Psychospiritual Care: A Shared Journey Embracing Life and Wholeness

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Dying is more than a medical occurrence; it is a psychospiritual process touching the individual, family, and community. Psychospiritual issues are core life issues that are an integral part of decision making in health care. Provision of psychospiritual care with persons who are seriously ill or dying is grounded in a holistic understanding of persons and life, and is enhanced by health care practitioners who recognize psychospiritual concerns and are willing to journey with individuals and families as they struggle with these issues. Attention to the psychospiritual dimensions enables patients to live their dying in healing ways.

The choices we make as health care practitioners, including ethical decisions, are made in response to situations that are uniquely experienced. Our choices and decisions, based on conscious and unconscious aspects of our being, often have great significance for those in our care. Hence, issues of how we view others, our responsibilities, their rights, the place of power and authority, the role of family, the meaning of life and death, health and wholeness, pain and suffering, will influence the nature of our relationship with another at any given time. In order to provide a healing presence, we need to recognize the wholeness of all persons, including ourselves, and to be present in ways that acknowledge psychospiritual dimensions, as well as physical illnesses.

Perhaps it is our willingness to recognize the wholeness of persons and to be with another in what often is a frightening and difficult time, that will facilitate healing in even "hopeless" situations. In order to do this, we need competencies in areas of listening (to what is and is not said), seeing, sharing observations and wonderings, touching (being aware of the many uses, and misuses of touch), presence (intentionally choosing to be with another), and being. Psychospiritual care may involve collaboration with or referral to other persons or resources, but is always an important aspect of professional health care practice.

Life and Death in Contemporary Health Care

Scientific advances over the past hundred years have provided interventions that save lives, improve the quality of life, alleviate suffering, and significantly decrease the incidence of diseases. Before such technologies, people experienced illness and death as inevitable parts of their lives, which, although not necessarily welcomed, were regarded as natural outcomes when the body could no longer ward off the effects of diseases or injuries. In our society, however, we often regard death as a painful, unnatural event that occurs in the isolation of hospitals and other institutions, surrounded by tubes, machinery, and heroic interventions. Within contemporary health care settings in the United States, death often is looked upon as an "enemy" to be kept at bay at all costs. When the tools and weapons of modern medicine are unable to prevent death, health care practitioners (hereafter referred to as practitioners) often express a sense of failure and helplessness as they tell patients and families that "there is nothing more they can do" (to keep the body alive, that is).

Viewing Life Holistically

One important consideration for practitioners is

how to best care for people who are seriously ill and dying in a health care system that focuses on cure, reimburses physical care and interventions, and considers death as a failure. Viewing persons and life holistically, appreciating that humans are body-mind-spirit beings in constant interaction within an environment, provides a useful framework for end-of-life care. Although we often speak of body, mind, and spirit as though they are separate parts of a person, this artificially separates manifestations of a whole, integral person. In a holistic paradigm, body-mind-spirit is an intertwined and interpenetrating unity.

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Every human experience has body-mind-spirit components. Understanding the wholeness of persons underlies provision of care inclusive of physical, mental, emotional, and spiritual concerns. This requires us to shift away from the Cartesian duality concept of body/mind or body/spirit. Unfortunately, much of modern medicine's focus on physical intervention and cure as the goal of care fits more comfortably within a duality concept, making it difficult to care for whole persons in systems that tend to focus on parts of persons. Although this article focuses on care of the seriously ill and dying, care for all patients needs to address biopsychospiritual manifestations of the whole person.

A holistic framework helps us to reconsider the place of death in our understanding of life. When we see death, not as the antithesis of healing, but as a mysterious part of life, we better recognize the place of death in healing and wholeness. A holistic perspective lets us understand death as a part of the cycle of life. Within this perspective, we can distinguish interventions that prolong living from those that prolong dying, and become more skillful in providing care that supports healthy dying.

Understanding Psychospiritual Care

Research suggests that spirituality is particularly evident among, and important to, patients and families faced with serious illness and death, and can influences how people respond to these circumstances (Reed 1987; Stiles 1994; Walton 1997; Warren 1994). Psychospiritual interventions have been associated with improved patient care outcomes (Byrd, 1988; Bliss, Fassett, & Mcsherry, 1997). Although there is a growing body of research addressing the interconnectedness of spirituality and health, attention to psychospiritual concerns is rarely included as an explicit component of patient care, except perhaps in religiously sponsored institutions or hospice settings. Factors that contribute to this lack of attention to psychospiritual care include limited knowledge and lack of comfort among practitioners regarding how to address psychospiritual concerns and time constraints in an already overburdened system. Interestingly, the literature says psychospiritual care often is provided within routine care without necessarily being labeled as such. Support, encouragement, and the ability to intuit changes in patients are but a few examples.

Psychospiritual care, grounded in a holistic understanding of life, implies attentiveness to *healing* as contrasted to *curing* (Burkhardt 1985; Quinn 1989). Curing is a process that attends to disordered physical or psychological parts of a person, with a focus on disease processes and restoration of the integrity of a specific component (usually physiological) of a person. In the absence of bodily cure, practitioners often note with deep regret that their best efforts have failed and there is nothing more they can do. When the goal is cure, caring interventions based on a person's wholeness may be devalued or not considered.

Healing, on the other hand, acknowledges that disharmony in a whole person may be manifested as disease or illness. This does not imply "blame," but rather seeks to understand the

totality of the lived experience for a person, taking into account the person's response to, and the meaning given the apparent disease or illness process. Healing requires a relationship between the caregiver and receiver that acknowledges their common humanity and connectedness. Physical, emotional, and spiritual concerns are addressed within the healing relationship. Healing may manifest as cure in one or more of the bio-psycho-emotional realms, but can be present without a cure. Paradoxically, a person may experience ultimate healing/wholeness through the dying process.

Healing — A Spiritual Process

When considering that psychospiritual care focuses on healing, it is insightful to remember that the words *healing, whole,* and *holy* all derive from the same roots: Old Saxon *hal* and Greek *holos*. Healing is essentially a spiritual process that attends to the wholeness of a person. Spirituality is the essence of who we are as human beings; it is the unifying force that shapes and gives meaning to the pattern of the Self-becoming, or the glue that binds everything together. Research suggests that relationship or connectedness is a core element of spirituality (Burkhardt 1993, 1994; Burkhardt and Nagai-Jacobson, in press; Walton 1996). The unifying force or essence of being, which we call spirituality, is experienced through relationships with oneself, with others, with nature, and with a Life Force that is known by many names, including God, Allah, Spirit, Tao, and Universal Love. Walton (1996) suggests that relationship with self, others, and God may be the womb in which spirituality is nurtured and developed. Some people experience spirituality as a sense of awe and finding the Life Force in all things. Many note that connectedness with nature is a core element of their spirituality. Spirituality and relationship with the Life Force is often nurtured and expressed through religious beliefs and practices; however, for many, spirituality transcends the boundaries of religion.

Psychospiritual issues are core life issues that evoke responses but often have no definitive answers. Issues include:

- the seeking and questioning surrounding mystery;
- the meaning of and response to suffering;
- the need and hunger for, and sometimes resistance to forgiveness;
- the experience of grace, unearned without merit;
- the presence or absence of hope and its expectations of fulfillment;
- the healing power of love: of self and others.

These issues are part of our search to know what it means to be fully human, and what it means to live well. Reflection provides practitioners with insight and understanding into their own experiences of these life issues. Self-awareness provides the practitioner with a deeper understanding of "who I am" as I share a journey with another. Our questions, wonderings, pain, and struggle help shape our healing presence for another.

Our Spirit essence opens our awareness to what is meaningful for our being and doing (or life work), to know what we need for our own becoming, to wonder at the mystery that flows through our journeys. It is in and through Spirit that we see beauty, know love, experience forgiveness, feel gratitude, and appreciate wonder. All relationships become potential vehicles for spiritual awareness, which is the deepest sense of self-awareness. Spirits can be nurtured and stretched through joys and pains, trust and fears experienced in relationships.

Wholeness as Connectedness

In discussing the sense of harmony of body-mind-spirit associated with healing, Quinn (1989) notes that synonyms for harmony include unity, peace, and reconciliation. She also notes that harmony can be a synonym for the word "connection," reflecting that "when we talk about wholeness, we are talking fundamentally about relationship, relatedness, and connection. Wholeness, or harmony of body-mind-spirit, may thus be thought of as a dynamic process of being in the right relationship" (p. 553).

Healing encompasses harmony or balance

within a person's own body-mind-spirit being and also in relationships with and within family, friends, society, the environment, and Life Force. Alienation and fragmentation, according to Quinn (1989), are the opposite of relatedness, and when we experience alienation or lack of connection at any level of relationship, we are not whole and, in fact, are dis-eased. Re-establishing right relationships (with self, others, God, environment) is a key factor in healing. Relationship issues are often of prime concern for people who are seriously ill or dying as they seek to know connections, grieve changes in important relationships, wonder where God has gone, and seek reconciliation.

Considerations for Psychospiritual Care Giving

Addressing psychospiritual concerns may mean

- recognizing the presence of a concern by observing and listening;
- sharing the observation, perhaps by simply reflecting that it was noted;
- inviting a sharing of what that concern means to the patient;
- inviting a sharing of what that concern means in the broader context of the patient's life;
- affirming the significance of the concern and the willingness to be present and open to sharing the concern.

Sometimes other persons and resources will be helpful, but practitioners need to affirm their own roles and honor their responsibilities in affirming the wholeness and spirit of their patients.

Intentional Healing Presence

Remembering that persons are biopsychospiritual beings enables caregivers to remain attuned to psychospiritual concerns. Psychospiritual care occurs within the relationship of two whole beings. This is reflected in Watson's (1985) concept of transpersonal caring, which notes that "human care transactions provide a coming together and establishment of contact between persons: one's mind-body-soul engages with another's mind-body-soul in a lived moment"(p.47). The conscious act of being fully present to another person creates an environment in which the other feels safe to become more whole (McKivergin and Daubenmire 1994). Our intentional healing presence helps to provide the context for sharing psychospiritual concerns and to create the sacred space in which healing occurs.

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There is a healing power in the act of being fully present with another since implicit in presence is a conscious intention to be with another in a healing way. We must learn to trust our intuitive spirits as well as our cognitive minds as we explore health care needs and concerns. Bringing such therapeutic presence to interactions with patients opens opportunities for responding to psychospiritual concerns that are shared both verbally and nonverbally.

"You can be ready to die, but not eager," a gentleman reminded his hospice nurse as he told her how much he looked forward to the "breakfast smells" from the kitchen each morning. Practitioners need to be aware of ways we can enhance the patient's experience of life, an awareness facilitated by knowing the patient's wholeness. What are the experiences that bring joy? Peace? Delight? "I like to watch the clean wash blowing in the breeze." "I don't know what I'd do without my cat." "I'm waiting for the buds to blossom." "There's nothing like a fire in the fireplace." Thus, we listen with our ears, spirits, our whole beings, for the shape of another's life.

In the midst of routine care and technical tasks, intentional presence attunes practitioners to

listen for feelings expressed in words, body language, or even within silence. Listening with our whole being enables us to be alert for meanings, connections, and yearnings reflected in conversations. Whose names recur? Whose photos are displayed? Whose letters, calls, or visits are greeted with delight, with distress, with sadness? These provide clues to exploring issues or relationships that provide support or need healing. Questions asked in the process of assessing psychospiritual concerns may be therapeutic interventions as well because they provide an opportunity for patients to become more aware of themselves as psychospiritual persons and more familiar with their own healing paths.

Intentional presence is a choice and a commitment to journey with another on the other's path and not one's own. As a companion, the practitioner's role is of support, to enable the patient to be with her questions and discover her strengths. Learning to hear and speak the question rather than answering may benefit the patient. "You're wondering who can help with this?" "This is a hard decision, I wonder who can help you think about this?" Our willingness to hear questions and be present with mystery, pain, suffering, or awe without fixing the situation reminds people of their resources and support and helps them feel hopeful and less alone. Acknowledging the person's concerns with responses such as "This is a mystery to me, too" is often sufficient.

In the midst of the pain and struggle often associated with dying, hope remains an important ingredient of healing. Hearing the patient's hope and acknowledging its presence affirms the patient's spirit. A deep hope for those who are seriously ill is that others will not abandon them. Practitioners can choose to make and keep the commitment to the journey.

Listening

Attentive listening enables the sharing of psychospiritual concerns. Some patients need verbal encouragement to share. Sharing observations and helping people to "think aloud" may be useful. Statements such as "You said you are worried about what your wife will do without you; what gives you the greatest concern?" or "I hear your concerns about the value of another blood transfusion for your father; what do you think he would want to happen now?" reflect awareness of and willingness to be present with the person's concerns. This helps people to balance what the health care system has to offer with their own values and wishes. In journeying with another, the practitioner listens and watches for others on the journey, and invites them into the story. The practitioner may hold an outstretched hand, encourage a loved one to cook a favorite dish, or listen to fears and concerns of family and friends so that they may be with their loved one in ways that make for important memories. Attentiveness to connections that nurture those involved is a profound way of providing psychospiritual care.

Story

Self-reflection interventions, such as diaries, journals, dreamwork, reminiscing, telling stories, and life review, help persons assign meaning to life events. (Dossey, Keegan, Guzzetta, and Kolkmeier 1995). Both patients and practitioners are stories in process (Nagai-Jacobson and Burkhardt 1996). Each, then, for a short time, will be a part of the other's story. This helps us move beyond physical symptoms and diagnoses to the fullness of the lived experience, with its nuances, complexities, and uniqueness. The practitioner seeks to know the patient as a whole person: how her life is going, the interpersonal context of his life, her concerns about her illness, about her life, and the lives of those around her.

Practitioners can listen for the story without forming a judgment about the person's life, "fix" those situations within it that seem problematic, or offer advice. Being fully present when another shares her or his story provides affirmation of the value of that life, that story. Affirmation of another's story incorporates psychospiritual care into routines of technical and physical care.

Understanding ourselves as stories enables us to be available to hear another's story. Self-awareness facilitates our ability to set aside our need to

fix persons and things, to be seen as competent, and to choose, instead, to be present with another. Time spent sharing and understanding our own story equips us for this journey.

Guided and supported life review, facilitated by one whose life has been informed by reflection and who is able to move with the flow of the patient's process, helps persons adapt to changes brought about by changing health and aging (Dossey, et. al. 1994). Ransom and Henderson (1992) describe a wife and mother of two young boys who, when faced with cancer, wrote during her struggle for life, "I want so much to have mattered in this business of living" (p. 10). Life review is one means of addressing this yearning.

Birren and Deutchman (1991) underscore the value of telling one's story for enhancing self-esteem and appreciation for one's own life. They use a structured process of guided autobiography to help persons develop a greater acceptance of death through reconciliation of life's contradictions. They have found that this process enhances acceptance of and reduces anxiety about death. Telling and writing one's story provides meaning and a legacy.

Life review may include consideration of the events of one's life, one's responses to events, how one felt and what they meant, and one's accomplishments or legacy. In the process of remembering and telling life events, people sense who they are and what their lives have meant, appreciating the connections and threads that have unified their lives, including the contradictions and questions in the wholeness of life. Hateley (1985) suggests that as persons approach the end of life it is timely to review their lives, put events in perspective, face and work through conflicts and relationships, and find meaning. An important part of life review is that of reconciliation — to one's past, to other persons (including those who have died), to self (accepting previously unacceptable parts of self), and to God.

Facilitating Connection

Care giving often involves relationships with the patient's family and friends. Understanding that healing and wholeness are grounded in right relationships, practitioners have a role in facilitating and nurturing relationships between loved ones who may have different needs, values, and perspectives. Recognizing fears and the intimidating nature of the health care system, practitioners can reduce the hindrances to patients and families relating and reaching out. Encouragement to speak, to touch, to sit with ill persons may provide a more comfortable, more healing environment for family and friends. "Would you like to brush her hair?" "You may talk with him and he may hear you." "We can play his favorite tape."

Being intentionally present for family and friends is an important part of psychospiritual care and influences their ability to be intentionally present to the patient. Observing cues as to how those close to the patient are experiencing this time enables practitioners to support the connection between loved one and patient so that they, too, can become an integral part of this experience. Friends and family bring issues regarding personal responsibility, beliefs about death, concerns with care, readiness to let go, and desire to hold on. Practitioners need to be alert to these concerns and their impact on the situation.

An important consideration in psychospiritual care is attention to connection with one's own Spirit and with the Divine. Helping patients and families create sacred space and time needed for prayer, meditation, spiritual reading, or ritual is integral to assessing and planning care. The presence of sacred objects provides an opportunity to discuss patient interests in this area. We need not share the same religious perspective to share spiritual presence or facilitate personal expression. Caregivers may read from the patient's spiritual books, play music of the patient's choice, or pray in a way that is comfortable to the patient. Patients are often eager to talk about prayer, faith, and other aspects of their spirituality with someone who is not judgmental. Practitioners need to recognize when a patient's issues related to connection with the Divine require consultation with, or referral to, appropriate others.

Wholeness and the Caregiver

Providing holistic care to the seriously ill or dying requires self-awareness. We must be aware of our own beliefs, values, fears, and experiences surrounding death, dying, and suffering. Our own fears related to pain and death often keep us from accepting death as an outcome with patients and make it difficult to hear and discuss issues and concerns related to dying.

In order to provide psychospiritual care to patients and families, we need to acknowledge and nurture our own psychospiritual selves. We must learn to be present to ourselves in order to share presence with others. Following are a sampling of processes for attuning to one's own psychospiritual being.

- Spend timeappreciating yourself as a whole being.
- Take time to consider and reflect upon your relationships with your circle of family and friends.
- Remember experiences when you felt most in touch with the wholeness of another. What facilitated that happening? How were you affected by the experience?
- Recall a recent experience in which you were "stopped in your tracks" by wonder, beauty, or awe of something you experienced.
- Share with a colleague your experience of a patient as a whole being, including both the challenges and rewards of, and your questions and concerns related to that experience.

Psychospiritual Support and Ethical Choices

We experience meaning within the psychospiritual being. The values, beliefs, ideals, and morality derived from our sociocultural upbringing are nurtured, conditioned, and expanded through the psychospiritual support of family, teachers, religious leaders, friends, and others as we mature. End-of-life considerations such as advance directives, do-not-resuscitate orders, life support, or other heroic interventions require patients, families, and practitioners to confront their values and beliefs about living and dying.

Does physiological functioning without self awareness constitute living?

What quality of life is consistent with being alive in contrast to merely existing?

To whom do these critical decisions belong?

When is it time to focus on comfort measures and "let nature take its course"?

What does it mean to put the outcome into God's hands?

By recognizing that these questions and concerns are psychospiritual in nature and taking time to explore the values of the people involved, practitioners can facilitate the process of making decisions congruent with the deepest values and wishes of those most directly involved.

Psychospiritual needs may have a profound influence on expectations and perceptions of end-of-life care. For example, when practitioners avoid discussing death as a possibility, patients and families may have unreasonable expectations of what the system can offer and demand inappropriate interventions or assert that not enough was done. Addressing psychospiritual healing helps those involved face and struggle with practical and meaning issues related to dying.

Dying is more than a medical occurrence; it is a psychospiritual process touching the individual, family, and community.

The psychospiritual dimension is an integral part of decision making in health care. The conflicting and difficult choices when patients are seriously ill and dying are, at best, informed by the person's deepest sense of self.How will the intervention affect quality of life? Is it worth going through another operation in order to live a few weeks longer? What is the balance between sufficient pain control and a person's desire to remain alert? Decisions regarding resuscitation and life support measures are colored by beliefs about what constitutes living, fears related to dying, hope for recovery, interpersonal needs and attachments, questions regarding meaning, purpose, and accomplishments in life, and concerns

about significant relationships — with others and the Divine. Each person involved in making these decisions is confronted with psychospiritual issues, consciously or unconsciously, stated or unspoken. Care that does not address the concerns of spirit and meaning is inadequate care and may be especially so in situations of death and serious illness. Making difficult decisions surrounding care of a dying person is enhanced by practitioners who recognize and understand the necessity of attending to the whole person.

Dying is more than a medical occurrence; it is a psychospiritual process touching the individual, family, and community. The ethical obligation practitioners have to care for the whole body-mind-spirit person and how we decide the substance and extent of that care needs reflection.

Summary

As we begin to see persons in their wholeness, all responses to them will be based on this awareness, even when time is limited. Recognizing individuals and families as living out personal and unique experiences is basic to provision of psychospiritual care. Although time spent with seriously ill and dying patients and their families is often limited in a busy health care system, the attitude and intention that we bring to even the briefest encounter significantly shapes the experience. Patients and families are individuals whose experiences embrace deeper issues of mind and spirit as well as the immediate physical concerns of an illness. The practitioner's way of being and of seeing lies at the heart of recognizing and addressing psychospiritual concerns.

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