The Mattering Assessment Tool: M=C4
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In research related to existential interventions, the concept of "mattering" is becoming increasingly important. Mattering is fundamental to who we are as humans. Everyone wants to matter. We all want to be part of a community in which we matter, to know our life—our existence—has significance and makes a difference, and to feel our life has value. Losing one's sense of mattering can precipitate a spiritual/existential crisis (George and Park, 2017; Pargament and Exline, 2021). What follows is a simple tool for assessing the degree to which one feels they matter and for triaging possible spiritual care interventions. Depending on how one uses the tool, it can be used to provide a brief spiritual care intervention in the span of a single clinical encounter, for which there is a significant need (Breitbart and Heller, 2003; Henoch and Danielson, 2009; Shields et al., 2015; Bernard et al., 2017; Rosenfield et al., 2017; Saracino et al., 2019). Before describing the tool, which is called "The Mattering Assessment Tool: M=C^4," some definitions are needed.

Mattering enables a person to cope better with life stressors and existential threats (George and Park, 2016; Martela and Steger, 2016; George and Park, 2017; Costin and Vignoles, 2020; Matera et al., 2020; Dadfar et al., 2021; Kings and Hicks, 2021; Kim et al., 2022). Mattering has two dimensions. "Interpersonal mattering" (IM) (George and Park, 2017; Dadfar et al., 2021) is defined as "a feeling that others depend on us, are interested in us, are concerned with our fate, or experience us as an ego-extension" (Dadfar et al., 2021, 244). IM means other people think of us and care for us. "Existential mattering" (EM) (George and Park, 2014; Martela and Steger, 2016; Costin and Vignoles, 2020; Costin and Vignoles, 2021; King and Hicks, 2021), "conveys the degree to which individuals feel their existence is of significance, importance, and value in the world" (George and Park, 2016, 206), that "their life matters despite their smallness in time and space" (Costin and Vignoless, 2020, 877), that they have something to contribute to society (van Wijngaarden et al., 2015), and that they feel a sense of "generativity or [of] leaving a legacy that will transcend self" (Costin and Vignoless, 2020, 878). EM means "their existence has and will have a lasting impact on the world. Mattering is tied to the belief that one's existence will continue to influence others across time and space" (King and Hicks, 2021).

Combining IM and EM into a single assessment tool provides a continuum of spiritual care interventions that can be used by both the spiritual care generalist and the spiritual care specialist. We call this mattering assessment tool by the acronym M=C^4 where M stands for Mattering and C^4 stands respectively for Connecting (C^1) plus Community (C^2) plus Cosmos (C^3) plus Care plan (C^4). For the spiritual care generalist looking for a brief spiritual care intervention that can be used in the span of a clinical encounter, they can use C^1 alone. Depending on the clinician's interest and training in spiritual care, as well as their time, they may add C^2 and C^3 for a more thorough assessment and intervention. Regardless of the intervention provided, all clinicians should document their intervention and assessment outcomes in the Care plan (C^4).

Mattering as a brief spiritual care intervention involves first Connecting (C^1) with the patient through presence. Connecting through being fully present conveys to the patient that they belong, that their life is important, has value, and is significant; in short, it conveys they matter to the clinician (Breitbart, 2002; Nissim et al., 2012; Shields et al., 2015; Kredenster and Chochinov, 2020). This initial intervention is simple and brief and should be the foundation on which all care is provided. Do they matter to the clinician? If the clinician intentionally conveys this to the patient, they are providing a brief spiritual care intervention.

The next level involves assessing the patient's sense of mattering to their Community (C^2). To what degree does the patient feel they are connected to or belong to a community (Dadfar et al., 2021)? Conversations might focus on the patient's family, friends, and social networks, such as work, clubs, faith communities, or social organizations (Schmidt et al., 2020). This level assesses the patient's sense of interpersonal mattering. Do they feel they matter to others? Do they have value in the eyes of others? Affirming the patient's awareness of their interconnectedness and value to their community or helping them see or acknowledge this value and significance, constitutes a slightly more advanced, yet simple, spiritual care intervention than using C^1 alone.

The third level centers on assessing the patient's sense of mattering to the Cosmos (C^3). Does the patient feel their life has any significance or lasting impact on the world stage? Do they feel they have a legacy to leave for future generations? Do they express a faith or a meaning system in which their Ultimate or Higher Power somehow prioritizes their existence to a level of significance or noteworthiness? If the patient's meaning system is based on a particular faith tradition, then the clinician may complement this mattering assessment tool with the use of a spiritual history tool, such as FICA (Puchalski and Romer, 2000) or FACT (LaRocca-Pitts, 2009). Not only does a spiritual history inform the care plan (C^4), but also conveys to the patient they matter beyond their medical history (Koenig, 2013). This level assesses their sense of existential mattering. Do they matter to the cosmos? If the patient expresses a healthy sense of cosmic mattering or the clinician enables the patient to affirm such cosmic mattering, then the clinician has provided a spiritual care intervention. This level of intervention requires the clinician's comfort with and familiarity with various meaning-systems, such as religious or philosophical systems, and how such meaning systems provide a sense of coherence, purpose, and mattering (Park, 2007). This intervention may also require more than an initial visit. This level of care is more consistent with the care provided by a spiritual care specialist, such as a board-certified chaplain (LaRocca-Pitts, 2004; Handzo and Koenig, 2004).

The final C is Care plan (C^4). The clinician providing spiritual care may do only C^1 or $C^1 + C^2$ or $C^1 + C^2 + C^3$, depending on their intent, training, and time. Regardless of the level of spiritual care provided, they must end with the patient's care plan (C^4). For example, if the clinician has difficulties connecting (C^1) with the patient, or vice versa, then the clinician might make a referral to the broader healthcare team to spend intentional time establishing a sense of connectedness with the patient. If the clinician assesses that the patient is poorly connected to their community (C^2) to the degree the patient feels they don't matter to others, then a referral to social work or spiritual care, for example, might be needed. If the clinician assesses the patient does not feel their existence has any value or significance to the world or cosmos (C^3), then a referral to a professional chaplain, mental health specialist, or therapist, would be beneficial. If the clinician assesses through their interaction and conversation that the patient has a healthy sense of mattering on all three levels, then the clinician would note in the care plan that the patient presents as spiritually healthy.

Spiritual care interventions focusing on a patient's sense of mattering provide spiritual support. The Mattering Assessment Tool: $M=C^4$ provides a range of spiritual care interventions for the spiritual care generalist to the spiritual care specialist. It is built on a understanding of spirituality that begins with connectedness and ends with meaning and purpose, all of which are related to mattering (George and Park, 2017). With minimal training for the spiritual care generalist, or with more advanced training for the spiritual care specialist the Mattering Assessment Tool: $M=C^4$ can guide the clinician through a series of assessments and interventions designed to help the patient directly or through the appropriate referral affirm, establish, or re-establish their sense of mattering, which "helps them in coping with a crisis" (George and Park, 2016, 213).

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