



Spiritual Health: An Essential Element of Health and Wellbeing

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VILLAGES OF KENSINGTON

THE GEORGE WASHINGTON UNIVERSITY
 WASHINGTON, DC

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We're working to integrate spirituality into healthcare worldwide.

The GW Institute for Spirituality & Health
 (GWish)

2021: 20th Anniversary of GWish

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Mission & Vision:
 Spiritual Health is Essential to Whole Person Care

Our Mission
 At GWish, we are working to **integrate spirituality** into health care for all patients and their families through research, medical school and clinical initiatives, professional development programs, and global health care policy.

Our Vision
 We envision an innovative model of global health care that recognizes spiritual care as a fundamental part of treating the whole person: body, mind, and spirit.

website: gwish.org <https://smhs.gwu.edu/spirituality-health/>

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Bridging the Divide ...

- Cecily Saunders' "Total Pain"
- Whole-person care: Physical, Psychosocial and Spiritual
- WHO Palliative Care Resolution, 2014 first mention of spirituality in health
- For centuries spiritual leaders such as shamans, religious leaders, etc. have been involved with "healing" practices. Formal "Spiritual Care Professionals" (Chaplains) have been serving patients in the US since the early 1900s and also in other countries.
- Yet there has been a divide between clinical care and professional spiritual care.
- **The work of of GWish is to bridge that divide by creating clinical models and ways to address spiritual distress and spiritual health**
- **Spiritual care is the way to operationalize compassionate care.**

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GWish Background

1992-1997	1998-2008	2009	2010-2012	2013-2015	2016-2020
First Elective in Spirituality & Health at GW FICA Spiritual History Tool®	GWish Curricular Awards (JTF) Spirituality & Health integrated into GW MED Art of Presence Retreats Launch Demonstration Projects- Creating Healing Environments (FISH & SCA & AVDF)	National Competencies in Spirituality and Health (Macy Foundation) Improving Spiritual Domain of Palliative Care Consensus Conference (Archstone Foundation) GWish Summer Institute Launch	International Consensus Conference on Improving Spiritual Domain of Whole Person Care (AVDF & Fetzer Institute) SACP Launch GWish Templeton Reflection Rounds I (JTF)	Global Network for Spirituality and Health (GNSH) Formed (Fetzer Institute) GWish Templeton Reflection Rounds II (JTF) Pilot Spiritual Care Training at VA-DC (NAFUND) WHO Pall Care Resolution Advisor	Interprofessional Spiritual Care Education Curriculum (ISPEC) (Fetzer) Global ISPEC Programs (Fetzer, ACS-Perth, MMF) New Grant – funded Projects Launch (AVDF, FISH, JTF & Kanarek Foundation) Increased Collaborations at GW SMHS, MFA

* Italics indicate foundation funding

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GWish Definition of Spirituality

A global consensus derived definition of spirituality is:

“Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence, and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality is expressed through beliefs, values, traditions, and practices.”

Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2014). Improving the spiritual dimension of whole person care: Reaching national and international consensus. *Journal of Palliative Medicine*, 17(6), 642-656.

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GWish Spiritual Care is at the Core of Respectful Care

- “By understanding what gives a patient meaning, purpose, and hope, providers can play a critical role in relieving suffering for the people and families in their care.
- In these times, I wish we could change ‘patient’ to ‘citizen!’”
 - —Trace Haythorn, Exec Dir, ACPE, GWish Board Member



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GWish 20-Years of Accomplishments

- Spirituality and health content > incorporated into curricula at 80% of US medical schools
 - Vertically integrated into GW School of Medicine since 1998
- National consensus-derived competencies in spiritual care > integrated into medical school curricula nationwide
- FICA: Spiritual History Tool® > widely used in clinical settings (also self-assessment)
- **GTRR Reflection Rounds: *The Art and Science of Deep Listening and Compassion*² > comprehensive reflection as integral to personal and professional development of clinicians**
- **Interprofessional Spiritual Care Education Curriculum (ISPEC)³ > training for multidisciplinary clinical teams**
- Two consensus conferences > creation of spiritual models care in clinical settings
- SACP in oncology with focus on whole person care at MFA-GWU
- Global Network for Spirituality and Health (GNSAH)



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 Program Areas

- Research on Spirituality and Health Care
 - Evaluating ISPEC® and the FICA Spiritual History Tool® Palliative Care Clinical Models
- Transforming Practice in Health Settings
 - ISPEC®
 - FICA Spiritual History Tool®
- Practitioner Wellbeing and Support
 - Healthcare Provider Retreats
 - Small Group Reflection Rounds
 - FICA for self-assessment
- Collaboration for Change and Tomorrow's Leaders
 - Global Network (GNSAH)
 - Medical School Initiatives



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“Don’t wait until you are dying to ask yourself what gives your life meaning. Find what matters most and live a life of meaning and purpose”

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 Triggers of spiritual questioning and reflection

- Illness
- Stress
- Life events (e.g. 911, COVID, Wars etc.)
- Loss, grief
- Uncertainty internally or externally
- Isolation
- Facing mortality

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 Spiritual Health

SPiritual HEALTH IS THE PATH TO INNER PEACE REGARDLESS OF THE TURMOIL AROUND YOU



gratitude kindness intention balance
 touch spiritual PURPOSE create LOVE grace
 ACE soul wisdom oneness trust give
 divine heal forgive guidance future
 change harmony believe accept
 receive ASK

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 **Definition of Health**

World Health Organization (WHO) Definition of Health
 "Health is a complete state of physical, mental, and social wellbeing and not merely the absence of disease or infirmity"
 -WHO, 1948

International Health Congress (2004) Consensus based definition of Health
 "Health is the ability to adapt and to self manage"
 This recognizes each person's ability to cope with chronic illness, and be healthy even with the presence of ongoing chronic illness or conditions.

- Ability to perform relative to the condition
- Achieve individual fulfillment, meaning, purpose**
- Negotiate demands of social environments

-Hubner, M. et al. BMJ, 2011

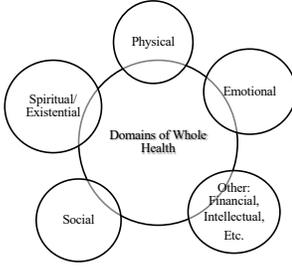
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Domains of Whole Health

Focus groups of patients, families, caregivers, clinicians, policy makers, and researchers met to discuss the main domains of health.

•Domains:

- Physical
- Emotional
- Social
- Spiritual/existential
- Others: financial, intellectual



(Hubner, M. 2009)

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 **Components of Spiritual Wellness**

- Achieve individual fulfillment, meaning, purpose
- Relationship to the transcendent, nature, God, universe,
- Sense of peace
- Awe and wonder
- Connection to a spiritual community
- Desire to give and receive love
- Capacity for gratitude or thankfulness
- Ability to forgive self, others
- Sense of hope
- Time for mindfulness, solitude, spiritual practice.

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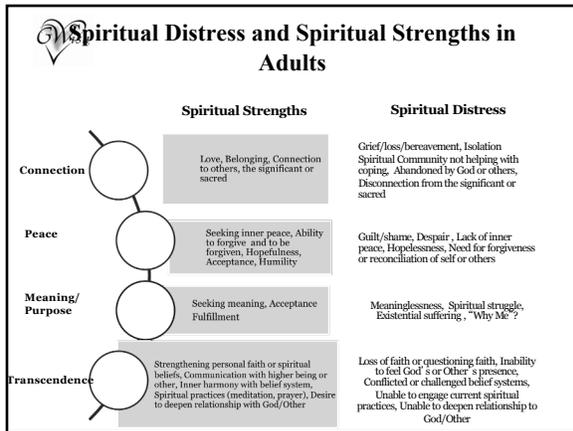
BioPsychoSocial-Spiritual Model
 (Saunders, 1980, Sulmasy, 2002, Barnum, 1998)

The biopsychosocial-spiritual model assumes the totality of patient's experience in the context of disease, which includes interdisciplinary management to address all dimensions of care. Describes health and distress in each "category."
 The biologic, psychological, social, and spiritual are distinct dimensions of each person. No one aspect can be disaggregated from the whole.

Whole person model of health and illness

Biological	Psychological	Social	Spiritual
Pain managed Able to function physically Sleep is normal Appetite good Minimal physical symptoms or managed well	Healthy emotional life No anxiety, no depression (or well managed) No chronic sadness, fear, anger etc.	Strong Community Support Appropriate Roles/ Relationships in personal and professional life No excessive financial burdens	Meaning Purpose Dignity Hope Faith Community Connection and Love Forgiveness Peace

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Spiritual Distress and Health Outcomes

Spiritual distress is associated with poorer health outcomes, including:

- Greater physical pain (Delgado, 2016, Harris, 2017)
- Depression (McGrath, 2002; Hurd, 2010)
- Anxiety (Delgado, 2016)
- Poor emotional well-being (Salsman, 2015)
- General distress (Salsman, 2015)
- Diminished quality of life (Jafari, 2015)
- Lower satisfaction with life (Siddall, 2017)
- Increased risk for suicidal ideation. (Trevino, 2014)
- Requests for euthanasia and physician-assisted suicide (Radbruch, et.al. 2016)

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Spiritual Journey: Evolution of Meaning

- Meaning in Relationships
- Meaning in Activities, profession, work
- Transcendent Meaning
 - position to deeper sense of who one is,
 - an awareness of the inherent value and dignity of one's being and
 - an understanding of what gives ultimate meaning, value and purpose in life independent of externals.

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Spiritual Growth

In dying we move from chaos to surrender to eventual transcendence. Initial encounter with illness and the prospect of dying can result in chaos. Surrender is when one is open to one's deeper being. Transcendence is going deeper into spiritual integration.

K. Dowling-Sing

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“Transcendence
is probably the most powerful way
in which one is restored to
wholeness.”

“ When experienced, transcendence locates the person in a far larger landscape. The sufferer is not isolated by pain but is brought closer to a transpersonal source of meaning and to the human community that shares those meanings. Such an experience need not involve religion in any formal sense; however, in its transpersonal dimension, it is deeply spiritual.”

(Cassel, 1998)

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Spiritual Responses to Illness: Positive vs Negative Responses

Exploring deep questions about meaning and purpose can profoundly affect patients and can be transforming in a positive way (toward spiritual growth). Patients may also not be able to move through the suffering and questioning which could lead to a spiritual distress (Petzet & Balboni, 2013).

The diagram consists of three main elements. On the left is a box labeled 'Spiritual Distress' with an image of a person slumped over. In the center is a larger image of a person sitting on a rock, surrounded by question marks, representing a state of questioning. On the right is a box labeled 'Spiritual Growth' with an image of a person lying down. Double-headed arrows connect the central image to both the 'Spiritual Distress' and 'Spiritual Growth' boxes.

**Discernment Process with
Clinicians, With Spiritual Care
Professionals**

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Finding Meaning in the Midst of Suffering

The meaning of life may change as people encounter illness, either in themselves, their loved ones, or their patients, or the prospect of dying. Some people find meaning in suffering in terms of learning wisdom, deeper spiritual exploration, or a trigger for enlightenment.

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Stages of Spiritual/Faith Development

	Stage	Description
Stage 1	Intuitive-Projective	This is the stage of preschool children in which fantasy and reality often get mixed together. However, during this stage, our most basic ideas about God are usually picked up from our parents and/or society.
Stage 2	Mythic-Literal	When children become school-age, they start understanding the world in more logical ways. They generally accept the stories told to them by their faith community but tend to understand them in very literal ways. (A few people remain in this stage through adulthood.)
Stage 3	Synthetic-Conventional	Most people move on to this stage as teenagers. At this point, their life has grown to include several different social circles and there is a need to pull it all together. When this happens, a person usually adopts some sort of all-encompassing belief system. However, at this stage, people tend to have a hard time seeing outside their box and don't recognize that they are "inside" a belief system. At this stage, authority is usually placed in individuals or groups that represent one's beliefs. (This is the stage in which many people remain.)
Stage 4	Individuative-Reflective	This is the tough stage, often begun in young adulthood, when people start seeing outside the box and realizing that there are other "boxes". They begin to critically examine their beliefs on their own and often become disillusioned with their former faith. Ironically, the Stage 3 people usually think that Stage 4 people have become "backsliders" when in reality they have actually moved forward.
Stage 5	Conjunctive Faith	It is rare for people to reach this stage before mid-life. This is the point when people begin to realize the limits of logic and start to accept the paradoxes in life. They begin to see life as a mystery and often return to sacred stories and symbols but this time without being stuck in a theological box.
Stage 6	Universalizing Faith	Few people reach this stage. Those who do live their lives to the full in service of others without any real worries or doubts.

(Fowler & Levin, 1984)

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Gerotranscendence

- Building on the work of Fowler, Bruynerl proposed this stage called Gerotranscendence for aging people and those younger facing the end of life from an illness.
- **Aging persons or people facing end of life shift from a materialistic and rational vision to a more cosmic and transcendent one.**

❓ What are the key issues we need to be concerned about for people in this final stage of life?

❓ Are people facing the end of life being given the opportunity for experiencing the transcendent connection, having time for contemplation and solitude?

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Gerotranscendence Dimensions

- Transcendent Connection
 - Spiritual views and practices positively correlated with transcendent connection
- Anxiety and Uncertainty
 - Death anxiety lower in patients with strong spiritual and religious beliefs
- Active involvement
 - Increased need for solitude
 - Rejoicing in small events
 - Modern asceticism
 - These behaviors were seen as negative by nursing home staff

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Spirituality in Health



Our source of meaning, what matters most, the place of suffering and of healing.

- Is my spirituality connected to my well-being?
- How?
- Is there something I need to do/change/pursue?

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Concepts of Call and Vocation

- What is your purpose in life?
 - Do you find meaning in your work?
 - Does it challenge you to grow spiritually?
- Is it a job or a vocation?
 - Are you accessing passion for this work?
 - Does it bring you joy?
 - Does it energize you?

(Buetow, 2016)

What about retirement?..



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What are the Spiritual Tasks in Aging? (a.k.a. Lessons learned from my dad)

- New meaning? Purpose?
- Letting go?
- Are there “add-ons”?
- Legacy building?
- New sources of love, awe?
- Is mystery less challenging? An opportunity for deeper inner exploration?
- Transcendence, hope --- what does that look like in the final years of our lives?

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Cultivating a Spiritual Perspective

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Cultivating a Spiritual Perspective

- Awareness of:
 - Sacredness of existence
 - Our place in this universe
 - Miracle of life
 - Acceptance of dying
 - Cultivating appreciation, gratitude and wonder
 - Positive Reframing—reduced “negative labeling”
 - Gratitude

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Spiritual Practice Helps Cultivate Awareness of the Spiritual in our lives

Historical evidence points to underlying need for all persons to stop and think about themselves in the context of what is happening in their lives

“Stop, Look, Go” -Br. David Steindl Rast, OSB



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 **Stop, Look and Go**

- **STOP** – In the moment, the Now
 - A pause in the busyness of our lives
- **LOOK** – Reflect in that present moment
 - Who am I now? Authenticity, awareness
 - What is there now in the present moment, around me, in me?
 - Am I living my life now in a way that is in harmony with whom I am authentically?
 - Appreciate the gifts of the moment
- **GO** – Continue on the journey
 - With this new awareness, I move on the journey

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 **Having a Reflective or Spiritual Practice**

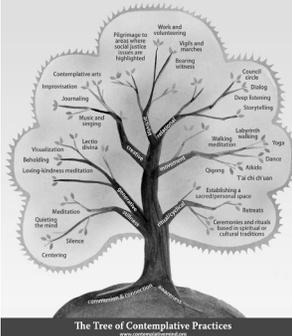
- Regular daily practice
- Mindfulness is a calm, non judgmental awareness of the present moment, including emotions, cognitions, and external stimuli
- Use of rituals –Personal and communal
 - Gratitude
 - Prayer, meditation
 - Journals at bedside of patient
 - Huddles
 - Communal—service, nature based, etc.

(Puchalski & McSkimming, 2006).

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Spiritual Practices

- Cultural or Religious Practices
 - Rituals within cultural or religious context
 - Community activities
 - Specific prayer or other practices
- Contemplative Practices
 - Ritual
 - Movement
 - Relational
 - Activist
 - Creative
 - Generative
 - Stillness



The Tree of Contemplative Practices
www.contemplativetree.org

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FICA: A Spiritual Self-Assessment Tool ©®

F - Faith, belief, meaning

- Am I a spiritual person? Do I have a spiritual belief that helps me cope with stress? With illness? What gives my life meaning?

I - Importance

- Is my spirituality important to me? Does it influence how I think about my health and illness? Does it influence my healthcare decisions?

C - Community

- Do I belong to a spiritual community (church, temple, mosque, or other group such as family, friends, the yoga group, people I hike with, etc.)? Am I happy there? Do I need to do more with the community? Do I need to search for another community? If I don't have a community, would it help me if I found one?

A - Action

- What should be my action plan? What changes do I need to make? Are there spiritual practices I want to develop? Would it help for me to see a chaplain, spiritual director, or pastoral counselor? Would it help to start or expand a spiritual practice?

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How were we a blessing today? How did we experience awe, wonder, mystery? What difference did we make in the lives of others today?

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 **Being a Blessing: Call, vocation, service**

"At the end of my day he blesses me, there is nothing more holy...." Sahr



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 **GWish: www.gwish.org**

- Education resources (SOERCE, National Competencies)
- ISPEC © :Interprofessional Spiritual Care Education Curriculum (nursing, medicine, chaplaincy, social work, pharm, psychology)
 - <https://reliasacademy.com/rls/ispec/>
- Retreats for healthcare professionals (Assisi, U.S.)
- *Time for Listening and Caring*, Oxford University Press
- *Making Healthcare Whole*, Templeton Press
- FICA © Assessment Tool—online DVD
- Christina Puchalski, MD, 202-994-6220, cpuchals@gwu.edu

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