Illness: An Opportunity for Spiritual Growth

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ABSTRACT

Spirituality is an innate aspect of being human, and every patient has the potential for spiritual growth through suffering from an illness. However, spirituality and spiritual care are rarely mentioned in the field of medicine, either because their definition can be ambiguous or because their nature can be highly personal. In a departure from the traditional biomedical view of health care, the author in this paper explores another aspect of the patient, hoping to inspire caregivers to be more attentive to the growth of a patient’s spirituality. Furthermore, citing several clinical examples and by extrapolating the trajectory of human adaptation to illness, the author also delineates the proper compass of spiritual care and uncovers the distinction between spirituality, religion, and psyche.

INTRODUCTION

A holistic approach to care has long been emphasized in clinical practice and has become routine in hospice and other related educational programs. We offer biologic treatment and emotional support in the daily care of our patients, but the inclusion of spirituality and spiritual care has been a difficult concept to grasp. Spirituality and spiritual care are too often confused and combined with psyche or religion. In addition, because of their highly subjective nature and diversity from individual to individual, it has been difficult to verify the effect of spirituality and spiritual care through experiments and thereby incorporate them into clinical practice. Understanding this inborn aspect of human beings is frequently too theoretical and impractical for most learners.

The purpose of this article is to illustrate the possible growth of spirituality during the course of a patient’s illness, define spirituality and spiritual care vis-à-vis three clinical examples, and to clarify the distinction between spirituality, religion, and psyche.

CASE 1

A 55-year-old man was admitted to an intensive care unit because of an acute myocardial infarction. He was overweight, smoked cigarettes, did not exercise, and had diabetes. He was a successful businessman, more focused on his work, than on complying with his physician’s advice. After discharge, however, he adopted major behavioral changes. He began exercising regularly, lost weight, reduced the amount of time spent at work, and began to follow his physician’s suggestions. He also started doing volunteer work at a hospital and made contributions to local charities.

CASE 2

A 65-year-old Chinese woman was troubled by repeatedly remembering the scene of a snake in agony, which she had seen crushed by a car on her way home. In the interview, she explained her recent difficulty in falling asleep, her general weakness, and poor appetite as being caused by “that evil.” She was convinced the soul of the dead snake was harassing her and bringing her discomfort. In spite of the explanations by her physician and family, she still held onto her beliefs. She finally resorted to traditional methods of folk healing.

CASE 3

A 67-year-old Chinese woman had lung cancer with brain and bone metastases, was mild in temperament, and had no Division of Palliative Care, Department of Family Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan.
expressed preference as to how her disease should be treated. She ultimately accepted her daughters’ opinions, and abandoned curative treatments because of the poor prognosis and intolerable side-effects associated with the various therapies. She had three daughters: (1) the eldest daughter, a college instructor, agreed with the physician’s opinion about treatment; (2) the second daughter, a pharmacist whose husband was a practitioner of herbal medicine, believed that allopathy has strong adverse effects and restrained the patient from taking them; instead, she requested that the patient take herbs and organic vegetables, by which she and her husband were convinced that some cancers were cured; and (3) the third daughter, a college graduate and a Buddhist, believed in the miraculous power of religion, and the relief of pain accompanying pious worship. Because the patient lived with the second daughter, she started on herbal drugs, Chi therapy, and other alternative treatments. Meanwhile, this second daughter prevented her mother from using opioids and other analgesics; however, the pain became so severe that the patient then attempted suicide. Finally, after evaluating the situation, the eldest daughter sent her mother to a hospital for pain control.

ILLNESS ADAPTATION AND SPIRITUAL GROWTH

Spirituality has been regarded as a part of the adaptation to illness. During the coping process, the patient and his/her family may go through three stages. The first stage occurs during an acute, serious illness and characterizes the patient and family as withdrawn, shocked, passive, compliant, and unquestioningly dependent on the care-providers. The second stage is one of struggle, and is characterized by refusing to take pills and trying to regain control, in addition, to re-examining the cause of the illness so as to prevent its recurrence. Finally, the third stage, which does not always occur, may depend on the patient’s and family’s life experiences and on the seriousness of the illness. The third stage of the coping process involves a far-reaching assessment into the meaning of suffering and life. Thus, the third stage is regarded as the spiritual stage, which originates from inner self-reflection and the reorganization of one’s value system with respect to existence in the universe. Because of this, spiritual growth may change and enrich a patient’s life after illness, as illustrated by Case 1.

However, growth in spirituality is not limited to illness or death. Any severe loss in life may lead to the reordering of one’s value system, such as the loss associated with physical disability, bereavement, or bankruptcy. Moreover, any severe disappointment or maladjustment may also provide an opportunity for spiritual growth. In the face of the threat of death, the fear and anxiety of “becoming nothing” tend to pool all the patient’s past, present, and future anger and pain together, resulting in an even stronger motivation for a spiritual solution.

DEFINITION OF SPIRITUALITY

Although there has been a growing tendency to distinguish religion and spirituality as two distinct ways to relate to the sacred, there is no consensus about their definition or relationship, if any. Wuthnow made an analogy about followers of religion and spirituality as religious dwellers and spiritual seekers, respectively, to differentiate the former, who tend to accept traditional forms of religious authority and relate to the sacred through prayer and public communal worship from the latter, for whom autonomy takes precedence over external authority and who focus on self-growth and emotional self-fulfillment. O’Brien and Speck held a common view and used a broader definition of spirituality as “the dimension of a person that is concerned with ultimate ends and values.” This breadth includes the meaning and purpose of rationality and perceptibility in human life, societal, and psychologic activities. Consequently, spiritual growth is the search for the meaning of one’s existence, relationships, and the place of an individual in the universe through the experiences of self or others, so as to establish or adjust a person’s life attitudes, and behavior.

Therefore, spirituality is actually a form of philosophy of one’s life attitudes and value system that originates from culture, education, and personal experience. Spirituality, in and of itself, is highly individual, innate, and has the capacity for inner knowledge and the creation of inner strength. Spirituality is a unity or wholeness that can permeate all of one’s life; it also provides the meaning of one’s existence that lies at the core of one’s being, and it is the essence of who one is. Spirituality is not necessarily religious, but it can include the philosophy of religion. A deeply anchored belief enables reflection on one’s attitude, coping behavior, and interpersonal skills, which result in a mind and body interaction with illness in addition to health-seeking modalities, as exhibited by both Case 2, in which the patient insisted on a personal interpretation of the cause of her disease and finally resorted to folk healing, and Case 3, in which the second daughter firmly believed in the effectiveness of herbal medicine for cancer treatment and refused to allow her mother access to biomedicine for pain control.

In the exploration of individual worth and the understanding of human behavior, at the apex of Maslow’s hierarchy of human needs, self-actualization, which is defined as “the full use and exploitation of talents, capacities, potentialities etc.,” requires solid belief to surmount the
other four basic needs: physiologic, safety/security, belongingness and love (social), and esteem (ego) needs. Such self-actualization is related to the matter of spirituality. Moreover, human beings have a tendency to express and activate all their capacities to enhance the self, and this is an inborn ability, which existed before religion. It is necessary, now, to make a clear definition of what may be understood as religion.

**RELIGION AND SPIRITUALITY**

According to the *Concise Oxford Dictionary*, religion is “a particular system of faith and worship, having its peculiar rules and habits.” Allport and Ross divided religion into intrinsic and extrinsic orientations. The former is a pervasive, organizing principle, whereas the latter is an instrument or tool used to supply needs, such as status and security.

Thus, people with the same religion share the same beliefs, behavioral standards, and behavioral restraints. They are familiar with the same symbols, rituals, myths, and their values are deemed to come from an omnipotent deity who requires that the adherents’ thoughts and behaviors lead toward an approved way of life. Religion offers the participant a specific worldview and answers questions about ultimate meaning. Religion also can offer guidance about how to live harmoniously with self, others, nature, and the divine through a belief system. From these definitions of religion, it is evident that religion is a more restricted concept than spirituality.

It is difficult for ordinary people to separate religion from spirituality. For them, the “spiritual” is commonly linked with “anima or soul,” or is related to sacred and religious things, which are opposed to what is material or concrete.

**PSYCHE AND SPIRITUALITY**

According to Dorland’s *Illustrated Medical Dictionary*, psyche (Gr.) has the same meaning as mind (Lt.), which is “the faculty or function of the brain, by which an individual becomes aware of his surroundings and their distribution in space and time, and by which, he experiences feelings, emotions, and desires, and is able to attend, to remember, to reason, and to decide.” Therefore, psyche is the process from environmental stimulation to mental response, and psychology is the science dealing with the mind and mental processes, especially in relation to human behavior, whereas psychiatry is the branch of medicine dealing with the study, treatment, and prevention of mental disorders such as disturbances in thinking, emotion, and behavior, which may result in mental abnormalities, mood disorders, hallucinations, and other psychotic features. However, the psyche cannot resolve moral, ethical, and religious problems, which belong within the realm of spirituality.

DEFINITION OF SPIRITUAL CARE

Spirituality, therefore, can affect one’s thinking, behavior, and emotions, as in Case 2, where the old woman believed the existence of the evil of that dead snake, which led to her anxious and depressive symptoms. It surely also influences both the patient–practitioner relationship and health-seeking behavior, such as the refusal of blood transfusion by Jehovah’s Witnesses and treatment choices, which was also shown in Case 3, where the second daughter resorted to Chinese medicine in contrast to the eldest daughter’s confidence in biomedicine. In like manner, spirituality will guide the approach to one’s disease management (i.e., physical care) and emotional manifestation (i.e., psychologic care). Because the scope of influence of spirituality is so vast, then what is the appropriate definition of spiritual care? Is physical and psychologic care included within the definition? Do health education and the resolution of a patient’s disease cognition and behavior belong to spiritual care as well?

So, we must now define the term “spiritual care.” Based on a clinical perspective, the definition by the North American Nursing Diagnoses Association may be appropriate, which narrows it to “the care to relieve a patient’s spiritual distress.” Furthermore, the Association defines spiritual distress as “disruption in the life principle that pervades a person’s entire being and that integrates and transcends one’s biological and psychosocial nature.” This definition astutely excludes “physical care” and “psychologic care,” hence, we can feel free and return to our accepted practice regarding holistic care (i.e., body, mind, and spiritual care).

Thus, the definition of spiritual care is narrowed and is much easier to work with. The definition of spiritual care widely departs from some traditional religious views (e.g., part of Taoism), which emphasize the dying process through biologic death to the experience of ecstasy. However, spiritual care emphasizes life principles, which may include one’s view about intra-, inter-, and transpersonal (i.e., higher being) domains. What is understood by “principle”? According to the *Longman Dictionary of Contemporary English*, principle has two meanings: (1) a truth or belief that is accepted as a base for reasoning or action; and (2) a moral
or set of ideas that guides behavior. Therefore, “spirituality” and “principle” are much alike, although the former focuses more on attitude and values, whereas the latter focuses more on the behavior guided by one’s value judgment. Thus, the skilled spiritual caregiver may enable a patient to re-prioritize values and thus achieve peace of mind.

Nightingale believes that spirituality is intrinsic to human nature and is our deepest and most potent resource for healing.25 The purpose of spiritual care in health care is to help patients reach a new equilibrium and wholeness through the understanding of their turmoil. Spiritual care enables patients to explore their life and purpose, sense of hope, and belief in themselves and in a power beyond self.26

CONCLUSIONS

In hospice care, the patient’s “total suffering” has been summarized within four domains,26 the physical/functional, social, psychologic/spiritual, and economic. Psychologic and spiritual problems are commonly left undifferentiated, whereas spiritual care and religion are closely correlated. This paper attempts to delineate the differences among psyche, spirituality, and religion, and hopefully to lead to a distinct understanding of holistic patient care, in which the spiritual goes beyond mere religious practice. Clinically, life review is commonly used to explore the patients’ spiritual needs, through the period of companionship and sharing. Their life and contribution to life are valued with sensitivity, empathy, and compassion. Spiritual caregivers reflect on and clarify the patients’ concerns and values in the hope that they will be able to think better, let go besetting inflexibility, foster hope, and finally reach the peace of mind via a process of self-awareness and mutual connectedness.

In this competitive, effectiveness-oriented medical market, caregivers have been accustomed to focusing on disease management with standard operational processes, which make them more like craftsmen. This is not consistent with the primary goal of a humanistic health provider, for whom spiritual care has to be the cornerstone.27 Although it is difficult and time-consuming for most health providers to offer each of their patients holistic care, this article, by making more precise definitions in this field, at least hopes to review acquaintance with more desirable methods of patient care. Health providers may be reminded when confronting their patients’ suffering of the opportunity to enhance spiritual growth. They can, if possible, try to understand what the suffering has meant and how the patients may obtain a new perception of life after a stressful event. They may help their patients to transcend pain and loss rather than simply help them to suffer without reflection. This article may also provide life educators with a new vision of spiritual matters in daily living.

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REFERENCES


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