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

The Model Building Subgroup of the Chaplaincy Research Consortium:

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Presented at the Annual Meeting of the HealthCare Chaplaincy Network
April New York 2014

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."

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.
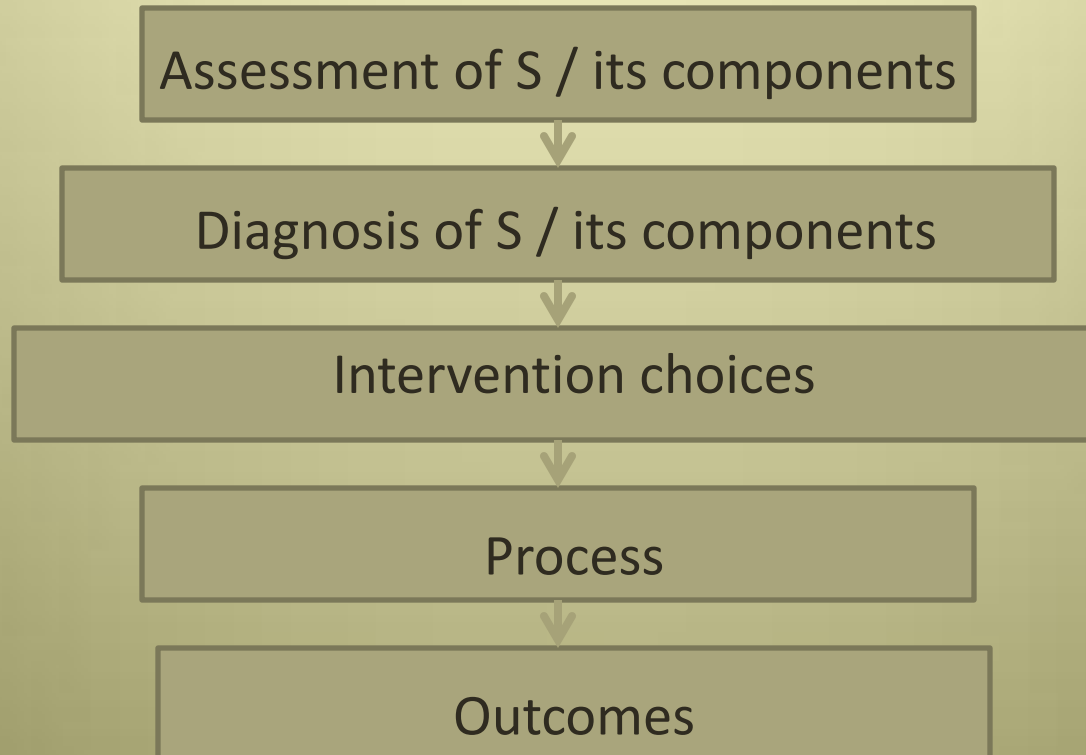
How do elements work in relation to each other?

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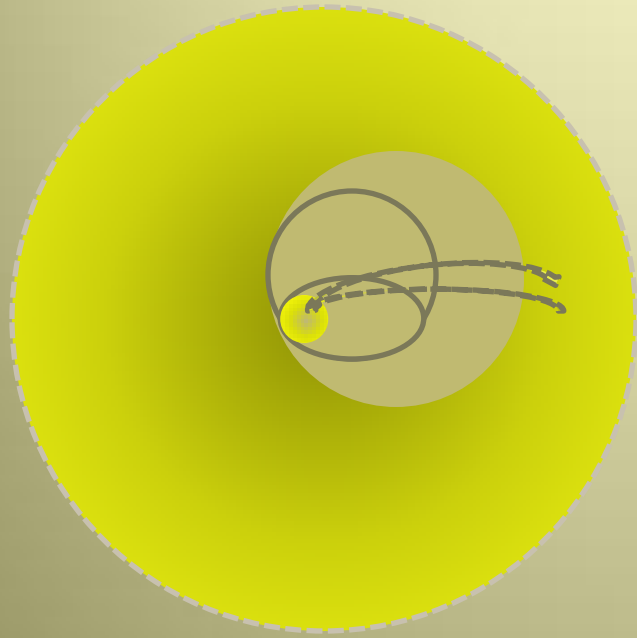- What is the analogue to cellular/molecular physiology?

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

$$S = f\sum_{t=n+1}^{t=n} ms,\ m\pi,\ m\varphi,\ m\vartheta$$

A formula?

S $\propto$ $f(m)$

S = perceived spiritual place, connectedness

m = 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?

$$S = f\sum m\pi, m\varphi, m\vartheta$$

S= perceived spiritual place, connectedness

ms = meaning in spiritual domain

mπ = meaning in physical domain

mφ = meaning in psychological domain

mϑ = meaning in social domain

If spiritual well being is a balance of +ve and –ve attributed meaning…

… as in:

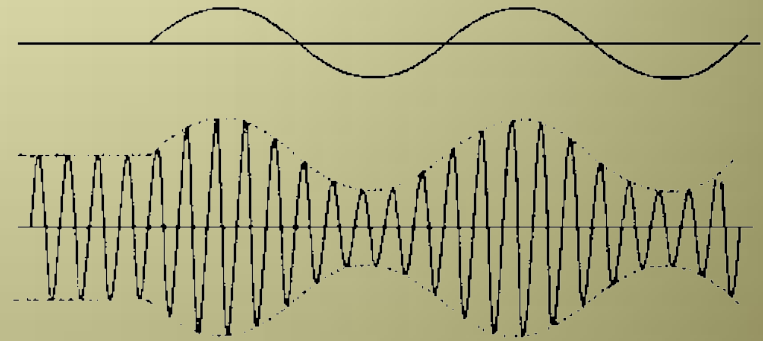$$S = f\sum (+ve)-(-ve)ms, \; (+ve)-(-ve)m\pi, \; (+ve)-(-ve)m\,\varphi, \; (+ve)-(-ve)m\,\vartheta$$

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

…Physical, social, pyschological 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

$$S = f\sum_{t=n+1}^{t=n} (+ve)-(-ve)ms, \ (+ve)-(-ve)m\pi, \ (+ve)-(-ve)m\ \varphi, \ (+ve)-(-ve)m\ \vartheta$$

Spiritual 'place'…

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.

cosmos

social

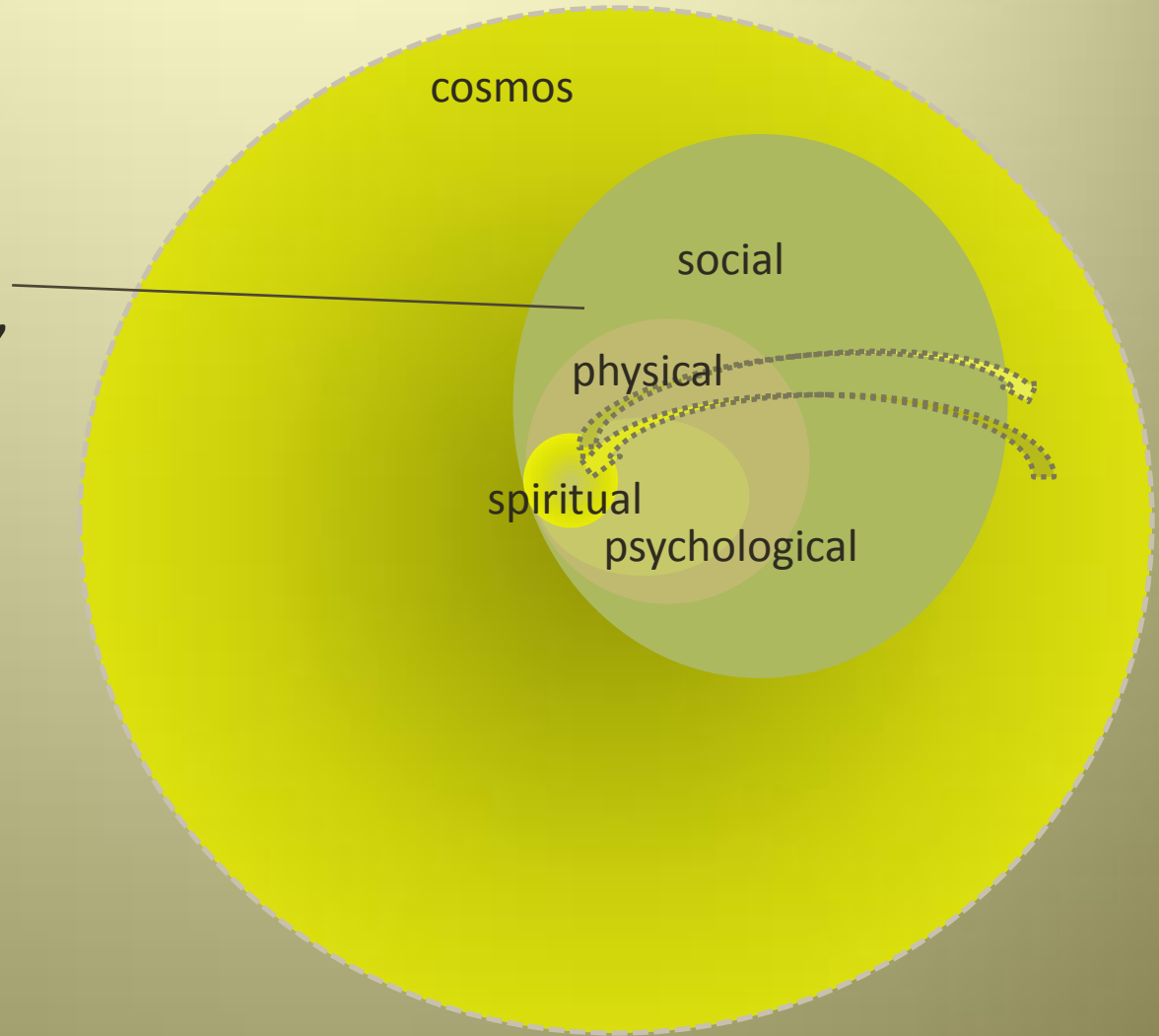physical

spiritual

psychological
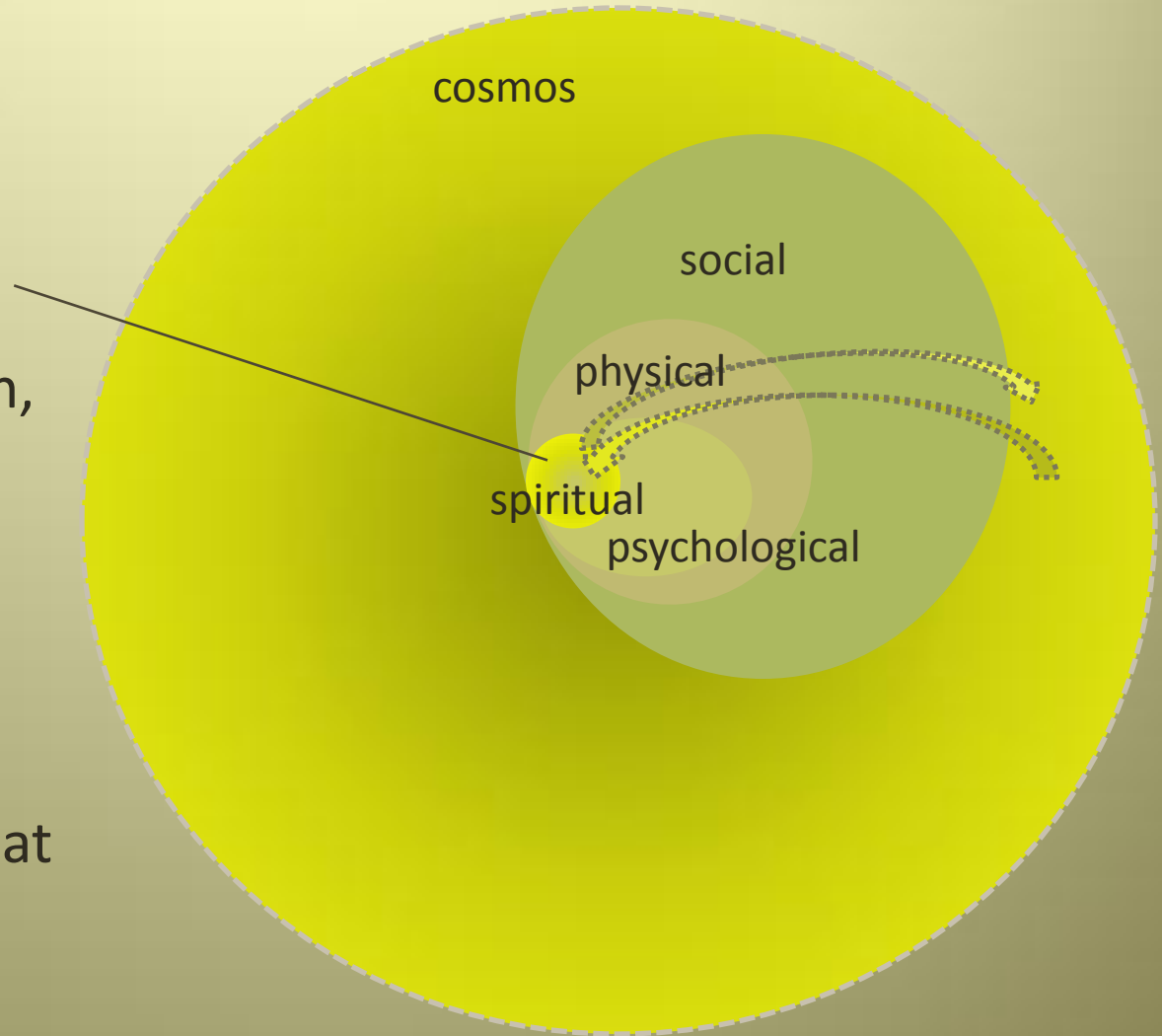
What is it in the cosmos that we connect to?

Consciousness,
Being, Love, Beauty,
Oneness, God, the
unknowable/
unnameable,
Connectedness,
Timelessness, Inter-
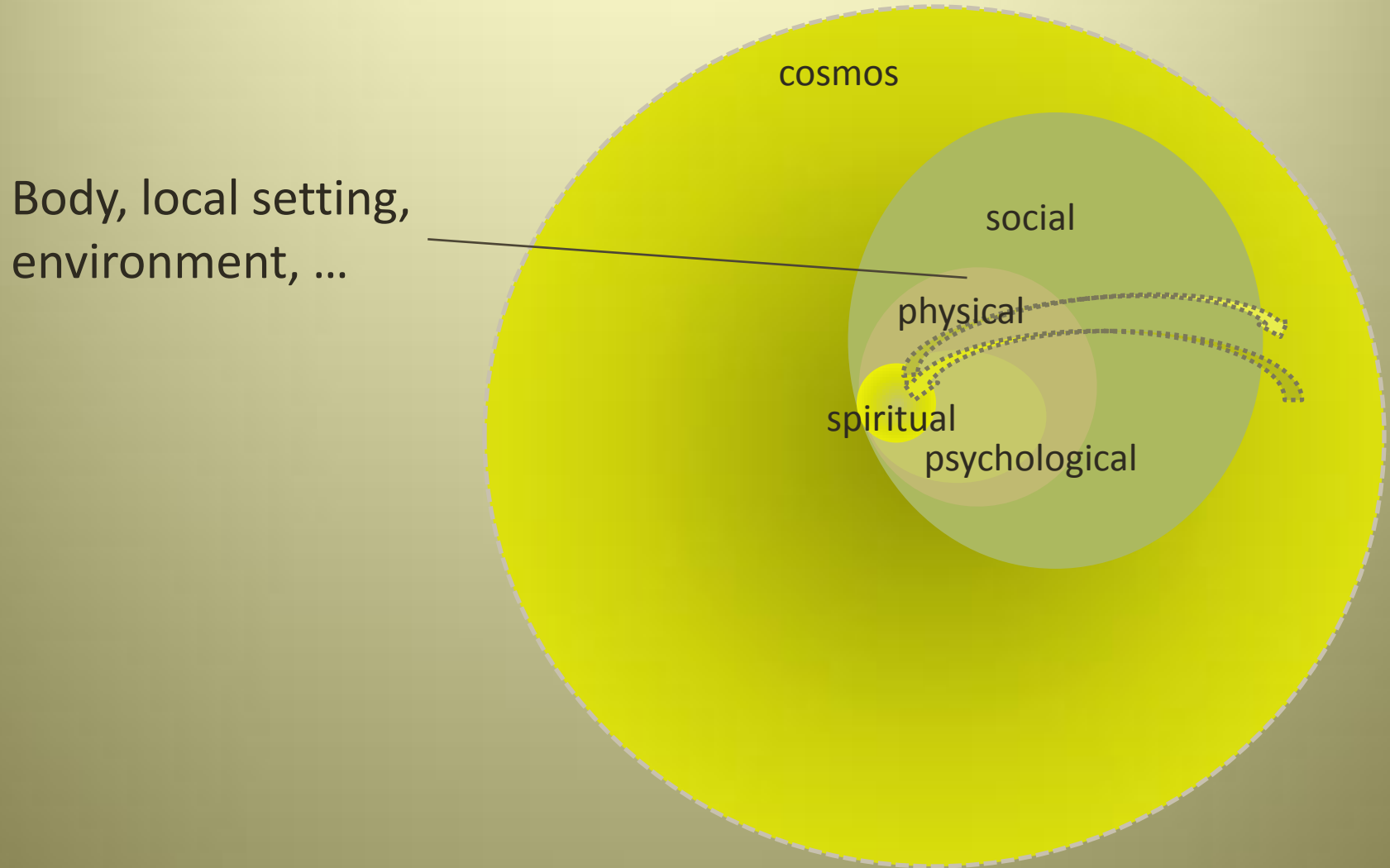being, Presence,
Transcendence,
Sacred, Holy Space,
Natural world …

cosmos

social

physical

spiritual
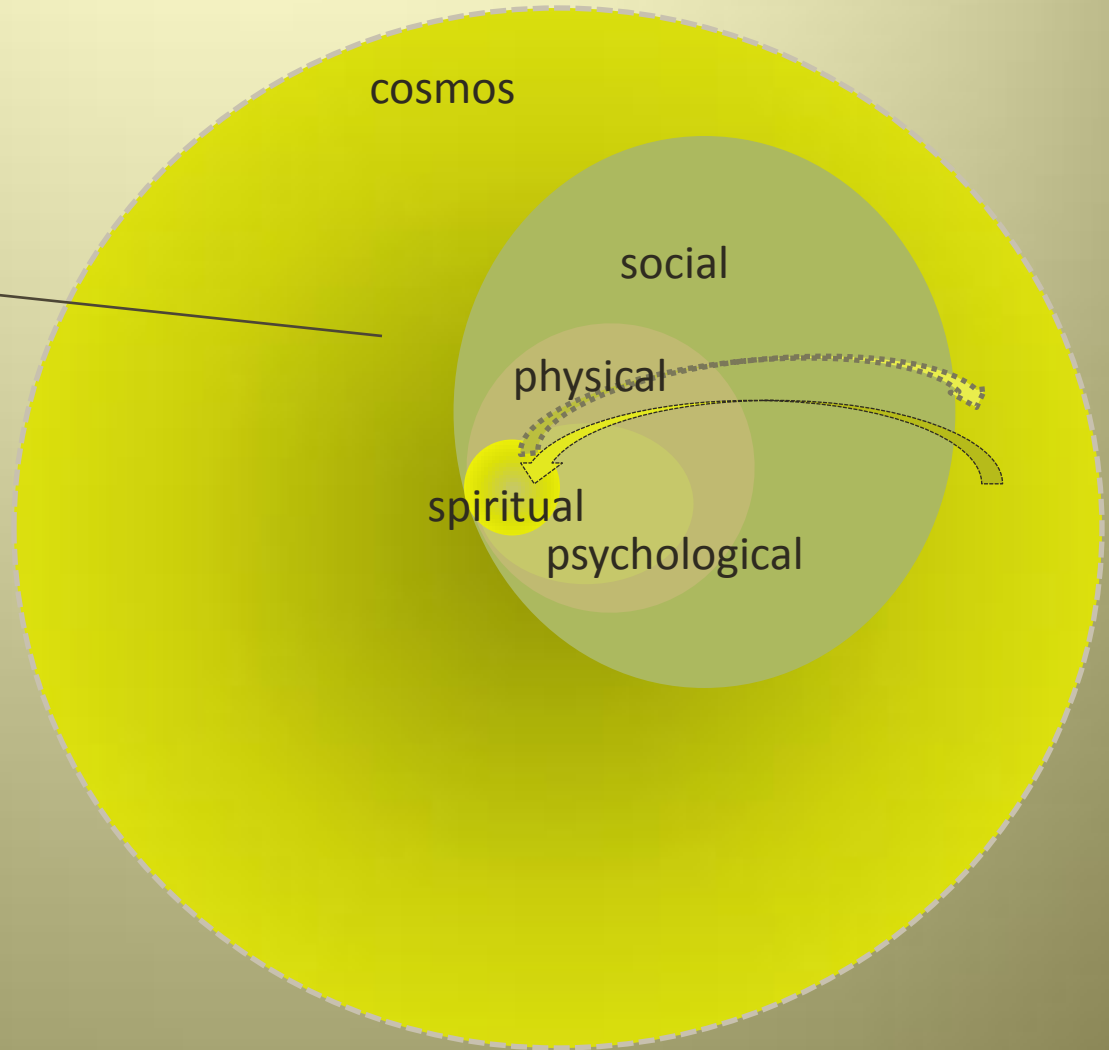
psychological

What are relevant parts of the social domain?

Dyad, family, community, region, nation state, global population, …

cosmos

social

physical
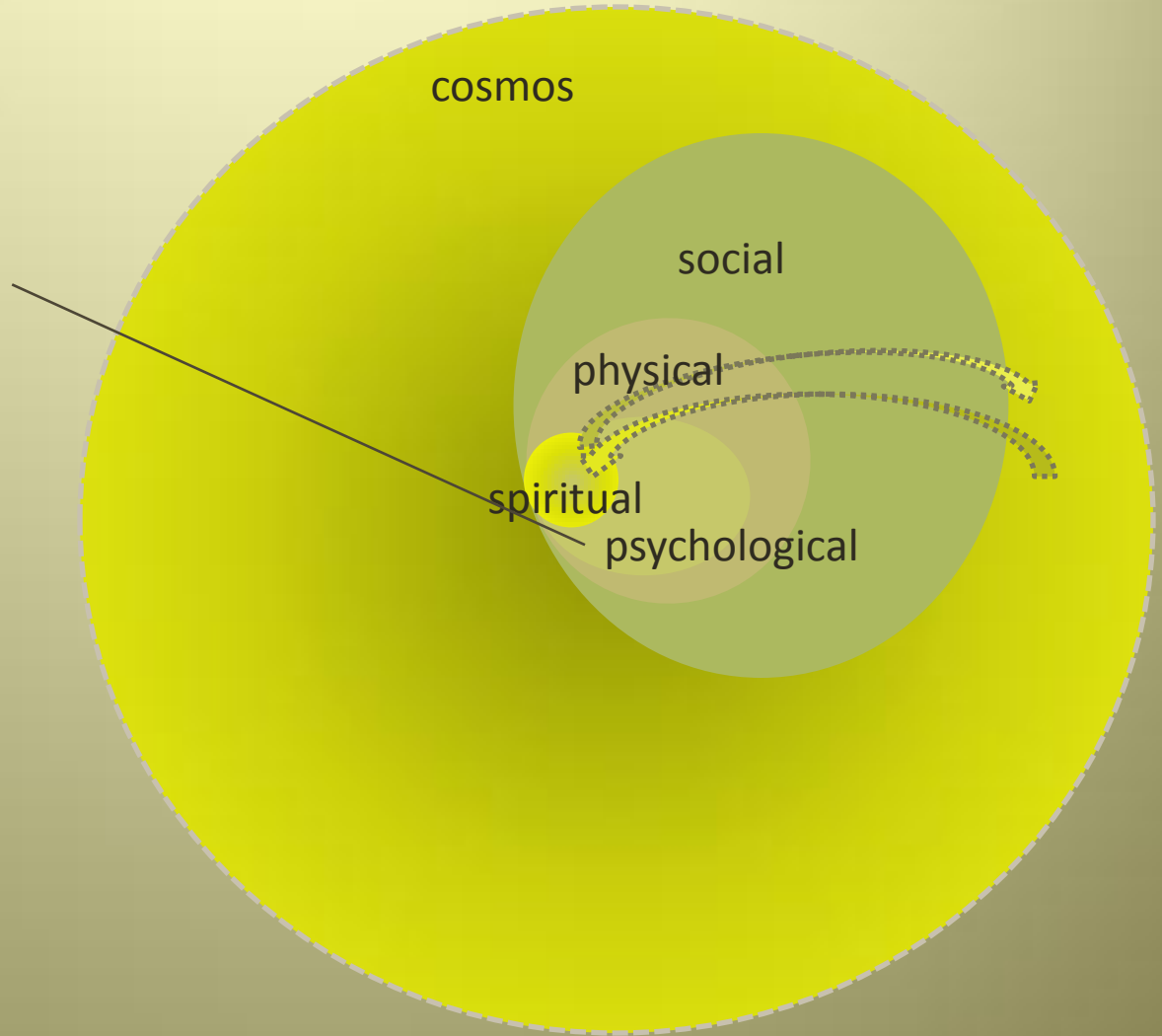
spiritual

psychological

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?

cosmos

social

physical

spiritual

psychological

Conscious, unconscious, …

…Spiritual 'place'

The interaction between these spheres is dynamic, and constitutes the 'physiology' of spirituality. It is described by Pargament's model.
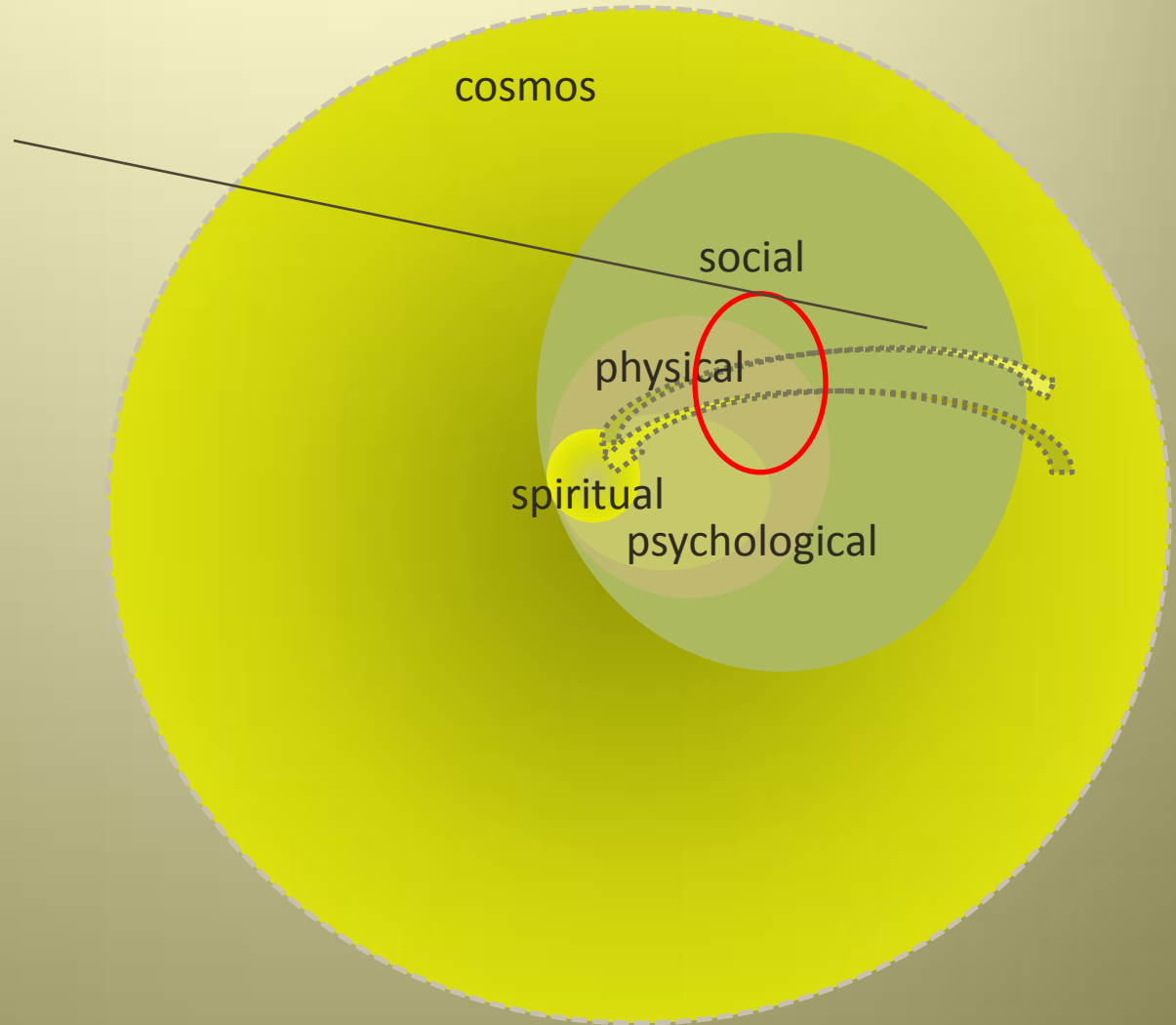
cosmos

social
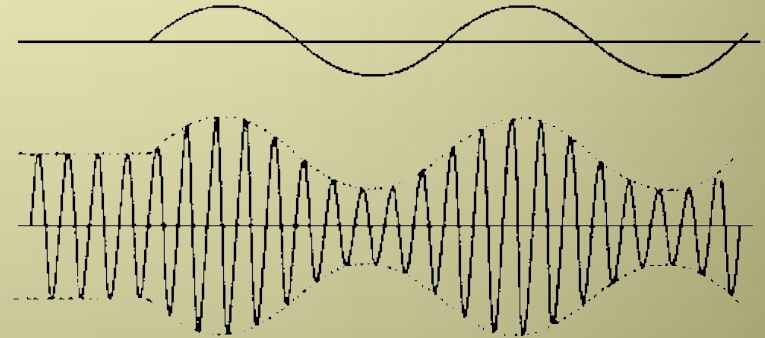
physical

spiritual

psychological

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

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
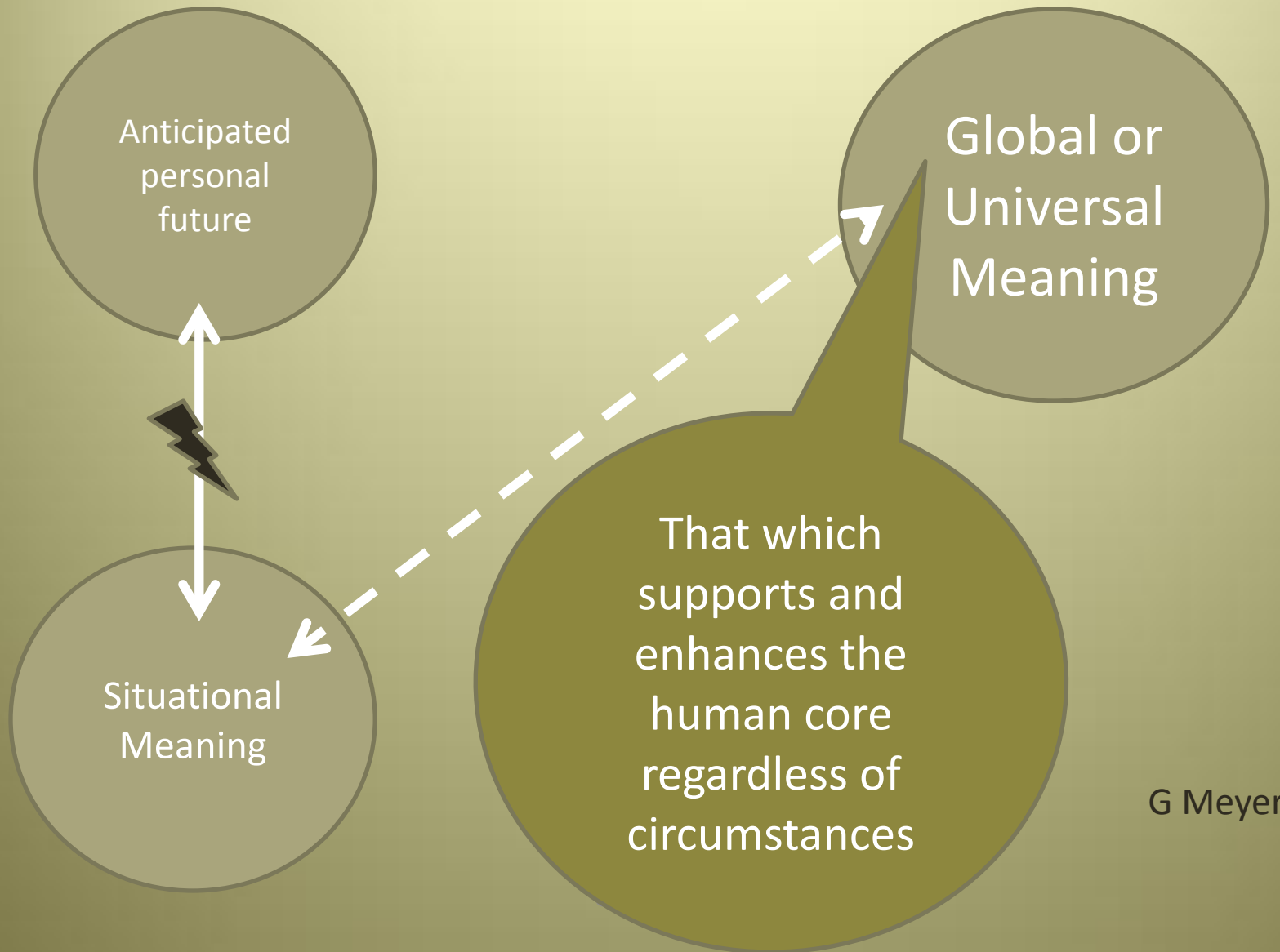
Empirical Measures
- Validation of spiritual interventions by correlating them with improved physio indicators, and with institutional benefits (costs, morale, reputation)

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

Global or Universal Meaning

Situational 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'
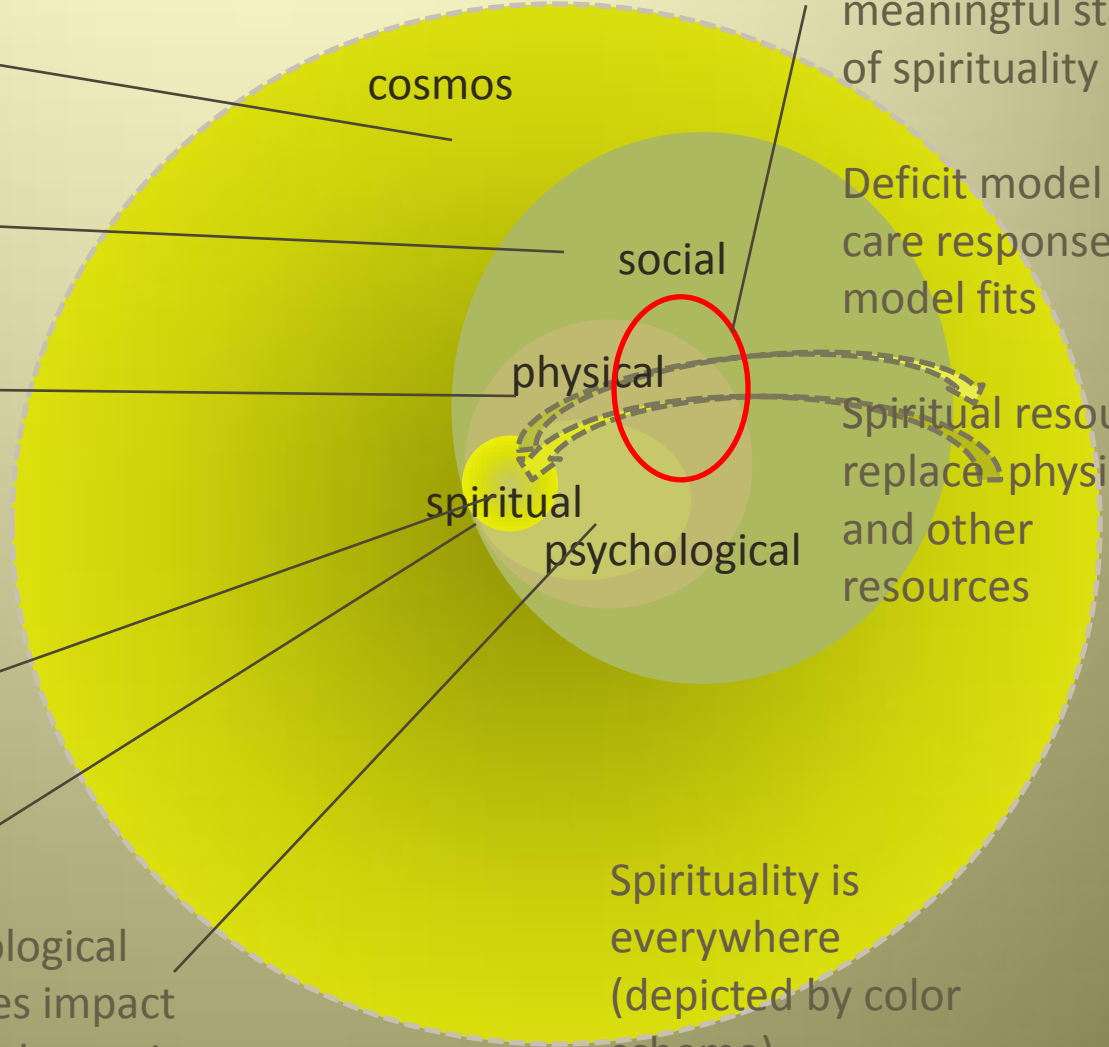
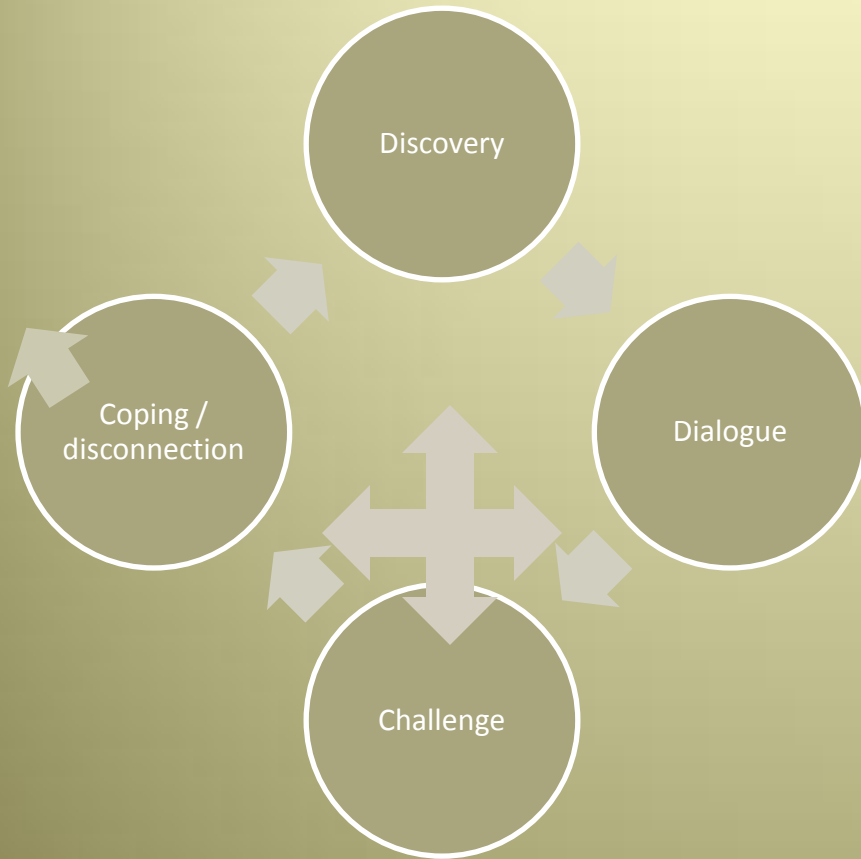A dynamic exchange between domains creates meaningful states of spirituality

Deficit model or care response model fits

Spiritual resources replace physical and other resources

Spirituality is everywhere (depicted by color scheme)

Psychological features impact spiritual experience and vice versa

cosmos

social

physical

spiritual

psychological

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- **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.

- 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

Variants, Pathways & Perturbation
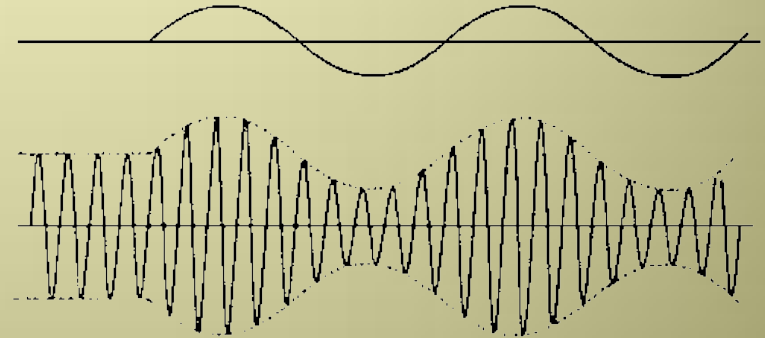
- Cases should demonstrate variations to the model (e.g. some patients get stuck in disconnection; people have varied ways of moving from one state to another; some may have additional states or skip / underemphasize some states.
- Interventions should have varied 'match' with different patients.

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a Consensus Model

- 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