Spiritual Assessment in Clinical Setting: The Need for Future Research

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Dr. Garssen et al. are correct in their assertion that there is a risk of confounding the constructs of spiritual well-being and psychological well-being. Such criticism was previously made for spirituality constructs,[1] and could also have been mentioned in our paper. However, the purpose of our review was to systematically identify instruments that have been previously used in clinical research to measure spirituality and to classify them in categories that could be easily understandable for researchers and clinicians interested in choosing an instrument. Our purpose was not to critically review the spirituality constructs that formed the basis for these instruments, nor was it to endorse one measure over another. Nevertheless, we agree that future work should address this confound between spiritual well-being and mental health outcomes. This should be done not only from a "well-being" perspective but also from a "distress" perspective. In particular, distinction between spiritual distress and depression should be further discussed.[2]

We also understand Dr. Garssen et al.'s comments about the number of religious items in these instruments with regard to their suitability for individuals who may be spiritual but not religious in a traditional sense. However, they are not clear as to what this threshold for religious items should be. This begs the question of how many religious items are too many to use in spiritual assessments. The overlap between spirituality and religion has received considerable attention in the literature, and there has been no clear consensus from either a conceptual or measurement perspective as to how to address this issue. In our review, we did exclude instruments that focused exclusively on religion/religiousness, but decided to include others even though they had high proportions of religious items. As noted by Pargament,[3] for many individuals, spirituality is expressed in the context of religion. Thus, the inclusion items referencing religiousness in assessments of spirituality is certainly warranted for some individuals. For others, who consider themselves spiritual but not religious, those same assessments may not be appropriate. It is up to the clinician or the researcher to decide which measure would be the most appropriate in any given circumstance.

In conclusion, we would like to thank again Dr. Garssen et al. for their emphasis about the need for future research in the field of spiritual assessment in clinical settings.

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