holy Spirit that catapulted all into a rapture of ecstatic joy and praise. The experience was collectively cathartic. In the slave community, uninhibited shouting and praise temporarily obliterated secular distinctions in status between the slaves. It was a process in which personalities disintegrated by the social chaos of oppression found meaning and commonality by fusing with others in a collective act of self-affirmation and even defiance. [FN93]

Dan Edwards, a lawyer and Episcopalian priest, pointed out that “[i]t is most often painful experience that wakes us up and sets us searching for authentic meaning.” [FN94] Edwards wrote that lawyering, with all its layers of vexing challenges, was “the context which set me in search of faith, the context in which I found faith, and the context in which I practiced faith.” [FN95] Indeed, the struggles of law school and in the practice of law should compel introspection, leading one to ask: Why am I here? Why am I putting up with this, for what larger purpose? Where am I going and how did I get here? What is this all doing to me? Do I have it in me to get through this? Is there enough good in this to *278 make it worthwhile? With whom must I connect to get through this? [FN96] As spirituality has become a universal word to denote the human search for direction and meaning, for wholeness and transcendence, [FN97] these questions should be recognized as ultimately spiritual ones, and the work of answering them as spiritual work.

As stated earlier, we each have a spiritual dimension that we can nurture in the same way we do our physical and mental selves. We can ignore our spiritual dimension and let it grow dormant and invisible; but even then, it remains ready to flower, imminently available. Thus, the opportunity is there to prod gently at the souls of our students, encouraging the bloom. One may ask, “But why the law school? Send them to the chaplain.” My response is simply that law school and the law are instruments of a much larger enterprise. The spiritual offers a glimpse of and an explanation for this enterprise. If one goal of legal education is to develop great human beings who practice law, professors need to assume some responsibility for maintaining the human and the humane in our beings. [FN98] Agreeably, there are spiritual resources outside the law school that may well serve as the primary source of spiritual development for our students. However, our experiences as lawyers and law teachers engender a special understanding and appreciation for a law student’s journey. As long as we lay the markers that define the journey, *279 we--who can detach ourselves from the baggage of our own legal cultural upbringing and who feel comfortable helping our students feel and flex their spiritual sinews--should make it part of our professional role to do so. The initial efforts may be small and tentative as we probe our own capabilities and the appropriateness of our methods. But, just as a beach begins with a grain of sand, so too can institutional change begin with small, thoughtful steps.

Recognizing the spiritual within the law school also reminds us that the sacred pervades everything, including our working place and professional lives. It resists being bottled within our private lives, allowed only occasional seepage into what we might consider our secular work. Instead, it challenges us to seek integration between the spiritual and our work, using the spiritual to elevate our work, and our work to move us toward spiritual growth. [FN99] In his book, Care of the Soul, Thomas Moore wrote that “spiritual life requires constant attention and a subtle, often beautiful technology by which spiritual principles and understandings are kept alive.” [FN100] Moore intended the phrase “sacred*280 technology” to include both the traditional religious practices that help us remain conscious of spiritual ideas and values and the activities of ordinary daily vernacular life. [FN101] For lawyers, “daily vernacular life” is largely our work, and our spiritual task is to “wake up to the holiness of the office, the factory, the kitchen table, and the bedroom.” [FN102]
B. Looking Up

The genesis of this Article occurred while I was in a meeting addressing the eternal questions of improving access to the judicial system. While listening to the familiar litany of problems and potential solutions, I thought about the difficult cases that none of the proposed solutions addressed. As I contemplated what factors make cases particularly difficult, one that came to mind was the “hardness of heart” of the litigants and how attorneys often fan the flames, stiffening clients’ resolve. I then thought about some of the court-mandated measures that were designed to make clients rethink their circumstances and behave differently and better. For example, our family court has mandated divorce education with a forceful emphasis on the children of the marriage. [FN103] The program seeks to jar battling parents into paying more attention to their children's needs, rendering the parents less self-absorbed and in sync in their decisions regarding the children. [FN104]

Similarly, the court-required use of alternative dispute resolution methods can help disputants see with new eyes and work toward less harmful, more healing solutions. [FN105]

*281 How does one encourage disputants to use these procedures in the spirit in which they were intended? If we move disputants through required procedures with no effort to orient them toward the “higher” motives—cooperation, reconciliation, and healing—that undergird these procedures, we should not be surprised when litigants step mechanically through them, forming little or no engagement with the intended benefits. Should lawyers take the responsibility for turning their clients toward higher goals and making them better people? I think so. Joseph Allegretti wrote:

[The lawyer has a personal moral obligation not to let a lawsuit degenerate into bitterness and revenge. If she refuses to play petty games of harassment, for example, and declines to project all the evil in the world upon her opponent, then her client will be more likely to accept something less than the complete and utter destruction of the other party.

At the same time, the lawyer should work to defuse the anger and bitterness of her client (to do so, of course, she must first encourage her client to air those feelings and come to terms with them). Even though a lawsuit can sometimes be justified, it is still a form of violence, and the lawyer should try to restrain its force, not give it full rein to devastate the lives of litigants, lawyers, and third-persons. [FN106]

I believe that lawyers need to develop the habit of reaching their own higher ground in order to do the same with their clients. If we rarely scale the heights to which our spiritual dimensions point us, we are less able to genuinely share with clients the vision and aspirations gained on higher ground. In her recent article, To Be the Change: Finding Higher Ground in the Law, [FN107] Paula Franzese exhorts lawyers to recapture the virtues (“dignity,*282 mutual respect, cooperation, peacemaking, independence, and prudence”) and to hold them out to an increasingly troubled world. [FN108] She quotes the poet-traveler Rene Daumal, who wrote, “One climbs; one sees. One descends, one sees no longer but one has seen. There is an art to conducting oneself in the lower regions by the memory of what one saw higher up.” [FN109] Part of Franzese's point was that one should see and experience the world from a “higher” plane because doing so alters the person even after descent. It is the altered lawyer who can best visualize healing possibilities and lead a client toward them. It is the altered lawyer who can touch the best in a client and encourage him to ascend the mountain path.

I mentioned the word “habit.” Writing about appellate decisionmaking, Karl Llewellyn observed how
judges have professional habits that “guide their thought and perception and accustom them to see certain things as relatively more important than others, thereby setting in advance the terms in which any debate about the proper decision of a case must be conducted.” [FN110] Likewise, lawyers have professional habits borne of experience and repeated behavior. These habits hone intuition, trigger responses, define comfort zones, and form inclinations. When law schools teach students to “think like lawyers,” the schools imprint them with a pattern, a method of analysis that students internalize and later draw on to solve problems. The pattern is presented not once, but daily and often, whether specifically in a legal methods course or in the flow of a well-executed Socratic dialogue, with the hope that students learn and form the habits of lawyer: reasoning.

I seek a way for law schools to legitimize and remind students of the higher ground with the kind of regularity that inspires habits. I do not propose a broad, comprehensive spiritual *283 methods course. Instead, I use the word “spiritual” in my professional vocabulary to signal its acceptance in my classroom and, by extension, in our culture. I use it to remind my students of the voice inside them that insists on the heroic, not only in themselves but in others too.

C. Remembering the Soul in Law

Law is ultimately a human enterprise. As Roscoe Pound once remarked, “[L]aw isn't something that exists as a closed system within itself, but draws its juices from life.” [FN111] Legal professionals give credence to this concept but often discard it the moment they begin to discharge their professional duties. The pattern originates in law school where, on the one hand, students hear about the noble aspirations of the legal profession and, on the other, they learn a method of doing and thinking that tends, at best, to neutralize and, at worst, to trivialize a student's desire to be humanly noble through lawyering. Paula Franzese wrote:

For that matter, the business of legal education too often tends to divorce humanity and, indeed, our own humanness, from the study of the subject matter at hand. This tendency is tragic. Lawyers are not automatons, technicians, or hired guns. We are people, representing people in need. To separate virtue from education sets a terrible example and establishes bad precedent. The separation of heart from mind may explain why so many law students and later lawyers are miserable. [FN112]

Several years ago, Ann Scales and Karl Johnson made the point more starkly, and not without some hyperbole:

We watched as our students covered themselves with the person they thought they had to become. It was excruciating to see them in clinic: nearly ready to leave us, dealing with their own cases for the first time, they knew nothing else to do but play dress up. They were mortified when the costume didn't fit. They were awkward and incompetent and they knew it. Desperately they looked for authority in rule or role to tell them what to do. They couldn't tailor their costumes to fit because there was nobody inside they thought they could use as a model. We had gotten them to believe *284 they could “think like lawyers.” They were disabled as humans. All of their human capacity to deal with real life was finished: they had become terrible problem-solvers. We gave them the tools to finish off their humanity. [FN113]

Scales and Johnson characterized an ingredient to traditional law teaching as requiring students “to check their souls at the door.” [FN114] Recalling the familiar “I don't know anything about art, but I know what I like,” they offered this variation in describing the product of legal education: “I know everything about law, but I don't know what I like.” [FN115] Milner Ball provided a less cynical but similar message,
writing that when law school teaching lapses into rules-centered inertia, it can only create “lawyers technically accomplished in rules.” [FN116] Ball quoted Myres McDougal, who observed that “the over-all organization of curricula and the detailed patterning of most particular courses in Anglo-American law schools” was based on a conception of law as a mere body of rules, and that legal education's organizing principle was “that of legal technicality, with particular subject matters purportedly demarcated and arranged in terms of highly ambiguous, overlapping and contradictory concepts of authoritative myth.” [FN117] He cautioned against an undue mincing of life while engaged in the reductionist processes of law, lawyering, and the teaching of law. [FN118] He advocated the preservation of the “possibility, scope, even dignity” of human life even as we must work within that part of the law that reduces human life to manageable order. [FN119] It is a tall order, requiring, as Professor Frazese noted, “significant strength of spirit” to “define our mission mightily.” [FN120]

Several years ago, James Elkins wrote that “[t]eachers of law need ways of thinking and talking about legal education that will help us and help our students to confront, critique, and ‘see *285 through’ the prosaic, technical legalism of law school.” [FN121] “We need,” said Elkins, “a language that makes rather than denies meaning.” [FN122] Elkins was reaching for what I would call “spiritual talk.” [FN123] It is our spirituality that nudges us toward deeper transcendent meaning, making us pin our immediate reality on something grander. It is the part of us that resists reduction, that allows messiness and leaves sometimes troubling interstices to be filled through faith and intuition.

IV. A Spiritual Tool--Quest Journaling

How do we, using James Elkins' words, bring “a spiritual sensibility in our professing and in our profession”? [FN124] It was *286 Elkins who exhorted legal educators to “combat the fears evoked by the specter of an education in law that acknowledges a life of the spirit.” [FN125] Elkins was correct when he wrote that the elaborate conversation that is legal education requires “new images and metaphors that make new meanings possible.” [FN126] While spirituality may not be a “new” image, it is one that succumbs regularly to the fear of desecularizing legal education. Elkins would say that giving spiritual sensibilities a place at the table would enhance the conversation. But the question again is “how?”

A starting point would be to use the word “spiritual” without flinching, and to accept the obvious: that the uncomfortable shades of gray that invariably enshroud real, live cases, hint at the mysteries and tensions of life, and thus, of the law. An overlay of the spiritual only adds to the mystery because matters of the spirit are often mysterious and even illogical. [FN127] Delving beyond the boundaries of the rational would be a reach for a culture in which prevailing norms and propensities are not “natural-ly tolerant of gaps and disturbances.” [FN128]

Including “spirituality” in the normative vocabulary of the law school culture, or at least of its clinical component, would give breath to all the well-intentioned calls for changing the way that law schools help people become lawyers. Whether it is in Kronman's nostalgia for the lawyer-statesman, [FN129] or in Ball's description of people whose law-related practices stay hard and *287 fast to the dreams of bliss, [FN130] or in Carrie Menkel-Meadow's reminder that any change in the law school curriculum must be attentive to “the human arts of lawyering,” [FN131] there needs to be a soul in the cries for righting our path. Thomas Moore called it “the spirituality of transcendence,” a spirituality that infuses our “lofty quest for the highest vision, universal moral principles, and liberation from many limitations of human life.” [FN132] M. Scott Peck decried the absence or irrelevance of “soul” in the rancorous debates about euthanasia. [FN133] Likewise, the absence or the perceived irrelevance of “soul” in the teaching of the law
should be disturbing.

Once again, I return to the “how” question, one daunting in its breadth and complexity. To move forward, I rely on the words of the late puppeteer, storyteller, and ventriloquist Shari Lewis, who once posed the riddle, “How do you eat an elephant?” The answer: “One bite at a time.” Consistent with this, I propose a modest bite in the form of “quest journaling.”

The next part of this Article presents several exercises that law teachers might integrate into the journaling work that they already assign to students. Collectively, these exercises represent a small step toward fitting spirituality within the busy, nonspiritual culture of legal education. They are meant to be “port-able,” of use to students after a semester's end and beyond law school. This comports with my hope that we nurture students into becoming lawyers who acknowledge their spiritual dimensions, striving to preserve the connections between their work and their spiritual journey.

A. Preliminary Comments

In my elder law clinic, I occasionally asked my students to *288 write on specific questions. I wanted them to give form to otherwise nascent thoughts and feelings. [FN134] Often the writing was followed by conversation, during which students were invited to use their writings as a starting point for discussing the assigned questions. Conversations were sometimes halting, sometimes purging, but always supportive. [FN135]

This process of directed writing and sharing was designed to provoke both an intellectual and a deeply emotional response. I wanted to trouble my students, then have them find the source of the “rub.” My hope was that their clinical experience could be used to circle them back to the seminal issues of purpose, meaning, their personhood, and that of others. I knew of the dangers of narcissism but hoped that by looking inward, my students also could be directed to look outward to find their connection with, and responsibility to, a greater community good. I wanted the process to produce a sense of “questing,” a journey driven by a high calling. [FN136]

The downside to this process was that it occurred only at certain points in the semester. An ongoing process throughout the semester would have offered a greater benefit to students. *289 Slowly it occurred to me that journals provided a good vehicle for this and could accomplish what I was doing through the periodic exercises on a continuous basis, extending even beyond the semester. I envisioned what Thomas Mallon called a “pilgrim” journal, one for those seeking “to discover who they really are.” [FN137] Mallon described such journalers as “generally very serious people, more in the way of pilgrims, with inward destinations, than mere travelers.” [FN138] Grafting the idea of pilgriming, or “questing,” onto a commonly used and accepted law school teaching tool struck me as a way to comfortably bring the spiritual into the classroom.

Law teachers commonly use journals in their classes, particularly in clinical courses. [FN139] Typical goals for a journal assignment include fostering self-reflection and self-awareness; encouraging self-learning; improving problem-solving skills; releasing stress; using the writing process to improve learning; and providing a place for dialogue between student and teacher. [FN140] Journals provide an important place where the writer can actively reflect and integrate new knowledge with old, thereby propelling a continuing cycle of planning, doing, reflecting, and integrating. [FN141]
The concept of quest journaling elevates the self-reflective part of journaling and sets it within the context of a “higher journey.” It consciously drives the writings beyond mundane description and gives reflection a grander purpose. By way of reflection, it helps to “illuminate” a student's life so that a student can live it more fully. Fueled by clinical experiences and guided by a law school instructor, quest journaling lodges one's “law” journey within one's human journey, reminding the writer of the relationship between the two. It evaluates the worth and defines the place of the “law” journey in one's life.

I intend quest journaling as a supplement to what law teachers already accomplish by assigning journal work. Law teachers have grown increasingly thoughtful in their use of journals as a pedagogical tool. However, the reflection called for in students' journals tends to focus on recent “outer” experiences in their “law” lives. Students are asked to reflect on their encounters with other people in the law, on the behavior and decisions of supervisors, classmates, judges, clients, court staff and others, on law firm or agency culture, on assigned readings, on lectures, on research assignments, on law institutions with which they have contact, on ethical dilemmas arising from a case, on law in general. My invitation to try quest journaling builds on this introspection and asks students to think specifically about who they are, where they come from, and where they are going; the values, purposes, and meanings that drive them; and the place of the law with respect to all of this. My intent is for students to sense, if not touch, an underlying reality and order; this is spiritual work. Some of this naturally occurs in the reflection that students already do. However, fuller answers surface when the questions are designed to evoke them and when professors use a variety of journaling techniques in a conducive setting.

What follows are five blocks of journaling exercises for use in a clinical setting. They provide models from which adjustments can be made.

I have drawn from the works of Abe Arkoff, Ira Progoff, Tristine Rainer, and David Dominguez in explaining the five groups of exercises below. These exercises represent starting points. They serve to inject full-bodied spiritual work into both the hustle of a law student's ordinary day and the linear, rational sheen of legal culture. I have only begun to introduce this into my own classes, not without some trepidation. Instead of waiting for tried-and-true results to report, I offer these exercises now and invite others to experiment with and improve on them.

Quest journaling relates to one's attempt to understand ultimate truths about one's self and one's world. It may compel some students to refer passionately to a deity. For others, reference to the metaphysical may be subtle or absent. Once again, it is not so much the metaphysics or doctrine espoused that makes this work spiritual, but instead the quest for an abiding truth.

One final note: The core of clinical legal work remains the work itself, the lessons we learn, and the service we hope to provide. Work's sacred dimension will always be defined primarily by the values and the attitude of service we bring to it. Quest journaling is intended to enrich this core experience, to remind students of this dimension, and to create opportunities for casting students' work in this light. While it is itself spiritual work, journaling also should be viewed as an instrument for illuminating the spiritual undertones of our clinic work.

B. The Exercises

In his book, The Illuminated Life, Abe Arkoff guides his students and readers through four-
teen questions designed to produce life-illuminating answers. [FN150] From these, I have culled *293 five. They focus on: (1) who a person is and where he/she is in life; (2) the crucial events and persons who helped bring a person to his/her current place; (3) the student's assets and potential; (4) the student's coping mechanisms; and (5) the student's goals. These categories provide the foci that inform the different exercises.

The written exercises below are meant to be done in a group, preferably in a place where the students can relax and feel comfortable. They can be part of an existing journal, or done separately either on individual pieces of paper or in a tablet designated for the exercises. [FN151] Students should understand that they are about to do something different from normal law school fare. In fact, teachers should explain the purpose of the exercises. Needless to say, the teacher should acknowledge any student discomfort, while encouraging the student to try the exercises. A few simple relaxation techniques such as closing one's eyes, taking deep breaths, and focusing on a calm mental image might help.

Any of the exercises below can be selected, but they should not be completed in isolation. Upon creating a comfortable environment for the students and directing them through an exercise, the instructor should take one more step. After students are given an adequate period to complete an exercise (about 10-20 minutes), they should separate into small groups of 3-5 students each. In each group, the students have an opportunity to share whatever they wish, one at a time. No one is forced to speak. The students who listen must listen attentively without interjecting, in a way that makes their caring silence helpful. They must become a “caring presence.” [FN152] One who serves as a “caring presence” pledges four things:

*294 (1) This time belongs to the speaker.

(2) I will clear my mind, receive all that is said, and form neither assumptions nor conclusions that will block me from hearing everything said.

(3) I will try to understand and accept the speaker's world.

(4) I will respect the speaker's ability to help him- or herself. [FN153]

Listeners may speak only when the speaker invites responses. [FN154] Our lawyer training may cause us to immediately provide counsel. However, as caring presences, students are asked to refrain from rescuing, fixing, or advising unless requested. This is not easy. It means allowing the speaker to summon his or her own insights and strengths.

This time for sharing is important. It is the only time the student has to disclose what he or she wishes to share. The student's entries remain otherwise private. Teachers should not expect to review the written responses. This preserves the safety of quest journaling and the student's privacy.

Teachers should actively participate in the exercises, doing them with the students. This not only helps the teacher actively gauge the effectiveness of each exercise, but communicates the teacher's commitment to students and the journaling process.

The five questions and the exercises that accompany them follow:
1. Finding Our Bearings--Where and Who Am I?

A good place to start is the “present,” the most current period or phase in a student's life. Ira Progoff described the present as elastic, “stretching the present moment back as far as it needs to go in order to include as much of the past as is still an active part of the present.” [FN155] For each person, this unit of time is different in duration and content. [FN156]

*295 Progoff, who developed the concept of the “Intensive Journal Process” and a workshop to teach the process, begins with a warm-up exercise. He instructs participants to close their eyes, relax, and quietly feel the movement of their lives. [FN157] While doing so, participants think about the question, “Where am I now in my life?”, and allow an answer to take shape in general terms. There is no deliberation, but thoughts may come that help form boundaries and characteristics of their “present” period. Some may think of the present as beginning when a new project began, when marriage or childbirth occurred, or when a period of hard work, confusion, or waiting commenced. [FN158] For law students, it could quite simply be when law school began. Participants are asked to perceive uncensored the images and feelings that come to characterize the movements in their lives. Progoff then instructs participants to write, without judgment or deliberation, the perceptions and images that came to them during their period of tude. [FN159] These images are to be received and accepted as reflections of the inner situations of their lives--nothing more, nothing less. Nonetheless, they provide a sense of the present.

This nonconscious exercise then gives way to more conscious work in which participants are asked to recall the salient and specific details of the present period. [FN160] The question is again posed: “Where am I in my life?” Abe Arkoff provides a two-part structure for this phase. He begins with a brief survey *296 wherein he asks participants to complete each of the six incomplete statements below:

(1) At this time in my life, I need . . .

(2) At this time in my life, I regret . . .

(3) At this time in my life, I fear . . .

(4) At this time in my life, I hope . . .

(5) At this time in my life, I take pride . . .

(6) At this time in my life, I am determined . . .

Then, taking one or more of the just completed statements, participants are asked to compose a larger answer to the question, “Where am I now in my life?” Arkoff suggests that the teacher or leader use the opportunity create his own essay. [FN161]

Arkoff also developed an exercise to help individuals articulate the concept or picture they have of themselves. Posing two simple questions, “Who am I?” and “Who am I not?”, he suggested selecting one or both questions and developing a response. [FN162] The response could take any form--an essay, a drawing, a collage, [FN163] a poem. What may work particularly well is a *297 technique suggested by Tristine Rainer [FN164] and used by Arkoff: listing. Lists provide a simple time-saving method of enumerating thoughts, feelings, and perceptions without complete sentences. [FN165] It is particularly useful
when one feels overwhelmed by the magnitude of something that needs to be articulated. [FN166] Arkoff provided the following list of brief but telling responses from a friend named Mary Elaine, who battled cancer and described herself this way:

Who am I? I am . . .

(1) an individualized expression of the energy I call God.

(2) a cosmic dancer, dancing through the Valley of the Shadow of Death.

(3) a constantly evolving pilgrim on a spiritual path.

(4) a risk-taking, curious adventurer.

(5) a believer of fairies, elves, gnomes, magic, miracles, and the Land of Oz.

(6) a creative artist.

(7) a loyal friend.

(8) a nourishing mother.

(9) a devoted wife.

(10) a fun and wise grandmother.

(11) a generous but prudent giver.

(12) energy living in a human body.

(13) a vital lover of living.

(14) ME, Mary Elaine, who likes being a living, loving woman. [FN167] *298 These were essential aspects to who Mary Elaine was. While she was also a gardener and swimmer, she excluded these as peripheral. What she captured were central defining characteristics that told her irreproducible story of self. The distinctness of each person's life narrative reflects one's personal uniqueness, and the telling of one's story therefore has the therapeutic effect of “ego strengthening.” [FN168] The process reveals for the teller his or her story of triumph and tragedy. It is a story that, when unlocked, would require volumes to record it adequately. This hints at the infinitude or fathomlessness of the self. [FN169]

Arkoff also referred to two additional self-images. The first is the “Desired Self,” [FN170] the self one would like to be. While acknowledging that the desired self may demand more than a person can be realistically, it can also provide an image that inspires or guides. [FN171] It may simply be a moral image—“a self [one] should be”—or a self one must be. The second is the “Feared Self,” the concept or picture of the person one is afraid of becoming. [FN172] It could be a rational portrayal of what one might come, [FN173] or it might be far-fetched and irrational. Both images *299 may be assembled using any medium—drawings, poems, lists, essays, collages, or anything else. When completed, these two images,
together with the present self-image embodied in the “Who am I?” exercise, tell of what a person is, is not, can be, cannot be, should be, should not be, must be, and must not be. Arkoff suggests that the meaning of all three constructions—the Self-Image, the Desired Self, and the Feared Self—be considered to determine (1) what each has to say about the person, and (2) the way each image affects the person's life. [FN174] Synthesizing all three outlines of self brings new insight or clarifies what had been vague and latent understandings. None of these exercises, standing alone, will uncover everything or even answer anything. Done thoughtfully, they create paths of illumination.

2. Crucial Persons and Events--Turners and Turning Points

If the first exercise is autobiographical, this second block of exercises reaches out to recognize the connections with other people and events. This has been characterized as “dialogue.” [FN175] This component recognizes that our individual stories grow in important ways from two-way encounters with other people and external events, and that the effects of these interactions can outlast finite relationships and chronological boundaries.

a. Our Significant Others

Who are those persons most significant to us? For journal purposes, Ira Progoff described such persons as “individuals [300] whose existence, as well as, actions has an important bearing on our life as we experience it from an interior point of view.” [FN176] Progoff wrote that we would recognize them “by the strength of our feelings, by our intuitive and emotional perceptions,” noting that they “awaken intimations of greater meaning in our lives, drawing us to [them].” [FN177] He also indicated that in journaling about a significant person, one should select a person with whom one's relation “has some further step of clarification or development.” [FN178]

While the obvious choice for many would be a parent, a child, a sibling, a spouse, or a friend, a significant person could be anyone. Using Progoff's criteria, it could be anyone we love, admire, or respect, and even someone for whom we have far less positive feelings. The individual could be alive or dead, [FN179] or even a nonperson.

To explore the relationship with a significant person, Abe Arkoff suggested an exercise he labeled, “Significant Correspondence.” [FN180] The first step involves selecting one significant person with whom important things were left unsaid or unheard, and writing a letter setting out the things that should have been spoken. The second step recognizes that because our encounters with others are two-way streets, they should not be defined exclusively by one person's consciousness. [FN181] Recognizing this, Arkoff instructs the writing of a second letter, this time putting the letter writer in the place of the person to whom the first letter was written. [FN182] Recognizing the difficulties of “becoming” the other person, the student is counseled to do his or her best. Then, as that person, the letter writer pens a response. With both letters in hand, the writer's final step is to jot some thoughts on (1) the most interesting, curious, and significant aspect of the exchange, and (2) what he or she learned from it. [FN183]

[301] A related exercise is the “dialogue,” a journaling technique in which the writer has an imaginary conversation with the significant other. Again, the journaler creates both parts of the dialogue. [FN184] Tristine Rainer wrote that “the greatest advantages of writing dialogue with another person . . . are derived when each side states its position clearly and with conviction and then listens to the other side carefully and with an open mind.” [FN185] In both letter exchange and conversation techniques, the journaler is com-
pelled to consider the point of view of an important “other” and in doing so, receives an altered perspective on himself and his experiences.

In choosing a significant person with whom to have an exchange, a law student might consider someone who inspired or led him or her to the study of law. A student questioning his or her place in law school may want to imagine what the significant person might say in response. On the other hand, a student who has found a niche in law study might consider an exchange where words of gratitude, affirmation, and additional encouragement are shared.

*302 b. Significant Events: Turning Points

Ira Progoff devised the idea of “steppingstones” to help students see the movement and developing stages in their lives. Using the listing technique, participants in Progoff's journal workshops develop a dozen steppingstones, each describing in a few words the significant events that brought him or her to the present. [FN186] Like the interpersonal connections we consider as we think about significant others, so too do we think about lines of connectedness and continuity as we discern the patterns drawn by the significant events in our lives.

To describe the same concept, Abe Arkoff uses the term “turning points.” I like the term because it suggests that the most significant events in our lives gain importance in how they actively redirected us in external (like a geographical relocation) or internal (by causing internal human transformations) ways, causing movements in our lives and in how we live them. These events can represent chapters, signaling the end of one way of living, and the start of a new way. [FN187] Each turning point could be reduced to an essay, but a listing of items that somehow embody the crucial shifts in one's life is easier and effective. [FN188]

*303 To develop a list of turning points, Arkoff instructs journalers to set forth in chronological order six to ten of the most important turning points in one's life. [FN189] Each point should be described in a phrase or one or two sentences. The journaler then describes why each event was indeed a turning point, by identifying the “considerable, continuing, or lasting effect” of each item. [FN190] The point of this exercise is not to return to the past and remain there. Arkoff refers to the process as “creative reminiscence,” by which the recollection and sharing of the past creates a better present and future.” [FN191]

Many law students probably would consider the present turning point or steppingstone in their lives to be the law school experience. Recalling how they got there, recognizing its place in the lines of continuity within their lives, trying to determine whether their current experience accords with their still unfolding life script, and deciding what they may have to do if it does not, should all be things to think about as the student reflects on these turning points.

Arkoff suggests an additional exercise that could prove interesting to law students who, as their three years in law school come to an end, face many questions. Do I take this job or not? Is it consistent with why I chose to study law? If I do not take this job, what then? What are the competing factors I must weigh? Is there no place in the profession for me? Arkoff's exercise, which he labels “The Time Machine,” projects the journaler into the future to explore alternative courses of action. There are three parts to this exercise: (1) describing two realistically possible, but different, futures: Future A and Future B; (2) describing what happened when the journaler chose and traveled to Future A, and what happened when the journaler chose and traveled to Future B, starting with a line such as, “Here I am, five years later, and this is
what happened”; and (3) discussing the experience in the Time Machine, including any new or deepened
downs and any conclusions the student reached. [FN192]

3. Potential and Assets: What is Possible and What is There?

Law students come to us with special gifts. Their intelligence, diligence, wisdom, and courage are often striking. However, for some, keeping their sights on their gifts and promise is a constant challenge. Reminding them of the strengths that brought them to law school and helping them discover and use their gifts is part of the work of law school teachers. As clinicians, we are also charged with connecting those gifts with the needs of clients and communities. Helping students to see how their skills might be something the world needs and wants has a spiritual dimension. That gifts might come from somewhere for some purpose is a notion we all grapple with. They suggest a source, formulate purpose, and connect us to those we ultimately serve. In addition, our undeveloped gifts, our potential, pull us to grow toward our best selves.

*305 These ideas are embedded in the exercises dealing with one's potential and assets. One exercise Arkoff suggests is “The Growth Garden.” He has participants open their journals and draw a garden divided into various plots, some small, others larger, each representing an area of one's life (such as family, work, school, recreation, spiritual pursuits, etc.). [FN193] The manner in which each plot is drawn reflects its current condition. As the participant considers the garden, he or she is asked to think about which plots are nicely planted, cared for, and blooming, which plots are full of weeds, untended, or even not sown, and which parts crowd out or overwhelm the others. [FN194] The participant is then asked to describe in words (1) the growth he or she has achieved, (2) the growth he or she still needs, and (3) the steps that need to be taken to attain that growth. [FN195]

Arkoff also supplies additional questions to stimulate thought on personal growth and potential. I list a few here: (1) Would you be willing to settle for an “ordinary life”? If not, what would it take to make your life acceptably “extra-ordinary”? (2) What obstacles to growth have you found in yourself and how have they affected your life? (3) Are you a risk taker or a security seeker? What are the relative strengths of safety and growth forces in your life? Describe this aspect of yourself. (4) Describe the personality change or personal growth you have noted in yourself during your high school and/or college years (or in our case, “years in law school”). [FN196]

Turning now to identifiable strengths, one way to identify one's strengths is to look at one's personal accomplishments and reflect on the personal assets required to reach them. Arkoff has developed a three-part exercise. First, he instructs participants to list accomplishments of which they are proud. The accomplishments should consist of things a person “created, achieved, *306 developed, learned, overcame, or won.” [FN197] They could be as mundane as overcoming a fear, making peace with a difficult relative, learning a skill, overcoming misfortune, earning a degree, or maintaining a successful family life. For a law student, it may be gaining admission to law school, receiving a job offer, passing a particularly difficult subject, or performing well when called upon in class. The participant should extend the list as far as he or she can. The participant then considers the personal qualities that were needed to arrive at each accomplishment. [FN198]

The qualities that consistently appear as instrumental to one's accomplishments are what Arkoff calls “harvest qualities,” attributes that are “well developed and put to good use in our lives.” [FN199] As a second step, Arkoff instructs participants to list five harvest qualities. In addition, Arkoff suggests identi-
fying at least one “seed quality,” a quality that one possesses but needs to develop in order to improve one's life. [FN200]

As a final step, Arkoff has the journaler imagine that his or her harvest qualities could be sold with the understanding that once sold, they would be gone forever. Assuming this to be true, the journaler then writes the price he or she would request for each harvest quality. Having done this, the journaler is asked two questions: (1) Do you have some harvest qualities that you would hate to lose or would refuse to sell at any price? Why? What difference would their absence make in your life? (2) Have you been sufficiently mindful that you possess these qualities? How does recognizing these valuable qualities in yourself influence your attitude toward yourself now? [FN201]

*307 As to the underdeveloped seed quality, Arkoff suggests a simple exercise called the “Transforming Appellation.” Participants are instructed to select an adjective and a noun that together compose an appellation or name that aptly describes the person with the seed quality already developed. [FN202] For example, if a student would like to stand his or her ground better, a transforming appellation for that person might be “Sturdy Oak.” Or, a student seeking to be more daring or adventurous, might choose “Bold Eagle.” The journaler then draws an image that captures the appellation. The image can then be recalled to remind oneself of the seed quality one wishes to cultivate. [FN203]

4. Rising Above Pain--Coping Mechanisms

The challenges of learning and practicing law are not easy. They prod us to ask inwardly, if not outwardly, “How do I get past my fears, my sense of inadequacy, my anxieties, my suffering? How do I remain hopeful and constructive?” These are meaningful questions that explore our frailties while exposing the daily acts of heroism that get us through our winters. That we constantly transcend our limitations to do the hard work of lawyering has a spiritual dimension. It can affirm our inner strength, temper our soul, provide a metaphor for the way the spiritual transcends the physical, and cause us to examine our connectedness with others, the connectedness we often need to successfully cope.

Arkoff offers an exercise to explore how to find a solution to a vexing problem. In “The Fable,” the journaler uses Rainer’s *308 “altered point of view” technique [FN204] to gain some psychological distance from the problem in the hope of finding a different approach or perspective. Here, Arkoff instructs the journaler to think about one of the most difficult problems or worst obstacles he or she now faces. The journaler then writes a fable about the problem, molding the story as if it were happening to someone else or some other thing, and in a faraway time and place.

Arkoff splits the fable into four parts, providing the beginning phrase for each part. Part 1 introduces and describes the problem; Part 2 requires the journaler to dwell on the problem, making it as vivid and formidable as possible; in Part 3, the journaler poses a solution to the problem; and in Part 4, the journaler arrives at the larger truth or moral of the fable. The four parts are introduced by the following phrases:

Part 1: Once upon a time, far, far away . . .

Part 2: It would seem impossible to work this out because . . .

Part 3: Then one day . . .
Part 4: And the message of this story is . . . [FN205] *309 This exercise is not meant to evoke a comprehensive review of one’s coping methods, [FN206] but to prod the journaler to reflect on a particular struggle, recasting it to see if an obstacle can be surmounted. It is a form of what Arkoff calls “positive reinterpretation,” an appraising or reappraising of a stressful situation “so that it becomes more of a positive force in our lives.” [FN207] Obstacles are then viewed as adversities to be used, self-imposed problems to be released, a price that should be paid, imperfections to be accepted, a gift to be uncovered, an unsolvable puzzle to be outgrown, or a question to be lived. [FN208] In addition to being an exercise in a kind of problem solving that approximates what lawyers do (i.e., “turning” the problem around to view and approach it from different angles, or simply “putting on different eyes”), “The Fable” provides a model for viewing life challenges as a positive force that helps guide us in our personal journeys. It reminds us that meaning and joy can come through the work of responding to those challenges.

5. Goals--Rewriting One's Mission Statement

I recently discovered Professor David Dominguez's *310 thoughtful article, Past imperfect. [FN209] In it, he describes how he uses the personal statements that students submitted with their law school applications as a pedagogical tool. These essays are often searing self-studies, compelling an exploration of all the questions I ask here. Having students revisit their essays and rewrite them after some period in law school, as Dominguez has his students do, is a powerfully reflective exercise, one that could be used for any of the five questions I want students to consider. However, because these essays invariably amount to a personal mission statement and describe how legal education would advance them toward their goals, I would recommend Dominguez's exercise as one way for students to reexamine their goals, their life direction.

Arkoff discusses the utility of goals this way: “A life without goals--what would that be like? For many of us, it is scarcely imaginable, or tolerable. We need goals to give direction to our lives. We need goals to inspire us and move us along.” [FN210] Although our goals are necessary, there is a tendency for them to change, to adjust with life's shifting sands. [FN211] Resetting goals becomes part of the ongoing process of rediscovering one's bearings, a process that always implicates various questions of identity, roots, personal gifts, and values.

Plotting one's course by way of goal-setting can be difficult. Arkoff contends that part of the challenge comes from simply not knowing how to set goals. He offers seven questions to help the journaler think about several aspects of goal-setting: (1) What exactly do I want? [FN212] (2) Why do I want it? [FN213] (3) Do I believe I can get it? (4) What do I need to reach my goal? [FN214] (5) *311 What other goals conflict with this one? [FN215] (6) When will I begin? (7) When will I arrive? and (8) Can I accept the goal? [FN216] The second question, “Why do I want it?”, is a particularly notable inquiry because it helps the journaler identify the “touchstone” or core desire embedded in each of one's goals. [FN217] Why we want quietly circles us back to questions of who we are, why we are here, and what we value. [FN218]

Using David Dominguez's exercise, I would suggest having students review their essays to (1) identify their goal statements, and (2) determine if their goals are changing in ways big or small, gross or fine. Perhaps their goals are fundamentally the same, subject to some refinement. Perhaps alternative goals may be set to accomplish an unchanging touchstone. Perhaps revisiting the touchstones embedded in each goal will reawaken and reenergize students to the values that moved them to consider lawyering as a profession. Students may want to consider a few of the questions posed by Arkoff in order to focus them on different facets of goal-setting.
Alternatively, students may be asked to go through the exercise of reading and responding to their original personal statements in a more complete way, as Domínguez envisioned. He distributes the original essays in one class, instructing his students*312 to “carefully examine the discrepancy between how they imagined law school would deal with their ideals and what in fact law school has done in that regard.” [FN219] He asks them to “reflect on written promises they made to themselves” and to query whether “the person they once were [would] recognize the person they have become?” [FN220] He then asks the students to rewrite their essays and to bring them to the next class.

V. Conclusion

I view spirituality as something embedded in each of us, and thus, I believe that we bring it with us into the law school. To the extent that we have nurtured it and allowed it to influence our behavior and thinking, and our lawyering and teaching, we have already brought our spirituality into the classroom. [FN221] I have attempted to encourage us not only to bring it in, but also to bring it forth. The spiritual in what we do needs to be publicly acknowledged, and not allowed to quietly exist nameless or be swept under some safer rubric. Much of law is imbued in matters spiritual. The very notion of justice, with its majesty and mystery, bespeaks something beyond us, something that we have some understanding of but have never captured consistently or perfectly. The fit between the law and the spirit should be close, and yet we never talk about it. This silence results in loss.

The question is how to bring it forth. In traditionally spiritual places, it is easy. In the law school, it is not. It requires courage, creativity, and a steadiness of vision to bring spirituality to the fore. In this Article, I have suggested that we begin by using the word “spirit,” or some form of it, to normalize it. I have suggested that we look at our daily, even mundane, clinical experiences, to see the grandeur of human experience in them, and consider their spiritual dimensions. [FN222] It will keep our eyes *313 on the higher ground, temper our souls, and reach for that part of us and the law that is deeply human and humane. Finally, I have suggested exercises that supplement and, hopefully, enhance the reflective work that clinicians call their students to do in their journals.

I do not pretend to have the answers, but perhaps, in spiritual matters, it is not the answers that are important. It is the asking of meaningful questions and the journey to find pieces of the answer that are more akin to the spiritual. [FN223] I hope this Article sparks dialogue and causes others to ask questions, and enter the assembly of discussants.

[FNa1]. Assistant Professor of Law, University of Hawai‘i School of Law. The author is grateful to his colleagues who get him out of his office and in contact with great people and ideas; his students who are sometimes skeptical of his thoughts but usually say “it's okay”; his research assistant, Brian Toma, whose quiet dignity is inspiring; and Helen Shikina for her ever patient technical support. Also, to all near and far who took the time to read and comment on drafts of this Article, you have my unending gratitude.


The court may hear testimony of any person or expert produced by any party or upon the court's own motion, whose skill, insight, knowledge, or experience is such that the person's or expert's testimony is relevant to a just and reasonable determination of what is for the best physical, mental, moral, and spiritual well-being of the child whose custody is at issue....


The issue collected manipulative and needy woman plunged her into “overwhelming feelings of frustration, helplessness and anger.” Stamm's struggle to make sense and peace with her perception of her client as a greedy the Law Student to Become a Lawyer: How Personal Perceptions Form Realities and Impact Our Role as Lawyers, 2 T.M. Cooley School illustrated the kind of spiritual crisis that students and lawyers typically face. Another clinical narrative by student Angela Stamm and her supervising attorney Marla Mitchell of Thomas Cooley Law in ways that traditional legal education has remained unequipped to do.

Although Hattie may have deserved her fate, neither Levitt nor her students were entirely comfortable about what they were doing to this elderly person and found themselves objectifying Hattie as a way to shield themselves from what they were doing and feeling. Levitt also sought refuge in the rules of the lawyering game: Hattie was not her client and therefore was not entitled to...
her growing sense of what lawyers must do. With the support and wisdom of her supervisor, Stamm ultimately was able to reach some reconciliation on an intellectual and even emotional level. Id. However, I was left wondering if her profound despair, her injury to spirit, was ever addressed.

[FN12] Professor Joseph Allegretti wrote: “Let me be clear: At its core the legal profession faces not so much a crisis of ethics, or commercialization, or public relations, but a spiritual crisis. Lawyers and the profession have lost their way.” Joseph G. Allegretti, The Lawyer's Calling: Christian Faith and Legal Practice 3 (1996).

Allegretti attributed a similar position to Anthony Kronman who wrote:

This crisis is, in essence, a crisis of morale. It is the product of growing doubts about the capacity of a lawyer's life to offer fulfillment to the person who takes it up. Disguised by the material well-being of lawyers, it is a spiritual crisis that strikes at the heart of their professional pride.

Anthony Kronman, The Lost Lawyer 2 (1993). Left unchecked, this crisis spills into the individual lives of attorneys and judges. Peter A. Donahoe, who directs the Attorneys and Judges Assistance Program for the Hawai‘i State Bar Association, described a common theme in the multifarious problems faced by the attorneys and judges he counsels: “People come to me with all kinds of problems. As different as they are, there's one common denominator, one gap in their lives. It's a lack of spirituality.” Les Peetz, Spirits Rising, Honolulu Mag., Sept. 1998, at 87.

[FN13] My colleague, Professor Casey Jarman, recently told me about a course she is teaching for the first time this semester. It is called “Sovereignty and Environmental Law,” in which Casey works with her students to contemplate how a sovereign Hawaiian nation might consider environmental issues and what plans might be developed to ensure a concern for the environment that would be consistent with a sovereign Hawaiian consciousness. One of Casey's assumptions is that students must somehow draw upon an understanding of a Native Hawaiian's mind and spirit to develop their methodology accurately. Casey has taught her students a Hawaiian chant to invoke the wisdom of sources outside themselves. In doing so, Casey reminds her students that their work has a sacred purpose; that its production must reflect interconnections with others; that their approach must be imbued with a certain humility; and that while their intellect is being developed and challenged, so too must theirs awareness of the spiritual be acknowledged and drawn upon. Interview with Casey Jarman, Professor of Law, University of Hawai‘i School of Law, in Honolulu, Haw. (January 1999).

[FN14] Stephen L. Carter, The Culture of Disbelief: How American Law and Politics Trivialize Religious Devotion 3-11 (1993) (arguing against our tendency to omit religion from our public debates. While cognizant of the importance of the separation between church and state, Carter argues that religions have an important place in the proper function of the republic, and calls for resistance against our cultural practice of trivializing religion and religious persons).

[FN15] Id. at 56. Carter agrees with legal theorist Michael Perry who urged resistance against recasting religious arguments into secular moral ones. Failing to resist would “bracket” religious convictions from the rest of one's person, splitting off an essential part of oneself.

[FN16] The possibility also lurks that if such a definition exists, it would defy the understanding of readers who either prefer to or are prepared to converse only in nonspiritual or nonreligious language. James White wrote:

I do not mean that this is anyone's fault, but I do think that there is now a deep disjunction between religious experience and public language of a kind that makes it most difficult to talk sensibly about religion in our common discourse.

That there should be such a gap between religious and other ways of talking should not be surprising, since there is much about religion, at least in the forms I know it, that is inherently ineffable or transcendent or mysterious. Think of what moves a people to build a cathedral, for example, or to make religious painting or music: a need to do something, say something, that cannot be done in words. If you could do it in words, you would, and save all that trouble.

Religion is not only a system of ideas or propositions, that is, but a mode of life; one of its functions seems to be to carry us to the edge of the circle of ordinary understanding and beyond it. It is not surprising that we have a hard time talking about religion in the language of our common intellectual culture, then, for religious experience is difficult to talk about in any language at all.


[FN17] See Kilgore, supra note 2, at 1.


In reasoning out the essence of man and reality, the great Greek philosophers deduced the existence of a spiritual state. Socrates discerned a timeless and transcending spiritual reality that was fundamental and all-comprehensive for which death served as a gateway. Richard Tarnas, The Passion of the Western Mind 37-38 (1991). Socrates concluded that one function of the intellect was to give each of us the capacity to reason our way to the realization of the spiritual dimension in each of us. Id. at 38. For Socrates, thought was an indispensable tool of the spirit by which man could discover the essence of his soul and the meaning of the world around him. Id.

Plato, who studied under Socrates and to whom the recordation and explanation of Socratic thought has been attributed, observed the celestial bodies, and in noting their mathematical order and seemingly eternal regularity, saw them as visible images of “immortal deities whose perfectly regulated movements were paradigms of the transcendent order.” Id. at 35-36, 50. In recommending astronomy as important to the attainment of philosophical wisdom, Plato thought that understanding the harmonious symmetry of celestial revolutions gave man access to understanding spiritual perfection. Id. at 48-50. Plato thought that the manifest intelligence underlying the timeless perfection of the heavens could inform the philosopher's life and awaken wisdom in his soul. Id. at 51.

The most characteristic elements of Plato's philosophy are described as including: (1) the search for and belief in the absolute and unitary over the relative and diverse, (2) the divination of order, (3) the tension between empirical observation and ideal forms, (4) the ambivalent attitude toward empiricism as something to be used only to be ultimately overcome, (5) the juxtaposition of primordial mythical deities with the mathematical and rational forms, (6) the religious significance of scientific research, (7) the complex consequences which Plato's thought would hold for later developments in western culture, and (8) the further juxtaposition of the gods (celestial deities) with the single God. Id. at 53. Plato believed that an active, intuitive mind could extract truth or the primary essence of things that transcended the external and the concrete. Id. This transcending, immaterial essence, which might have encompassed some freestanding quality like “goodness,” applied in humans as well.

Plato's most brilliant pupil, Aristotle, challenged his master's premise and held that true reality was in the perceptible world of concrete objects. Id. at 56. For Aristotle, a quality such as goodness could not exist independently from some concrete, empirically provable entity such as a person. Id. at 56-57. But while favoring the empirically provable, Aristotle also deduced out of logical necessity that some kind of supreme set the universe in motion. Id. at 63. He believed that every individual being in the universe strove to imitate the perfection of this supreme being—man—in a conscious way, and to imitate other creatures on a less conscious level. Id.

While Plato had conceptualized an absolute universal good on which moral and ethical behavior could be founded, Aristotle believed that man, at best, could develop empirical rules for good conduct that met the complexities of human existence. Id. at 67.

[FN20] The health professional literature presents a range of thoughts and perspectives on the nature of spirituality. Some argue passionately against reducing the spirit and spirituality to the mundane and commonplace, arguing that the vexing difficulties encountered in defining spirituality reflects the character of spirituality. See generally P.J. Dawson, A Reply to Goddard’s “Spirituality as Integrative Energy,” 25 J. Ad-vanced Nursing 282 (1997). Invisible, elusive spirituality defies finite definition and analytical reasoning, and is part of human existence that remains mysterious, a part of an older “truth.” Id. at 286. Although spirituality cannot be totally captured in words, it needs to be acknowledged and discussed even if we can do so only in a limited way. Doing otherwise would leave us with a wider void.


We are not concerned with institutional affiliation—whether the individual in question belongs to a church or engages in collective rites and observances. Our eye is on the unique and radically private dimension of his existence. To help us get a grip on that dimension we might imagine him in moments when he is most alone. Perhaps he is involved in a period of soul-searching and
has driven off for a day by himself. Or he may be lying on his deathbed, engaged in his final withdrawal from his social identity. What goes on in the deepest interior of a self at such moments--moments when, as it were, an individual steps into life's voting booth, closes the curtains behind him, and casts his ballot: for his egoistic interests only or for those of others as well; for resentment or gratitude as his response to life; for hope or despair as his stance towards future? I shall not answer that question. All I need say is what does go on is what I mean by “personal” in the phrase “personal religion.”

Id. Others have referred to spirituality or spirit as “energy.” Goddard, supra note 21, at 813 (referring to spirituality as “integrative energy”); Eileen Stuart et al., Spirituality in Health and Healing: A Clinical Program, 3 Holistic Nursing Practice 35, 36 (1989) (defining the spirit as “transcendent energy, which can elevate us from the humdrum of daily life and help to give meaning and direction”). Although spirituality is certainly energizing, life-giving, and empowering, to define it by what it objectively does is limiting.

I agree with Dawson, who chastised those who would reduce spirituality to mere energy. Dawson, supra note 20. Dawson argued for a broader definition without articulating its particulars. However, she suggested her view of spirituality by recommending that one interested in spiritual issues should read the works of those “for whom spirituality was, and is, an immanent and vivifying feature of existence.” Id. at 289.

[FN22]. Harvard's Edward O. Wilson recently argued that morality had a biological basis. See Edward O. Wilson, The Biological Basis of Morality, Atl. Mo. April 1998, at 53. His argument implied that we are preprogrammed to be aware of something higher and grander than the material and to have a yearning to know it. He wrote:

If the religious mythos did not exist in a culture, it would quickly be invented, and in fact it has been invented everywhere, thousands of times through history. Such inevitability is the mark of instinctual behavior in any species, which is guided toward certain states by emotion-driven rules of mental development. To call religion instinctive is not to suppose that any particular part of its mythos is untrue—only that its sources run deeper than ordinary habit and are in fact hereditary, urged into existence through biases in mental development that are encoded in the genes.

Id. at 65 (emphasis added).

[FN23]. Id.

[FN24]. Margaret A. Burkhardt, Spirituality: An Analysis of the Concept, 3 Holistic Nursing Pract. 69, 72 (1989). Professor Burkhardt noted how various others have thought of spirituality as

a process and sacred journey, the essence or life principle of a person, the experience of the radical truth of things, a belief that relates a person to the world, giving meaning to existence, any personal transcendence beyond the present context of reality, a personal quest to find meaning and purpose in life, and a relationship or sense of connection with Mystery, Higher Power, God, or Universe.

Id. at 70.

[FN25]. See discussion supra Part I; Burkhardt, supra note 24, at 71.

[FN26]. Burkhardt, supra note 24, at 71.

Edward Wilson spoke of religion as an organism with a life cycle, created by men, then allowed, in time, to die. “Religions are analogous to organisms. They have a life cycle. They are born, they grow, they compete, they reproduce, and, in the fullness of time, most die. In each of these phases religions reflect the human organisms that nourish them.” Wilson, supra note 22, at 64.

The creating of religions, wrote Wilson, draws from “hunger for a permanent existence.” Id. at 65. Theorizing that this hunger ultimately may be tied to “brain circuitry and deep genetic history,” Wilson observes, for now, that “[t]he idea of mystical union is an authentic part of the human spirit... [which] has occupied humanity for millennia, and... raises questions of utmost seriousness for transcendentalists and scientists alike.” Id. at 68.

[FN27]. Even nonreligion can be construed as a form of religion because it reflects an adoption of a belief system that helps form an individual's framework of values, code of conduct, and even rituals. Thom J. Mansen, The Spiritual Dimension of Individuals: Conceptual Development, 4 Nursing Diagnosis 140, 141 (1993).

[FN28]. Even those who do not consciously embrace religion or think of themselves as religious yearn for a unifying force that facilitates the development and stability of one's reality in daily living and provides an individual with meaning and purpose for existence. Id. It is one's spiritual dimension that moves one to seek and identify this force. This force can come by way of formal religion or not.


[FN31]. Thom Mansen offers another reason for the confusion. Mansen noted that religion has as its base root the Latin term “religare,” which means “to hold back, bind fast, or tie together.” Mansen, supra note 27, at 141. In this sense, religion encompasses the idea of a “unifying force that provides a framework for values, codes of conduct, and rituals.” Id. (citing S. Granstrom, Spiritual Nursing Care for Oncology Patients, Topics in Clinical Nursing 7, 39-43 (1985)) (emphasis added). He also noted that religion carries a second component, “religere,” within which individuals are concerned with their relationship with a higher being and the religious doctrines and practices that may influence that relationship. Id. (citing M. O'Brien, The Need for Spiritual Integrity, Human Needs and the Nursing Process (H. Yura & M. Walsh eds., 1982)). For Mansen, religare, a person's unifying force, is akin to spirituality, while religere is more closely tied with religion and its institutional meaning. To the extent that people think of religion in its religare sense, it does indeed become equivalent to the spiritual, the unifying force.

[FN32]. Mansen, supra note 27, at 141.

[FN33]. Id.

[FN34]. Some who reviewed the earlier drafts of this Article preferred narrowing spirituality to its metaphysical meaning. While I understood their position, I chose not to follow it. In deciding to incorporate both existential and metaphysical forms of spirituality, I wish to acknowledge those who do not believe in a specific deity or, at best, are only vaguely aware of some higher reality, but whose lives are governed by and devoted to noble, unselfish, and humane values. If this is how they manifest their spirituality and give meaning to their lives, I cannot deny them.


[FN36]. Stoll, supra note 35, at 7. Stoll discussed how the vertical dimension would work from a humanistic framework as opposed to one that involved a deity. For such an individual, values will be chosen to become the supreme focus, the organizing principle of life. Id. (emphasis added). Stoll quoted A.R. Maslow, a humanist, who wrote: “The human being needs a framework of values, a philosophy of life, a religion or religion-surrogate to live by, and understand by, in about the same sense that he needs sunlight, calcium, or love.... We need a validated, usable system of human values that we can believe in and devote ourselves to (be willing to die for).” Id. (quoting A.R. Maslow, Toward a Psychology of Being 206 (1968)).

[FN37]. Id. Presumably, the god she refers to could be a higher being or power.

[FN38]. See William Elliott, Tying Rocks to Clouds (1995). Elliott interviewed individuals he considered wise and spiritual. The book contains excerpts from his interviews and descriptions of his own spiritual journey. The title of the book comes from a poem he ostensibly wrote. While I initially thought the title (and the poem) to be odd, it ultimately came to me that what Elliott was referring to was the transcending quality of one's spiritual quest: that the growth of one's spiritual dimension moves one beyond the material and the obvious to a “higher” place thereby creating connections between the mundane (rocks) and something more special (clouds). In Elliott's poem, he asks “To tie a rock to a cloud—is this possible? And if it is, does the cloud descend to meet the rock or does the rock rise to meet the cloud?” William Elliott, Tying Rocks to Clouds 267 (1995).

[FN39]. Denise D. McKee & John N. Chappel, Spirituality and Medical Practice, 35 J. Fam. Prac. 201, 201 (1992). A more concrete description comes from Mihaly Csikszentmihalyi, who wrote: “Inside each person there is a wonderful capacity to reflect on the information that the various sense organs register, and to direct and control these experiences. We take this ability so much for granted that we seldom wonder about what it is, and yet, as far as we know, it is a recent accomplishment of evolution that only the human brain has achieved. If we even think about it, we give it such names as awareness, consciousness, self, or soul.... The picture of the self we usually have is that of a homunculus, a tiny person sitting somewhere inside the brain who monitors what comes through the eyes, the ears, and the other senses, evaluates this information, and then pulls some lever that makes us act in certain ways. We think of this miniature being as someone very sensitive and intelligent, the master of the machinery of the body. Those who conceive of it as the “soul” believe it is the breath of God that transformed our common clay into a mortal envelope for the divine spark.” Mihaly Csikszentmihalyi, The Evolving Self--A Psychology for the Third Millennium 22 (1993).


[FN42]. Id. at 203 (emphasis added).


[FN45]. Harold G. Koenig, Aging and God: Spiritual Pathways to Mental Health in Midlife and Later Years, 283-84 (1994).

[FN46]. Id.

[FN47]. Id. at 284-94.

[FN48]. Id. at 283.

[FN49]. Stoll, supra note 35, at 11.


[FN51]. Id. at 13 (citing M.J. Kim et al., Pocket Guide to Nursing Diagnoses (2d ed. 1985).

[FN52]. Id.

[FN53]. Id. at 13-14.


[FN56]. See id.

[FN57]. Professor Emily Fowler Hartigan spoke of the alienating of the spiritual from the law. See Emily Fowler Hartigan, Law's Alienation: Furies and Nomoi and Bears (and Nuns), 81 Marq. L. Rev. 473, 485 (1998). She wrote, “To drive spirit from the law is to alienate law from its indefinable, dynamic source of animation.” Id.

[FN58]. Professor Emeritus Mitsuo Aoki, retired chair of University of Hawai‘i's Department of Religion, talked of one's spirituality as the human dimension of “more-ness.” Interview with Mitsuo Aoki, Professor Emeritus, University of Hawai‘i at Manoa, in Honolulu, Haw. (Apr. 14, 1998). Professor Aoki theorized that a person's spirituality has the unique capacity of integrating and enhancing all other human dimensions--physical, mental, emotional--and making them "more." It is also the dimension that endures. Professor Aoki described his work with the dying and explained how he often focused his efforts on enriching his patient's spiritual dimension: “When a person is dying, everything shuts down. The body and even the mind deteriorate; they just don't work so well anymore. But the spirit is still there, able to be developed, to grow. It's something I can work with.” Id.

[FN59]. It is not unusual to page through publications for lawyers and see articles on how lawyers meet their individual spiritual needs. Pointedly, however, the articles, like the one that ran in a recent issue of the American Bar Association Journal, tend to describe lawyer's activity as occurring outside the profession and the office. See Jill Schachner Chanen, Just Say 'Om'--Harried Lawyers Still Their Minds with Yoga and Meditation, 84 A.B.A. J. 78 (1998) (appearing in a section of the journal entitled Out of the Office).

Unfortunately some lawyers begin to seek it seriously only after a personal and professional collapse. Peter Donohoe,
who directs the Hawai’i State Judiciary Attorneys and Judges Assistance Program that works with members of the Hawai’i bar on a variety of personal and professional problems (many of them alcohol- or drug-related), reported that most program participants quickly and clearly recognize a spiritual void in their lives and move to address it as part of their recovery. Telephone Interview with Peter Donahoe, Director of Hawai’i State Judiciary Attorney and Judges Assistance Program (Dec. 29, 1997).

[FN60]. Socialization refers to the acquisition of a society’s values and norms by its members. Ellen S. Cohn & Susan O. White, Legal Socialization, A Study of Norms and Rules 10 (1990). Socialization explains how an individual becomes attached to a culture and how the culture and institutions of a society are maintained over time. Id. A process of generational transference is assumed to occur whereby younger members learn from older ones the attitudes and modes of behavior that conform to values and traditions of a particular society. Id.

[FN61]. This is one of Joseph Allegretti’s theses in his article, Neither Curse Nor Idol: Towards a Spirituality of Work for Lawyers. See supra note 54. Professor Allegretti began the article by describing a ruthlessly busy week at work and the ease with which spiritual matters disappeared amid the seemingly ceaseless demands of the office. On reflection, Allegretti, a devout Christian, was reminded that God “is never far” from the lawyer and “our challenge is to cultivate an awareness of the moments of grace that can occur at any time or place.” Id. at 968.

[FN62]. The Elder Law Clinic is one of several live-client clinics at the William S. Richardson School of Law, University of Hawai’i. It was originally conceived and designed by Jim Pietsch, a nationally recognized elder law practitioner who directs the University of Hawai’i Elder Law Program. The Clinic targets individuals age 55 and older who demonstrate a financial or social disadvantage. Most clients have annual incomes below the poverty level (about $750/month for one person) for Hawai’i. Six students enroll per semester and work in substantive areas determined by the problems the clients present. Within the last year, students have worked with clients in cases dealing with evictions, public assistance reductions or denials, divorces, guardianships, adoptions, simple estate planning, debt collection, and medical advance directives. Much of the work is done “on the road,” with students meeting clients in their homes or at other sites suggested by the clients. Students also do group presentations in the community and work with clients at the HIV Legal Clinic, which is a non-law-school legal clinic operated by the Legal Aid Society of Hawai’i and the Life Foundation; the latter is an advocacy and service group for individuals with HIV or AIDS.

[FN63]. The idea that justice is “experienced” comes from my colleague, Professor Eric Yamamoto. In his recently published book, Interracial Justice, Conflict and Reconciliation in Post-Civil Rights America, Eric explores the idea in the context of healing communities divided by race and culture. See Eric Yamamoto, Interracial Justice, Conflict and Reconciliation in Post-Civil Rights America (1998).

[FN64]. Dan Blazer, Spirituality and Aging Well, 15 Generations 61 (1991). Religious practices occur in different ways. Gay Young and Winifred Dowling studied types of religious participation among older adults in Texas and found that “more active” elders participated more in organized religion, while less active elders who were perhaps less able to engage in public forms of religious activity turned to more private forms of religious expression. Gay Young & Winifred Dowling, Dimensions of Religiosity in Old Age: Accounting for Variation in Types of Participation, 42 J. Gerontology 376, 379 (1987); see also Barry D. McPherson, Aging as a Social Process 443 (2d ed. 1990). The motivating factors for engagement also vary. Jeffrey Levin suggests that because religion is both a social institution, as well as, a source of existential meaning, some view it as primarily a source of services and fellowship, and by others as a place for intrapsychic coping and adaptation with issues of daily living, change, loss, and death. Jeffrey S. Levin, Investigating the Epidemiologic Effects of Religious Experience, in Religion in Aging and Health 3, 6 (Jeffrey S. Levin ed., 1994).

Because of deficiencies in research and the difficulty in defining the concept of religion, we are cautioned against making blanket generalizations about the correlation between religion and aging. Barbara Pittard Payne, Religious Life of the Elderly: Myth or Reality?, in Aging and the Human Spirit 143, 145 (Carol LeFevre & Perry LeFevre eds., 2d ed. 1985). We are reminded that there are older adults who lack self-knowledge and spiritual discernment. Richard B. Griffin, From Sacred to Secular: Memoir of a Midlife Transition toward Spiritual Freedom, in Aging and the Religious Dimension 31, 45 (L. Eugene Thomas & Susan A. Eisenhandler eds., 1994). But while we may remain uncertain about the ways religious behavior is practiced, and modified, and the way it gives meaning to older adults, there appears to be enough evidence to assert that religion, private or institutional, persists in the form of significant and meaningful activities, beliefs, and roles into late life. Payne, supra at 145-46.

[FN65]. Blazer, supra note 64, at 61.

[FN66]. Homer L. Jernigan & Margaret B. Jernigan, Aging in Chinese Society: A Holistic Approach to the Experience of Aging in Taiwan and Singapore 88 (1992). The authors point out that finding transcending meanings and organizing one’s life around them always occur inextricably with other aspects of life—physical survival, social relationships, and validation that work together to define and evaluate one’s life. Id.
Allan Chinen studied fairy tales with aging protagonists, and proceeded with the thesis that such tales capture the psychology of later life and contain centuries of folk wisdom about aging. Allan B. Chinen, Fairy Tales and Spiritual Development in Later Life: The Story of the Shining Fish, in Handbook of the Humanities and Aging 197, 197-98 (1992). Chinen found that certain themes cut across cultural lines, one of which was the focus of elder tales of “spiritual development and the task of transcendence.” Id. Chinen noted how authors of elder tales wrote similarly about an elder's (1) openness to the subconscious and the invisible, (2) self-reformation after understanding and learning from mistakes, (3) ability to transcend egocentric desires to embrace a wider perspective of which one is only a part, and (4) gift of “magic,” or transcending wisdom to a younger generation. Id. at 202-06. Chinen concludes that elder tales uniformly contain elements that symbolize the “dream of late life--the journey beyond the self, toward generativity and illumination of society.” Id. at 209.

Thomas Moore wrote of myths:

A myth is a sacred story set in a time and place outside history, describing in fictional form the fundamental truths of nature and human life. Mythology gives body to the invisible and eternal factors that are always part of life but don't appear in a literal, factual story. Most of the time, when we tell a story about our lives, we couch it in purely human terms. When was the last time you talked about monsters, angels, or demons when you were describing some strongly felt experience? Myth reaches beyond the personal to express an imagery reflective of archetypal issues that shape every human life. Thomas Moore, Care of the Soul 220 (1992).


[FN68]. “Integrity” may be defined as: “(1) an assurance of life's order and meaning, (2) a love of the human ego (not of the self) that conveys ‘some world order and spiritual sense,’ and (3) an ‘acceptance of one's one and only life cycle as something that, by necessity, permitted no substitutions.” ’ Koenig, supra note 45, at 75 (citation omitted).

[FN69]. At the start of each semester, I give a questionnaire to each student, which includes a request to share a comment about feelings toward older adults in general or about one special kupuna (the Hawaiian word for an older person) in their lives. I also ask them to tell me why they enrolled in the elder law clinic. Most of the responses are predictably reflective of an affection and respect for elders and evince a strong desire to give something to them. A sampling of the comments I received this school year include the following:

One particular woman, Betty, always talks to me and one day she just told me her life story. As she told me her life story, I thought to myself, “Gosh, this should be a movie!” I think elderly people have had such rich lives. They have lived significantly longer than me and seen so much more. I just love hearing them tell me stuff they have lived through. Through their experiences, I learn so much.


I have a lot of respect for my wife's paternal grandparents and have gotten to know them very well. I am also close to my maternal grandmother who is currently sick. I also think about my parents who may not be considered “elderly” but am very close to and will be “elderly” in the coming years.

Written Comments of Clinic Student S.L. (Jan. 23, 1998).

[1 think] of my client at the HCRC [Hawai‘i Civil Rights Commission]. All she wants is to retain her poodle in her apartment and have the AOA [ [ Apartment Owners Association] to sic] stop harassing her. A few people in the building have maliciously damaged her handicap scooter and caused a bunch of problems for her. I think this is just a reflection of how some people view (and treat) elderly people.

Written Comments of Clinic Student D.O. (Jan. 23, 1998).

My children's great grandparents have been wonderful, loving and very open to me and I appreciate how caring they are. I have seen them struggle in recent years, however, and I know how difficult it is for them to get help.

Written Comments of Clinic Student S.W. (Jan. 23, 1998).

I'm approaching the Elder Law Clinic from a much more philosophical level--I wasn't sure this was a good reason to take a class--but I'm taking it because I feel like I still know too little about my elders. Having no grandparents, I need as much contacts and opportunities to learn about the special concerns of the elderly and to bridge the gaps flowing purely by the fact that they're of a different generation.

Because I have no grandparents, my approach to the elderly as a home health aide was to try and find out everything about how or why they [thought] the way they [did], how they differ[ed] from me, etc. I've become more matter-in-fact over the years, but my thoughts still are that they [older adults] have a wealth of experience which I could learn a lot from.

Written Comments of Clinic Student C.K. (Aug. 22, 1997).

[FN70]. During the three years I served on my law school's admission committee, I read countless essays that recounted an applicant's desire to engage in a life of service to others. While I suspect that a handful did not entirely believe what they wrote, I was willing to bet that most were sincere in describing the nobility of the profession they sought to enter and the place to which they aspired within the profession. See accompanying text infra note 209.

Unfortunately, data appears to suggest an erosion in that idealism during law school. Susan Daicoff recently completed the painstaking work of collecting and reviewing empirical research on attorney and law student attributes. Susan Daicoff, Lawyer,
Know Thysel: A Review of Empirical Research on Attorney Attributes Bearing on Professionalism, 46 Am. U. L. Rev. 1337 (1997). In her article, Professor Daicoff recounted findings that suggest a decrease in both altruism and an “ethic of care” as students progress through law school. Id. at 1385, 1401-02. Citing Sandra Janoff’s work, Daicoff described the conflict inherent in the traditional training of lawyers and an ethic of care orientation that students may have brought to law school. Id. at 1402 (citing Sandra Janoff, The Influence of Legal Education on Moral Reasoning, 76 Minn. L. Rev. 193, 236 (1991)). Carrie Menkel-Meadow described the war-like environment in which law is practiced as adverse to altruism. Carrie Menkel-Meadow, Is Altruism Possible in Lawyering?, 8 Ga. St. U. L. Rev. 385, 401-07 (1992). One can infer from her article that the training ground—i.e., our law schools—for such a battlefield would be similarly hostile to the nurturing of altruistic expectations.

[FN71] While strongly resisting the equating of religion and the spiritual, I agree that religion and religious institutions are generally intended to provide spiritual succor to individuals and communities. As such, I believe that law schools with religious roots were intended to be instruments that integrated the study of law with the tenets of a particular religious faith. See Lynn R. Buzzard, A Christian Law School: Images and Vision, 78 Marq. L. Rev. 267, 268-70 (1995) (arguing that despite the pressures of a secular public, Christian law schools should not shrink from insights or perspectives informed by faith, and should be ready to bring a “principled reflection of... Christian commitments” to the table); see generally Rex E. Lee, Today's Religious Law School: Challenges and Opportunities, 78 Marq. L. Rev. 255, 255-59 (1995) (arguing that the religious anchorage of religious law schools provides a natural place for the development of values necessary to inform the study and practice of law); see also Thomas L. Shaffer, Why Does the Church Have Law Schools?, 78 Marq. L. Rev. 401, 406-11 (1995) (observing that perhaps the best a law school with religious affiliation can do is support and encourage a body of believers, a “church,” without actually becoming the church; and that it can hear the church and be a sign of but not a safeguard for it).

However, even religiously affiliated schools have found themselves adrift from their original religious purposes and fervor. Thomas Shaffer identified three positions in the Christian theology of legal education: (1) secular; (2) Erastian (named after the 16th-century Swiss physician Erastus, the Erastian view places the church in partnership with and in service of the larger community, prayering for the state's foreign policy, blessing the army's tanks, carrying the national flag in liturgical processions, and purposefully pursuing religious ends without losing sight of secular ones; it arises from the assumption that the larger society is indeed Christendom, of which the church is a part); and (3) sectarian (this view preserves the “peculiar calling of the people of God” as distinct within civil society and expresses a willingness to endure separation from it). Thomas L. Shaffer, Erastian and Sectarian Arguments in Religiously Affiliated American Law Schools, 45 Stan. L. Rev. 1859, 1860, 1864-65 (1993).

Shaffer noted that almost all religiously affiliated American law schools are now secular. Further, he argued that the Erastian position, which characterizes most religiously affiliated schools that are serious about their heritage, is, for the most part, indistinguishable from the secular. Id. at 1864, 1867. Rex Lee wrote that religious law schools were “fragile” and represented an “endangered species.” Lee, supra, at 257. While ultimately urging religious-affiliated law schools to remain true to their religious moorings, Lee observed that such schools appear to lose their “spiritual anchorage” as they mature academically. Id.

[FN72] Dean Anthony Kronman bemoaned the loss of the “lawyer-statesman,” a professional who is “a paragon of judgment, and [to whom] others look... for leadership on account of his extraordinary deliberative power.” Kronman, supra note 12, at 15 (emphasis added). By this “power,” Kronman meant more than “clever knack or skill.” Id. He meant “a trait of character,” an ensemble of “habitual feelings and desires.” Id. Kronman argued that the lawyer-statesman was able to find intrinsic satisfaction and deep personal meaning in his work, something lacking in today's generation of attorneys. Id. at 366-67. And thus, Kronman wrote, today's “disenchanted moderns” tend to turn to their private lives to seek salvation and “a sense of meaningful location in the world.” Id. at 369.

Despite his pessimism that lawyers will ever be able to fully capture or reformulate the “meaning-giving” which the calling of law once had, Kronman resists full surrender. He calls upon law teachers to use their position of influence and freedom of the classroom to convey a sense of the lawyer-statesman. For example, in discussing cases, law teachers should “insist on the peculiarity of cases, on their idiosyncrasies and on the complexity of the world--on its factual complexity, but more importantly, on its moral and spiritual complexity, on the plurality of incommensurable values that fight for recognition in the law as in other spheres of life.” Id. at 375-76 (emphasis added).

Professor Milner Ball calls for a similar infusion of breath of life into the teaching of the law and the making of lawyers. Noting Chief Justice Warren Burger's reference to lawyers as “important cogs in the machinery of... society,” Professor Ball commented, “[i]f cogs are sought, cogs will be manufactured.” Milner S. Ball, The Promise of American Law 128 (1981). For Ball, the challenge of law teachers is to “get students going on the adventure.... by leading them to confront the possibilities for life and death in the law.” Id. While he does not speak specifically about the spiritual, I believe that he meant to include it when exhorting us, as law teachers, to not only animate the imagination of our students but to “inspirit [their] heart[s].” Id. at 138. Only then, suggested Ball, can we make law a metaphor of life, not of death, and get our students on the path of thinking the same way. Id. at 136-38.

[a] person's engagement with life by deepening an appreciation of one's struggles and joys”).

[FN74]. See generally Milner Ball, The Word and the Law 136-64 (1993). In his chapter entitled, “Morbidity and Viability in Law,” Professor Ball described how death, as well as life, was “integral to American law.” Id. at 136. He suggested that this is so not only in the obvious ways--for example, in the imposition of capital punishment--but also in the “subtle form of legal text and turns of mind.” Id. at 139. The mind-numbing thoroughness and the wordy sprawl of legal texts, whether a judicial opinion, a statute, or a contract, flattens possibilities outside the four corners of the document, “absorb[ing] all responsibility and deflect[ing] all other recourse.” Id. at 139 (quoting Patricia Williams, On Being the Object of Property, 14 Signs 13 (1988)). Lawyers' language, wrote Ball, “seems fortresslike and impermeable to transcendence.” Id. at 140. Ball speculated that “[t]his is so because such writing is done and received on the wager of the absence of God,” and that there was “no real presence to reinsure meaning” thus requiring everything to be set out on paper. Id.

[FN75]. Eleanor Myers' description of lawyers below is apt:

[I] personally know so many thoughtful and decent people who have chosen to be lawyers and who would be honored to be asked about questions concerning professional practice... I think there is a more subtle reason for my optimism as well. From my experience teaching and talking about professionalism and ethics to practicing lawyers around the country, I believe that most lawyers maintain a core of idealism. They are not happy about the commercial pressures that they see transforming the profession. Even those who submit to the pressures in their practices are not comfortable about it. When these lawyers confront issues of professionalism in a less pressured environment, where there is an opportunity for reflection, they commonly argue for a less self-serving or more idealistic position.


[FN76]. See Susan Daicoff, Lawyer, Know Thyself: A Review of Empirical Research on Attorney Attributes Bearing on Professionalism, 46 Am. U. L. Rev. 1337 (1997). Daicoff reported that empirical studies of entering law students showed law students were more motivated to enter law school for materialistic reasons than for altruistic ones. Id. at 1357-59. However, the studies also indicated that altruistic motivations were “greatly important” to a significant portion of the respondents (18%-31%). Id. at 1359. One study of pre-law students suggests that over two-thirds of the respondents endorsed the goal of helping others. Id. at 1359 n.109. Daicoff also noted that gender and race had some correlation to altruistic motivations, with females and minorities expressing a significantly greater concern. Id. at 1360 n.111. This is noteworthy because the studies reported in Daicoff's article were conducted in the 1960s through the early 1980s, when law school student bodies were predominantly white and male.

My own sense of applicants' motivations comes from the numerous essays I have read during my three years on our admissions committee. The essays invariably contained some ode to service. While my cynical streak suspected that at least some of this was driven by “positioning,” I gave credence to most of them based on the extent of community service experience in which most of our applicants engaged. It could be that our school draws the service-oriented because of our longstanding and clear mission of service. It also could be that the altruistic streak of our pool reflects the significant number of female and minority applicants we consistently receive. In any case, I remain confident in my assumption that most law students desire to serve others or at least understand the value of service.


[FN78]. Id. at 2027, 2028 n.8.

[FN79]. See also Ann Iijima, Lessons Learned: Legal Education and Law Student Dysfunction, 48 J. Legal Educ. 524 (1998). Professor Iijima's article provides a possible explanation for the “pacification” experienced by the Harvard students. She writes of the loss of “interconnections” (i.e., connections with others) and “intraconnections” (i.e., connections with one's physical, emotional, and spiritual selves) that some law students undergo. Id. The experiences reflected in the Harvard note provide an illustration of what happens when those losses occur. See generally Note, supra note 77.

[FN80]. Note, supra note 77, at 2043.

[FN81]. Cramton, supra note 9, at 516.

[FN82]. Cramton listed several “enormous” difficulties, including (1) the lack of expertise and training on the part of law teachers to confidently consider these “ultimate questions”; (2) risking the danger of indoctrination and dogmatism from the podium; (3) forcing discussions that otherwise might be deemed private to surface in a public forum; and (4) the easy slide into religious ideas and language that raises problems within a secular university. Id. at 513.

[FN83]. Id. at 514.
[FN84]. Id. at 513.


[FN86]. Id. at 3 (emphasis added).

[FN87]. While the book has never been updated, it remains in print.

[FN88]. Dvorkin et al., supra note 85, at 2.


[FN90]. I was recently reminded of the expectations that society and clients place upon lawyers, and how these expectations, if not appropriately tempered, can generate the worst kind of behavior and misery for all parties, lawyers included. On the general bulletin board at our law school, someone recently posted an index card. The card advertised for a lawyer who was “bright and ruthless” to serve an “angry” individual who had apparently been discharged. The ad limited inquiries to those who would be “interested in winning only” and promised financial rewards for one who was willing to scorch the earth, or at least the individual’s former employer, in order to vindicate this angry individual’s position.

While most persons would not couch their initial position in the blunt terms used in this ad, we all know that clients often come to us with strong emotions, wanting to have their story told, their position argued, and their goals met. It would not be dishonest to say that the “professional attributes” that are the focus of lawyer jokes are the same attributes that make lawyers valuable to some, if not, many people. “Hired guns” are, after all, just that—hired—and they get work because there is a market for them.

The challenge for lawyers is to not succumb to these inappropriate expectations. Far from allowing destructive clients to pull us into abysmal behavior, our professional responsibility should beckon us to identify and present alternative visions for the client, visions that our training and expertise allow us to discern more easily. This is one of the many challenges that makes our work difficult and worthwhile.


[FN92]. For example, I have never been able to understand the demoralizing browbeatings that some teachers inflict on students. We are all aware of accounts like the following:

What a terrible day! I was the “victim” today in torts class. “He” started calling on me at 1:08 and didn’t stop until class was over at 2:00 p.m. I felt small, belittled, and stupid. I could hardly take notes because my hand was shaking so badly. I kept wondering if all the people in the class thought I was as stupid as I knew I must be appearing.

At some point he made a reference that some of us didn’t belong in law school, that we really couldn’t master the level of thinking required for a career or study in law. That hurt! Was he implying that because I didn’t understand his questions or his points, that I wasn’t intelligent enough to be here?

I felt angry and humiliated when I left the class. I had allowed myself to be made a fool of in front of my peers and worst of all, I began to doubt my abilities.


I hate a song that makes you think that you’re not any good. I hate a song that makes you think that you are just born to lose. Bound to lose. No good to nobody. No good for nothing.

Because you are either too old or too young or too fat or too thin or too ugly or too this or too that. Songs that run you down or songs that poke fun at you on account of your bad luck or your hard traveling.

I am out to fight those kinds of songs to my very last breath of air and my last drop of blood.

Karl Johnson & Ann Scales, An Absolutely, Positively True Story: Seven Reasons Why We Sing, 16 N.M. L. Rev. 433, 434 (1986) (quoting from Woody Guthrie’s “This Land is Your Land”). Woody's “putdown” songs are metaphors for all the things we create that needlessly marginalize others.

[FN93]. Anthony E. Cook, The Spiritual Movement Towards Justice, 92 U. Ill. L. Rev. 1007, 1017 (1993) (emphasis added). Cook also recognized that some religious practices have hurtful and dispiriting effects:

We must continue to explore the ways in which the dominant culture has developed canons of interpretation cloaked by science, religion and a socially constructed common sense that continue to relegate us to a subordinate status. Let us also be careful, however, to understand that these very same cultural conventions have reckoned others to be inferior and relegated them to
varying degrees of subordination. Id. at 1018 (emphasis added).


[FN95]. Id. at 1112.

[FN96]. See James Elkins, In The Quest for Meaning: Narrative Accounts of Legal Education, 38 J. Legal Educ. 577 (1988) [hereinafter Elkins, Quest for Meaning]. Elkins culled similar questions from student journals. These included: “What am I doing here?” “Will I be able to do it?” “What do they expect of me?” “Does it have to be done this way?” “Is this way of learning going to help me become a good lawyer?” “Why am I so anxious?” “Why does everyone seem to know so much more than I do?” “Why can't I seem to get it right?” “How long will it take?” “Is it worth it?” Id. at 577. Elkins noted the doubt and vulnerability that each question carried, which “makes way for 'moment[s] of reflection, wonder, puzzlement, initiated by the soul which intervenes and countervails what we are in the midst of doing, hearing, reading and watching.”’ Id. at 578 (quoting James Hillman, Re-visioning Psychology 140 (1975)).

[FN97]. See King, supra note 29, at 667-68. As I have indicated that spirituality is a dimension in each of us, King refers to spirituality as a dimension of the world in contemporary secular society. Id. at 668.

[FN98]. Ursula King, a professor of religious studies and theology from the University of Bristol, wrote, “Spirituality has been defined in a general, inclusive manner as an exploration of what is involved in becoming human.” Id. at 668 (emphasis added). What we do to identify our students' humanity and what we do to preserve it can thus be called spiritual in nature.

[FN99]. Buddhist attorney Kinji Kanazawa wrote, “For a Buddhist, each activity in his daily life provides an opportunity for greater enlightenment.” Kinji Kanazawa, Being a Buddhist and a Lawyer, 66 Fordham L. Rev. 1171, 1175 (1998). Professor Lucia Ann Silecchia, drawing from the edicts of the Catholic Church, found a similar enmeshing of a life in the law and a life of faith: I also, in fact, found encouragement for living a life of faith by pursuing admittedly secular professions. For example, the Vatican II Apostolic Constitution, Gaudium et Spes (“Joy and Hope”), urged that there be “no false opposition between professional and social activities on the one part, and religious life on the other.” Similarly, the encyclical Mater et Magistra admonished, “[l]et [no one]... imagine that a life of activity in the world is incompatible with spiritual perfection.” This suggests to me that a life in law—while clearly in and of this world—is not at all incompatible with a whole-hearted, faith-filled devotion to justice. Lucia Ann Silecchia, On Doing Justice and Walking Humbly with God: Catholic Social Thought on Law as a Tool for Building Justice, 46 Cath. U. L. Rev. 1163, 1174-75 (1997). Similarly, Professor Azizah al-Hibri, a Muslim, described the integrated worldview presented in the Qur'an, a worldview that would commit a Muslim attorney to a life of “advancing the cause of justice.” Azizah al-Hibri, Faith and the Attorney-Client Relationship: A Muslim Perspective, 66 Fordham L. Rev. 1131, 1136 (1998). Recognizing, however, the challenge of maintaining an integrated worldview in an attorney's life, al-Hibri suggested that the solution lay in “re-examining the public/private distinction and redefining our spiritual worldview so as to allow our values to permeate all aspects of our lives.” Id. at 1137.

[FN100]. Moore, supra note 66, at 204 (emphasis added).

[FN101]. Id. at 211. In fact, Moore made an argument for “everyday sacredness,” drawing from the work of Lynda Saxxon's Ordinary Sacredness. Id. at 215 (discussing Linda Saxxon, Ordinary Sacredness (1992)). Moore cautioned against extreme formal religiousness that removes one from the truly sacred, writing, “[f]ormal religion, so powerful and influential in the establishment of values and principles, always lies on a cusp between the divine and the demonic.” Id. at 215-16.

[FN102]. Allegretti, supra note 54, at 968.

[FN103]. In Hawai‘i, the program is called “Kids First” and is required for all divorce litigants who have children of the marriage. Memorandum from Hawai‘i First Circuit Family Court Senior Judge Michael Toun (Sept. 18, 1995) (on file with author).


[FN105]. See Andrew W. McThenia & Thomas L. Shaffer, For Reconciliation, 94 Yale L.J. 1660 (1985). Interestingly, McThenia and Shaffer portrayed nonlitigative settlement as a hard, almost frictional process: The soundest and deepest part of the ADR movement... rests on values--of religion, community, and work place.... In many, in fact most, of the cultural traditions that argue for ADR, settlement is neither an avoidance mechanism nor a
truce. Settlement is a process of reconciliation in which the anger of broken relationships is to be confronted rather than avoided, and in which healing demands not a truce but confrontation. Instead of “trivializing the remedial process,” settlement exalts that process. Instead of “reducing the social function... to one of resolving private disputes,” settlement calls on substantive community values.

Id. at 1664.

[FN106]. Allegretti, supra note 12, at 97.


[FN108]. Id. at 16-17.

Because lawyers and political leaders may not now be equipped to do so, nonlawyer spiritual individuals have emerged as the brokers, the mediators in conflicts involving persons, communities, and issues that deal with “first principles such as self-determination, justice, and freedom.” See Douglas M. Johnston, Religion and Conflict Resolution, 67 Notre Dame L. Rev. 1433, 1434 (1992). Such individuals are perceived as being better equipped for “dealing with basic moral issues and... speaking to spiritual needs, at times extending beyond the boundaries of their own faith traditions.” Id. at 1434.

[FN109]. Franzese, supra note 107, at 21.

[FN110]. Kronman, supra note 12, at 218.


[FN112]. Franzese, supra note 107, at 19.

[FN113]. Johnson & Scales, supra note 92, at 439.

[FN114]. Id.

[FN115]. Id. at 449.

[FN116]. Ball, supra note 72, at 128.

[FN117]. Id. at 127-28.


[FN119]. Id. at 136 (quoting from Archibald MacLeish, Apologia, 85 Harv. L. Rev. 1505, 1508 (1972)).

[FN120]. Franzese, supra note 107, at 15.

[FN121]. Elkins, Quest for Meaning, supra note 96, at 597.

[FN122]. Id.

[FN123]. Elkins had been thinking that education had to “shape and form character,” and “involve the soul.” Id. at 598 n.27 (citing Allan Bloom, The Closing of the American Mind (1987)) (emphasis added).


Joe Miller is homophobic and initially holds all the classic prejudices against persons with AIDS. However, recognizing the obvious parallels between Beckett's plight and the discrimination he suffers because of his black skin, Miller takes the case. Gradually, Miller warms to the case and to Beckett. However, it is not until the eve of Beckett's direct examination that all Miller's blinders are ripped from him. While attempting to do a dry run of the direct, Miller is interrupted by Beckett's own question: “Do you like opera?” Miller is clearly not an aficionado, so Beckett embarks on an explanation of a Maria Callas aria from his favorite opera “Andrea Chenier.” As the music plays, Beckett tells the story, pointing out the changing moods, the turns of the aria. As he does, Miller is captivated, for what Miller sees as he listens to the music and to Beckett's words, is the essence of Andrew Beckett, his soul. The vision both touches and troubles him, sending him out of Beckett's home, retreating without completing the
dry run. He rushes home, kisses his infant daughter, and caresses his sleeping wife, at once grateful and still shaken. Philadelphia (Tristar Pictures 1993).

Joe Miller saw the essential humanity of his client and understood that it somehow connected them in a web that was bigger than any immediate reality. Beckett was no longer just a homosexual man with AIDS. Beckett was like him, and he like Beckett. The need to objectify Beckett, to make him more safe, more palatable, dissipated. Philadelphia (Tristar Pictures 1993).

[FN124]. James R. Elkins, Reflections on the Religion Called Legal Education, 37 J. Legal Educ. 522, 525 (1987) (writing in response to Roger Cramton's essay). Elkins agreed with Cramton that we are “lost” and pointed out that there are many in the profession who are “acutely aware of the need for a spiritual sensibility in our professing and in our profession.” Id. Two of the concerns Elkins posed were (1) how to find our way back and (2) how to assess and use Cramton's suggestion that one's personal religious and cultural traditions could serve as a starting point to understand ourselves and our work. Id. at 525-26.

[FN125]. Id. at 527.

[FN126]. Id. at 526.

[FN127]. Thomas Moore noted that unlike the intellect, which “works with reason, logic, analysis, research, equations, and pros and cons[,]” the soul “practices a different kind of math and logic.” Moore, supra note 65, at 122. He wrote:

[The soul] presents images that are not immediately intelligible to the reasoning mind. It insinuates, offers fleeting impressions, persuades more with desire than with reasonableness. In order to tap the soul's power, one has to be conversant with its style, and watchful. The soul's indications are many, but they are usually extremely subtle. Id.

[FN128]. Ball, supra note 74, at 164.


[FN130]. Ball, supra note 74, at 7-72 (describing seven individuals whose work embodies the “Word” at work in the world.)


[FN132]. Moore, supra note 66, at 240.


[FN134]. My initial set of questions came at the start of the semester before students met their first clients. They were asked to describe their thoughts and feelings about older adults and to talk about specific incidents and persons that influenced those thoughts. Later in the semester, after the students had a chance to work with clients, they were asked again about their impressions. This time, however, they were to inform their comments with their experience working with clients in the HIV Legal Clinic. The juxtaposition of the two client groups--the elderly and persons with HIV--gave rise to comments revealing shattered preconceptions, growing awareness of local and national political realities, a sharpened view of aging and dying, and most poignantly, an appreciation for human dignity amid difficult circumstances. The conversations sometimes grew halting when I asked students to share their feelings about their observations. That our meetings often occurred over lunch at crowded off-campus restaurants suggested some of the environmental factors I need to tinker with in creating safe supportive places for having these often difficult conversations.

[FN135]. I never encountered a time when a student challenged another student about a comment he or she made. Instead, students seemed to understand the courage it took to share a feeling, particularly one that made the commenting student vulnerable, and indicated so by quiet nods and affirming words. I realize that part of this could be attributed to the kind of student that was drawn to the clinic and the influence of the “local” culture in Hawai‘i that promotes “getting along.”

[FN136]. See Robert E. Rodes, Jr., Pilgrim Law (1998). In his work, Rodes wrote that “we are called to pursue an unknown end by inefficacious means,” id., analogizing this calling to a pilgrimage, or a “spiritual journey into the unknown,” one that we must undertake despite the challenges and uncertainties. Id. at 15. Professor Rodes captures the meaning I intend in using the term “questing.”

His work has influenced much of my thinking in this final section. Change depending on the nature of the student's externship placement. See Katz, supra note 139, at 15 n.19, 51 n.106.

relationships. Like Ogilvy, Katz seeks to encourage reflective journal entries by devising specific and thoughtful questions that one's future, taking responsibility, balancing professional and personal lives, lawyer honesty and manipulation, and authority relationships. Describing and evaluating the institutional mission of one's placement, discussing an ethical quandary, relating one's placement to one's future, and understanding legal skills and concepts through active reflection, improving writing skills and higher order thinking skills, improving self-learning, relieving stress, and becoming a reflective practitioner. His “academic” journal is “[a] place to work out ideas, concepts and processes discussed in class or in assigned readings; an individual record of your experiences with this course; a place to practice personal writing; a place to engage in a dialogue with the professor; a place to evaluate the course; and more.” To jog thinking and writing, Ogilvy provides a number of suggestions and questions. Examples include “sizing up” one's supervisor, describing and evaluating the institutional mission of one's placement, discussing an ethical quandary, relating one's placement to one's future, taking responsibility, balancing professional and personal lives, lawyer honesty and manipulation, and authority relationships. Like Ogilvy, Katz seeks to encourage reflective journal entries by devising specific and thoughtful questions that change depending on the nature of the student's externship placement. See Katz, supra note 139, at 15 n.19, 51 n.106.

One reaction has been student discomfort, particularly when students enter my clinic with no expectation that quest journaling will be part of their experience. I suspect that some of their discomfort reflects my own self-consciousness, but some of
it also comes from having to abruptly shift gears from the rational linear norms of law school. Quest journaling raises the problem of making students engage in something they neither expect nor necessarily want. The resistance hinders the creation of the supportive environment they need for successful quest journaling.

As a result, I have considered creating a “journal circle” within the law school but outside my regular classroom or clinic work. Attendance would be open to anyone interested. While a journal circle would not be part of an academic class, its appearance as a law school activity would signal acceptance by the school at large. A law teacher seeking to get his feet wet might fare better in a journal circle setting, where participants consciously choose to be present. Participant support works wonders; the reassuring supportive looks I occasionally get from students have been the one most energizing force compelling me to continue.


[FN150] Arkoff's questions are as follows:
   (1) Bearings: Where Am I Now in My Life?
   (2) Self: What is My Relationship to Myself?
   (3) Beliefs: What Truths and Beliefs Govern Me?
   (4) Turning Points: What Crucial Changes Have Brought Me to This Place in My Life?
   (5) Significant Others: How Do I Relate to the Most Important Persons in My Life?
   (6) Love: What Part Does Love Play in My Life?
   (7) Ultimate Point: What is the Meaning of Death to My Life?
   (8) Potentiality: What's Possible for Me?
   (9) Values: What's Important to Me?
   (10) Goals: What Do I Seek? What Do I Find?
   (11) Coping: How Do I Manage Stress, Threat and Challenge?
   (12) Assets: What Do I Have Going for Me?
   (13) Commitment: What Will I Do to Move My Life Along?
   (14) Threshold: What's Ahead of Me?
Id. at v-vii.

[FN151] I use an unruled composition book because it is portable, cheap, and unpretentious. The absence of lines encourages drawing, collages and unstructured writing. I also have a box of colored pencils available. Most of my writing is in pencil; there is no reason for this other than preference.


[FN153] Id.

[FN154] Abe Arkoff uses a “talker ticket” that signals whose time it is to speak. Only when the speaker surrenders the ticket—a small 3” by 4” card with “Talker Ticket” printed on it—can others speak. To avoid monopolization, a designated period of time (ten to fifteen minutes depending on the group's size) should be set for a person to hold the talking ticket.


[FN156] Id. at 47.

[FN157] Id. at 48.

[FN158] Id.

[FN159] Id. at 49. Progoff described the kinds of images that may arise:
   One person sees an image of dark smoke stuck in a chimney. “It can't get out,” she says.
   Another person, a student, sees a seed under the ground. It is softening and breaking apart. It is beginning to grow.
   Another person sees an airplane flying a bumpy course through heavy clouds. Presently it comes into clear skies where the sun is shining.
   Still another person sees nothing, but hears strains of music. This is not a visual image, but an auditory image. The tone and tempo of the music expresses his feelings of the movement of his life.
   Still another person feels the movement of the recent period of his life and perceives a visual image of darkness, followed by a feeling of heavy sadness, followed further by a body image that becomes a knot forming in the pit of the stomach. All are
present situations of his life.
Id. at 49-50.

[FN160]. Id. at 52.

[FN161]. Arkoff, supra note 149, at 27-28. A part of Arkoff's own response reads as follows:
I am at a time when I am beginning to feel quite old. “Old” to me is a good word. Old books. Old wine. Old friends. For the most part, I have enjoyed each of my ages. I enjoyed most of my childhood. Most of my adolescence. Most of my young adulthood and middle age. Now I'm enjoying my old age. I've met some people my age who seem determined to be middle-aged forever. Even if they were able to finesse old age, it would be a shame to miss such an important season of life; it would be like repeating the second act of a play and never getting on to the third act, where there is a chance for resolution and perspective.

I'm grateful. I have a good life, and I have no wish to change it. I continue to do everything I have been doing except now I do less of it and I do it slower, but then I am no longer in a hurry to get some place. Some parts of me don't work as well as they used to, but because I have grown more tolerant of things that are as they are, I complain only on Mondays. I remind myself of the words of the third Zen patriarch: “The Great Way is not difficult for those who have no preferences.” I still have preferences but I hold them more lightly than I once did.
Id. at 23-24.

[FN162]. Id. at 53-55.

[FN163]. Arkoff suggests that in the creating of a collage, one should page through an old magazine “without a preoccupation of what you are looking for.” Id. at 55. He encourages passivity, letting the materials “nominate themselves” for inclusion in the collage. Id. Then from this collection of clippings, he suggests eliminating the “peri-pheral ideas” including only those central and important to one's concept of self. Id.


[FN165]. Id. at 72-73.

[FN166]. Id.

[FN167]. Arkoff, supra note 149, at 54-55. Mary Elaine also answered the question, “Who am I not?” with a list. This response consisted of the following terse descriptors:

Who am I not? I am not...
(1) a grouch.
(2) lazy.
(3) boring.
(4) skinny.
(5) timid.
(6) uninvolved.
(7) conservative.
(8) asexual.
(9) undependable.
(10) ugly.
(11) fearful.
Id.


[FN169]. Id.

[FN170]. Arkoff, supra note 149, at 60-61, 65-68.

[FN171]. Arkoff recorded the musings of Catherine Baldwin who listed her expectations of herself, an equivalent to a desired self. A portion of her list included the following:

My Expectations
Be perfect. Always be sensitive. Take care of others whenever they need it. Be loving, gentle, kind, good, responsible. Be smart. Be articulate. Be original. Be creative. Be able to synthesize experience at all times, under any conditions. Be able to cope with experience at all times, under any conditions. Be trusting and trustworthy. Be strong. Be active. Have faith.
Id. at 60.

[FN172]. Id. at 57.
Arkoff tells the story of a much admired holy man for whom the king commissioned an official portrait to hang in the great hall. When the portrait was unveiled, the king was enraged because it depicted not the kingdom's great saint but a cruel, depraved man. The holy man consoled the king, explaining that there was a truth to the portrait: it pictured him as the man he struggled never to become.

Another example of a realistic and rationally constructed “feared self” came from an 82-year-old woman in poor health. She wrote:

I don't like to write this down, yet it is much in the minds of the old. We wonder how much older we have to become, and what degree of decay we may have to endure. We keep whispering to ourselves, “Is this the age yet? How far must I go?” For age can be dreaded more than death. “How many years of vacuity?” To what degree of deterioration must I advance?” Some want death now, as release from old age, some say they will accept death willingly, but in a few years. I feel the solemnity of death, and the possibility of some form of continuity. Death feels like a friend because it will release us from the deterioration of which we cannot see the end. It is waiting for death that wears us down, and the distaste for what we may become.

Id. at 57.

This is Fred Hallberg's term describing a second component of Ira Progoff's Intensive Journal Process, the first component being “Autobiography.” See Hallberg, supra note 168, at 293.


Id. at 128.

Id. at 130.

The death of a significant person does not necessarily mean the death of a relationship. Progoff noted that relationships had a life and reality of their own and could have a power that survives the death of one party. Id. at 130.

Arkoff, supra note 149, at 173.

Hallberg, supra note 168, at 293.

Arkoff, supra note 149, at 174.

Id. at 174-75.

Tristine Rainer provided this example:

Me: Hi, mom. Well, I got pregnant and I got an abortion. I still don't believe it.
Mom: I'm relieved it's all over.
Me: Yes. Neither of us had to live with the problem for long.
Mom: I'm glad you did it safely.
Me: I still don't believe I was really pregnant.
Mom: When I was pregnant with you I went for five months not believing it. Even after that, when I went to the doctor's and she told me I was, I still didn't believe it.
Me: But you didn't abort me.
Mom: I couldn't.
Me: I keep wondering how much I might have liked the little life that was growing inside me.
Mom: Don't torture yourself. You did what was right for you.
Me: If you really feel that way, why am I afraid to actually tell you?
Mom: You don't want to evoke my own memory and my embarrassment. I'm from another generation. My options and my values were different.
Me: I'm afraid you'll make me feel guilty, and I don't want to feel guilty.
Mom: You're a woman, and you're on your own. My adulthood came with having you. Yours has come from not making the same choice.
Rainer, supra note 164, at 105-06.

Progoff, supra note 148, at 76. Progoff sees the steppingstones as “indicators of the inner connectedness of each person's
existence, a continuity of development that maintains itself despite the vicissitudes and the apparent shifting of directions that occur in the course of a life.” Id. Reviewing one's steppingstones, one should be able to discern “the deeper-than-conscious goals toward which the movement of our lives is taking us.” Id.

[FN187]. Arkoff, supra note 149, at 120.

[FN188]. Here are examples of a listing of turning points:

Example 1--Characterizing Turning Points as Roles
- Creative, insecure son of an unhappy marriage.
- Alien resident of a new town.
- Lonely college student.
- Bitter draft bait passed over for a coveted job.
- Eager-beaver enlistee more at home in France than his own country.
- Star cub.
- Disenchanted Francophile.
- Jilted suitor of the Bitch-Goddess Success.
- Competent Craftsman.
- Middle-aged husband and father.
- Survivor.

Id. at 119. Example 2--Turning Points as Descriptive Actions
- I was born.
- I loved.
- I danced.
- I wept.
- I posed.
- I suffered.
- I was entranced.
- I was humiliated.
- I got lost.
- I am trying to find my way.

Id. Example 3--Turning Points as Events
- I was born.
- Around six, my first real pain and scare in the hospital. I woke up during my tonsillectomy--inadequate anesthesia.
- My first love--I was 15, Rose was 14.
- College and an awareness of class distinctions, money, real competition.
- Graduate school, the development of aesthetic sophistication and effete elitism.
- Marriage to Corrine--it seemed a perfect idea at the time.
- Bought a movie camera and deemphasized graduate school. I began to make experimental films.
- Divorce. Corrine left me in way that I could not fail to get the message.
- Marriage to Leah--this one really felt right!
- Made a film in Greece and realization that my marriage was not right.
- Boy born in London--so many complex emotions and conflicting desires.
- Directed first feature-length film--low-budget schlock, but I did it!
- A beautiful daughter born--she had me from the moment I saw her.
- Started commuting to Hollywood, made my first studio deal.
- Second marriage breaks up.

Rainer, supra note 164, at 77-78.

[FN189]. Arkoff, supra note 149, at 128.

[FN190]. Id.

[FN191]. Id.

[FN192]. Id. at 135-38.

[FN193]. Id. at 261.

[FN194]. Id.
[FN195]. Id. at 262.

[FN196]. Id. at 258-59. These questions, like others posed in these exercises, are sometimes challenging to consider because they force the participant to face aspects about themselves that are difficult to examine. One technique that a journaler who finds the questions tough may use is the “altered point of view.” Tristine Rainer describes this as “writ[ing] about yourself objectively as ‘he’ or ‘she’,” allowing one to distance oneself emotionally and see oneself from an other's point of view. Rainer, supra note 164, at 95-96. However, Rainer warns against writing in this mode exclusively lest it produces “fiction” by alienating one from one's own experiences. Id. at 96.

[FN197]. Arkoff, supra note 149, at 385.

[FN198]. Arkoff provides a list of 48 qualities to help a person identify his or her assets. Id. at 388. This list includes acceptance, achievement, assertiveness, caringness, commitment, cooperativeness, courage, curiosity, empathy, enthusiasm, expressiveness, flexibility, friendliness, generativity (being devoted to the welfare of future generations), generosity, gentleness, happiness, helpfulness, honesty, hopefulness, imagination, independence, insightfulness, integrity, and internality (believing in one's ability to control one's life). Id.

Others on the list are intuitiveness, intelligence, lovingness, optimism, orderliness, patience, playfulness, perseverance, presence (being fully attentive in a situation in mind, body and spirit), self-disclosure (being able to let others know you), sense of humor, sensitivity, sensuousness, serenity, simplicity, stability, talentedness, tolerance, trustworthiness, understanding, venturesomeness, warmth, and wisdom. Id.

[FN199]. Id. at 387.

[FN200]. Id.

[FN201]. Id. at 392.


[FN203]. Arkoff’s Transforming Appellation draws from Gerald Kushel's work, Centering. Arkoff described how Kushel took on the appellation “Gentle-Flowing Brook,” reflecting Kushel's desire to cultivate greater calm or serenity. Id. at 9. He recounted a story that appeared in Kushel's book:

[Kushel] writes, “I imagine a very special, particularly beautiful brook, flowing along, lightly, easily, sometimes through rough areas, yet always moving along.” Kushel recalls a time when he was waiting in line to register a car. The line appeared endless, the clerks seemed uncaring, and he realized that he was getting more and more upset. Then it dawned on Kushel that he was acting more like a Roaring Ocean than a Gentle Flowing Brook. He closed his eyes and visualized himself as a gentle-flowing brook, and the roaring ocean and his tension ebbed away. Id.

[FN204]. See supra note 198.

[FN205]. Id. at 364-66. As an example, Arkoff offered his own fable, which described his struggle to convince his two children to pursue a college education. A lifetime academician, Arkoff wanted his children to follow in his footsteps and was disappointed when they did not. Writing the following fable gave him a chance to step away, look at his disappointment from a different light, and positively reinterpret what had been difficult for him.

Once upon a time, far, far, away there lived an old chipmunk. He was (he thought) a master gardener, and many chipmunks came to work with him and then went off to start gardens of their own. He believed everyone would want to be a gardener, but, alas neither his daughter nor his son showed the slightest interest.

It would seem impossible to work this out because the more the old chipmunk boosted gardening, the more the little chipmunks resisted. The daughter chipmunk said that one of her friends who had graduated in gardening was now catching beetles for minimum wage and another was digging tunnels for rabbits, which is exactly what he did before he learned gardening. The son chipmunk said nothing at all and just went off to gather wild berries, which he ate or gave away.

Then one day, the old chipmunk's wife gave him some seedlings to plant. The old chipmunk was amused (because after all he was the master gardener) and later irritated because they grew so slowly. Sometimes he would pull on them so that they would get the idea although he always taught his gardening students not to do this. One morning his wife called him over to inspect the new plants more closely, and he saw that indeed each was delicately formed and quite lovely except for the bruised places where he had pulled on them. They are not like I thought they'd be, he said to his wife. I guess they decided to be themselves, she an-
answered. Chipmunks aren't all alike either, she added.

And the message of the story is listen to the lesson you teach others because you may need to learn them yourself. Or old chipmunks are as blind as moles when there is something they prefer not to see. Or there are lots of ways to grow; if you want to help, help each individual to find his or her own way.

Id. at 363.

[FN206] Arkoff described an inventory called “COPE” that measures fourteen coping strategies for responding to stress. See id. at 337-62. The strategies appear to correlate with certain personality types. Id. Using COPE, Arkoff developed an exercise that helps the participant identify the coping strategies that he or she uses most often, evaluate the effectiveness of those strategies, and think about other strategies that might be useful and appropriate. Id.

Tristine Rainer developed journaling exercises that help the journaler transform personal problems from a source of negative feelings to one of positive energy. See generally Rainer, supra note 164, at 115-49. In The New Diary, Rainer goes through a “catalogue” of “common problems” or feelings, many of which lawyers and law students experience in their professional and personal lives: loss and grief, hurt feelings and loneliness, envy, anger and fear, and anxiety and depression. See generally id. Through different techniques, such as imaginary conversations and intuitive cathartic writing, Rainer helps the journaler first release and express emotion, then focus on issues and evoke solutions. See generally id.

[FN207] Arkoff, supra note 149, at 338.

[FN208] Id. at 337-44.


[FN210] Arkoff, supra note 149, at 303.

[FN211] Id. at 306-07.

[FN212] Arkoff encourages specificity and clarity in setting goals because specific and exact goals are easier to accomplish than vague general ones. Id. at 303-04. An honest probing inquiry as to what one really wants and needs facilitates the identification of specific goals. Id.

[FN213] Arkoff refers to the “touchstone” of each goal, the core want or need of each goal. Id. at 304. Examples of touchstones are “creative fulfillment, a chance to help others, love, money, public notice, [and] closeness to nature.” Id.

[FN214] Arkoff posits that, by thinking about the steps toward getting a larger goal, one can create smaller goals like achieving a certification, developing a skill, or cultivating relations with those who can be of assistance and support. Id. at 305.

[FN215] This question gets one thinking about arranging compromises as a way to balance competing goals, such as having a healthy family life and developing a vibrant professional one. It encourages prioritization and better usage of one’s resources. Id. at 305-06.

[FN216] Id. at 303-06.

[FN217] See discussion supra notes 210-213.

[FN218] Oddly, what might be touchstones for some are simply goals for others. For example, as I read what Eastern spiritual leader Swami Satchidananda said when asked about his goals and ideals, I thought, “his goals are my touchstones.” He said:

I would like to use my famous triplet: healthy, happy, and useful.

First, always be useful and not useless. Sacrifice is the law of life. Life’s purpose is to serve others. Everybody is created in this universe not for oneself, but to serve others....

Second, always be healthy; never have to look for a doctor or pills....

Last always be peaceful and happy.

When we have a healthy, happy, and useful life, our enlightenment comes. Enlightenment means knowing our true nature, experiencing it always....

William Elliot, Tying Rocks to Clouds 227 (1995). Swami Satchdananda’s “famous triplet” appear to be three goals leading to why he seeks them: enlightenment. Id. For me, service to others, good health, and peace are core to the goals I set for myself. For me, they are my touchstones.

[FN220]. Id.


[FN222]. I recently reread Howard Lesnick's reflection on Oliver Wendell Holmes' writings on the spiritual possibilities of rational thinking. Lesnick correctly highlighted Justice Holmes' central point: that even those who would consider rational thought to be the calling and function of lawyers should understand that the pursuit of reason becomes spiritual in how it creates ideas, results, decisions, and behavior that will move the lives and thoughts of others yet unborn. In this, Holmes was talking about the connectedness of people and generations, as well as, the transcending quality of ideas. See Dvorkin et al., supra note 85, at 146-48.

I saw this as an example of recognizing the spiritual in even the linear activity of lawyerly thinking. Being able to recognize this dimension, and how it is embedded in much of what we do, is something I yearn for in legal education. But as infrequently as we attend to this, we lack the repetition needed for the forming of habit or the honing of skill. This, I am afraid, is what will slow the movement I seek.

[FN223]. See Palmer, supra note 221, at 10.

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