Workings of the Human Spirit in Palliative Care Situations: a Consensus Model

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Nature of the model: 10 features

1. Researchers can locate hypotheses in a common model.
2. A model to evolve with research findings.
3. Consensus based: members can live with the content.
4. Established definitions and published work.
5. A model where all can recognize their experience/tradition.
6. Assume the human spirit has essential commonalities.
7. About the human spirit; not the sacred.
8. Conceptual, not yet empirical.
9. Enable the asking of empirically answerable questions.
10. Primarily for chaplaincy research.
Defining Spirituality for Palliative Care Chaplaincy Research

“Spirituality is the aspect of humanity that refers to the way individuals seek and perceive significance and the way they experience their connectedness to the moment, to self, to others, to nature, and to the sacred.”

Modified from the definition adopted by the Consensus Conference sponsored by the Archstone Foundation, February 2009, in Pasadena, California. J Pall Med 2009
Precept

A fundamental connection exists between humans and the ‘cosmos.’

– Humans have a need for a fitting relationship to the ‘cosmos.’
– The need is akin to other basic appetites or needs that sustain life.
– It is particularly urgent when facing mortality
Evidence for Precept:
sacred texts/deep narratives in every civilization,
surveys, focus groups, consensus definition,
Cecily Saunders’ definition of ‘total pain’ in 4
domains including spiritual, clinicians’
experience (eg, Pargament) of distinct type of
need for sacred connectedness.
The primary therapeutic goal of chaplains

• To provide the connection to the universe in a way that brings spiritual wellness.
How do elements work in relation to each other?

- Is there a physiology to human spirituality?
- What is the analogue to discovery of circulation?
- What is the analogue to cellular/molecular physiology?

William Harvey 1578 - 1657
Why it matters in Clinical Care

- Assessment of S / its components
- Diagnosis of S / its components
- Intervention choices
- Process
- Outcomes
Two ways of modeling the ‘physiology’

The Egg

The Formula

\[ S = \sum_{t=n}^{t=n+1} m_s, m\pi, m\varphi, m\vartheta \]
A formula?

\[ S \propto f(m) \]

\[ S = \text{perceived spiritual place, connectedness} \]
\[ m = \text{meaning about spiritual place} \]

An implication of this formula is that spiritual well-being is about balance, integration; spiritual dis-ease is about mismatch between spiritual resources and the challenge. This is consistent with view expressed by Ken Pargament and by Rebecca Johnson et al.
A further specified formula?

\[ S = f \sum m_\pi, m_\phi, m_\vartheta \]

\( S \) = perceived spiritual place, connectedness
\( m_s \) = meaning in spiritual domain
\( m_\pi \) = meaning in physical domain
\( m_\phi \) = meaning in psychological domain
\( m_\vartheta \) = meaning in social domain
If spiritual well being is a balance of +ve and –ve attributed meaning...

...as in:

\[ S = f \sum (\text{+ve})-(\text{-ve})m_s, (\text{+ve})-(\text{-ve})m_\pi, (\text{+ve})-(\text{-ve})m_\varphi, (\text{+ve})-(\text{-ve})m_\vartheta \]

...S can be represented as a constructed narrative of sacred meaning synthesized from the 4 (spiritual, physical, social, psychological) domains of experience.

...Physical, social, psyhological may be covariates or modifiers of spiritual.

...something that is subject to co-construction, and so to assistance by the chaplain.
How to represent perturbation/integration?

- Assault to a system causes perturbation.
- Challenging events (injury, cancer diagnosis, traumatic experience, bereavement, etc.) bring perturbation to a system that is otherwise integrated between physical, mental, social, and spiritual domains.
- Perturbation is manifest in positive or negative responses in the primary domain (eg pain for physical injury) and other domains (eg depression for job loss).
- The same perturbation can cause different responses depending on person / situation.
Add in time to the equation

\[ S = \sum_{t=n}^{t=n+1} (+\text{ve})-(-\text{ve}) m s, (+\text{ve})-(-\text{ve}) m \pi, (+\text{ve})-(-\text{ve}) m \varphi, (+\text{ve})-(-\text{ve}) m \vartheta \]
The spiritual life provides an integrative function, working through attribution of significance to connect our existence to the grand existence, that is, our place in / connection with it.
What is it in the cosmos that we connect to?

Consciousness, Being, Love, Beauty, Oneness, God, the unknowable/unnameable, Connectedness, Timelessness, Inter-being, Presence, Transcendence, Sacred, Holy Space, Natural world ...
What are relevant parts of the social domain?

Dyad, family, community, region, nation state, global population, ...
What are relevant parts of the physical domain?

Body, local setting, environment, ...

- cosmos
  - social
  - physical
  - spiritual
  - psychological
What are relevant parts of the psychological domain?

Conscious, unconscious, ...
The interaction between these spheres is dynamic, and constitutes the ‘physiology’ of spirituality. It is described by Pargament’s model.
Pargament Model of Spiritual Processes

Constant recursive process entailing:

• **Discovery**: sense of finitude, vulnerability opens to the possibility of sacred.

• **Dialogue**: I-thou sharing, sense of sacred in many things.

• **Challenge**: Help with conservation by reminding the patient whole life self, asking about spiritual resource e.g. favorite psalm.

• **Coping / disconnection**: Shock leads to loosing self, fragmentation; coping retains integrated self. Sense of abandonment, anger, guilt, shame lend toward disconnection. Presence, being heard, normalizing experience lend toward coping.
Variants, Pathways & Perturbation
## Potential Physiological Measures of Spiritual Interventions

| Category                  | Description                                                                                           |
|---------------------------|-------------------------------------------------------------------------------------------------------|
| **Spiritual Intervention** | • Presence, Listening, Shared Vulnerability, S/R Practices                                           |
| **Emotional Change**      | • Decrease in anxiety, depression, denial, delusion, withdrawal                                       |
|                           | • Increase in hope, meaning, purpose, self-worth relationality                                        |
| **Physiological Substrate** | • Changes of respiration rate, heart rate, blood pressure, galvanic response, levels of stress hormones, and cognitive impairment |
| **Empirical Measures**    | • Validation of spiritual interventions by correlating them with improved physio indicators, and with institutional benefits (costs, morale, reputation) |

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G Meyer
The Inter-Being

• Holocaust survivors share their concentration camp experiences with actual and virtual others
  – Galvanic response and heart rate declined during telling
  – The same stress indicators went up in listeners
• Family systems theory chronicles similarly

Adapted from G Meyer
Reattribution of Meaning

Anticipated personal future

Situational Meaning

Global or Universal Meaning

That which supports and enhances the human core regardless of circumstances

G Meyer
Do our topics and questions fit our model?
Hypotheses: by model location

A common spectrum of human spiritual experience can be defined

Social features impact spiritual experience and vice versa

Physical features impact spiritual experience and vice versa

• Uniquely spiritual experiences and needs exist
• Measures have uniquely spiritual domains
• Chaplains have a distinct and dedicated role in addressing them

Life force can come through the spiritual sphere
Each interface has a ‘blood-brain barrier’

Psychological features impact spiritual experience and vice versa

Spirituality is everywhere (depicted by color scheme)

A dynamic exchange between domains creates meaningful states of spirituality
Deficit model or care response model fits
Spiritual resources replace physical and other resources

• Spiritual resources replace physical and other resources

Cosmos

Social

Psychological

Physical

Spiritual

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- Cases should demonstrate apparent spiritual states / dynamics e.g by patient expressing experiences of discovery, dialogue, challenge, and coping/disconnection; or by clinician being able to describe where patient is on this set of paths / among these states
- Interventions should have varied impact on one or more of these.
Cases should demonstrate variations to the model (e.g. some patients get stuck in disconnection; people have varied ways of moving from one state to another; some may have additional states or skip / underemphasize some states.

Interventions should have varied ‘match’ with different patients.
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- Human spiritual experience has a ‘physiology’
- Common elements
- Dynamic interactions among spheres
- Measurable processes and outcomes
- Practical import for chaplaincy care
- Compare/contrast with complementary empirical/observational studies and chaplaincy services research currently emerging