

Psychospiritual Symptoms in Times of Crisis: Studying the Lived Experience of Hospital Patients and Its Integration into Theory

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THIS STUDY IS A FIRST ATTEMPT TO ASSOCIATE RESEARCH DATA with a model developed by the author, which illustrates the individual's experience of the transformational process due to crisis experience.¹ It investigates the possibility of using psychospiritual symptoms expressed by hospital patients as an assessment aid in determining the individual's progress along the healing journey curve.

This qualitative study consists of eighteen transcribed patient interviews, which produced five unique symptom clusters that have significant implications for chaplain's assessment practices. It originated from a need to make sense out of the plethora of psychospiritual symptoms caused by spiritual distress and frequently observed by hospital chaplains during visitation.² In the medical tradition, signs and symptoms tell a story. They provide clues about the function or malfunctioning of vital life sustaining systems. The physician is trained to associate unique combinations of symptoms with specific illnesses and to use this as a diagnostic aid.

Utilizing psychospiritual symptoms in a similar way uncovers exciting possibilities. It urges us, as chaplains, to address a very important question: how is the spiritual constellation of a patient impacted by spiritual distress?³ Answering this question requires comprehension of the composition of a complex responsive system called the "spiritual self."⁴

Symptoms need to be understood both within the context of this system and as manifestations of a compromised spiritual self. Making sense of symptoms outside of this context is futile and leaves the chaplain/spiritual caregiver operating in a contextual

This article details application of a model developed by the author—the healing journey curve—which uses psychospiritual symptoms as a spiritual assessment aid. In this initial qualitative study, a questionnaire designed to identify symptoms present in each stage of the healing process was administered to eighteen patients. Five unique symptom clusters emerged, reflecting stages of the healing journey from the point of crisis to the establishment of a "new normal." The results support the author's hypothesis that disequilibrium in the spiritual self seems to cause stage specific spiritual distress symptoms.

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vacuum.⁵ Spiritual care is poorly practiced when it reverts to such a band-aid approach to issues that define the very core of the individual.

The author's initial approach to this challenge was to create a multilevel model of the spiritual self, superimposed with a schematic illustration of the transformational process involved in the healing journey. The resulting diagram suggested the occurrence of clusters of unique spiritual distress symptoms at distinctive phases of the healing process.

The author tested his initial theory against the lived experience of patients who were in the midst of transformative situations. Following is a brief review of the spiritual self and the healing journey curve, which were detailed in an earlier article published in the *Journal of Pastoral Care & Counseling*.⁶

The spiritual self

The spiritual self is not separate from the physical, psychological or social self; it is simply a natural, interconnecting dimension.⁷ An ever-growing body of scientific research supports the idea of multiple complex connections between the psychological, physical and spiritual components of individuals.⁸

In a rich academic history of more than 150 years, psychologists have argued that the deepest and most fundamental component of the self is to be found in everything from primal drives to societal influences to subjective experience to the individual's ability to learn to stable enduring characteristics. Supported by the work of Bowlby, Epstein, Kauffman and Janoff-Bulman, the author argues that the deepest and most fundamental component of the self is spiritual in nature and

that it is centered in the individual's core beliefs.⁹

Core beliefs typically relate to the individual's beliefs regarding fairness and justness of the world; meaningfulness of the world; trustworthiness of others; safety of self and others; and self-efficacy, self-worth and expected future. They form the hard frame of the individual's identity and shape the templates that represent the individual's roles, habits and typical behavior.¹⁰

As explained in the JPCC article, the author posits that the spiritual self consists of three distinguishable levels each containing a vital balance that helps to maintain equilibrium throughout the whole system:

- Core beliefs level, shaped by a balance between existing core beliefs and every new experience.
- Personal and spiritual practice level, shaped by the balance between the "walk" and the "talk."
- Skills level, which stays intact through the successful application of coping behaviors to past or present situations.

The spiritual self finds its greatest equilibrium in the absence of spiritual distress symptoms. Conversely crisis or illness causes disequilibrium, resulting in the appearance of spiritual distress symptoms. The author defines spiritual distress as a break or a disconnect due to overstretched resilience, which renders one or more levels of functioning unable to maintain an acceptable level of equilibrium. The presence

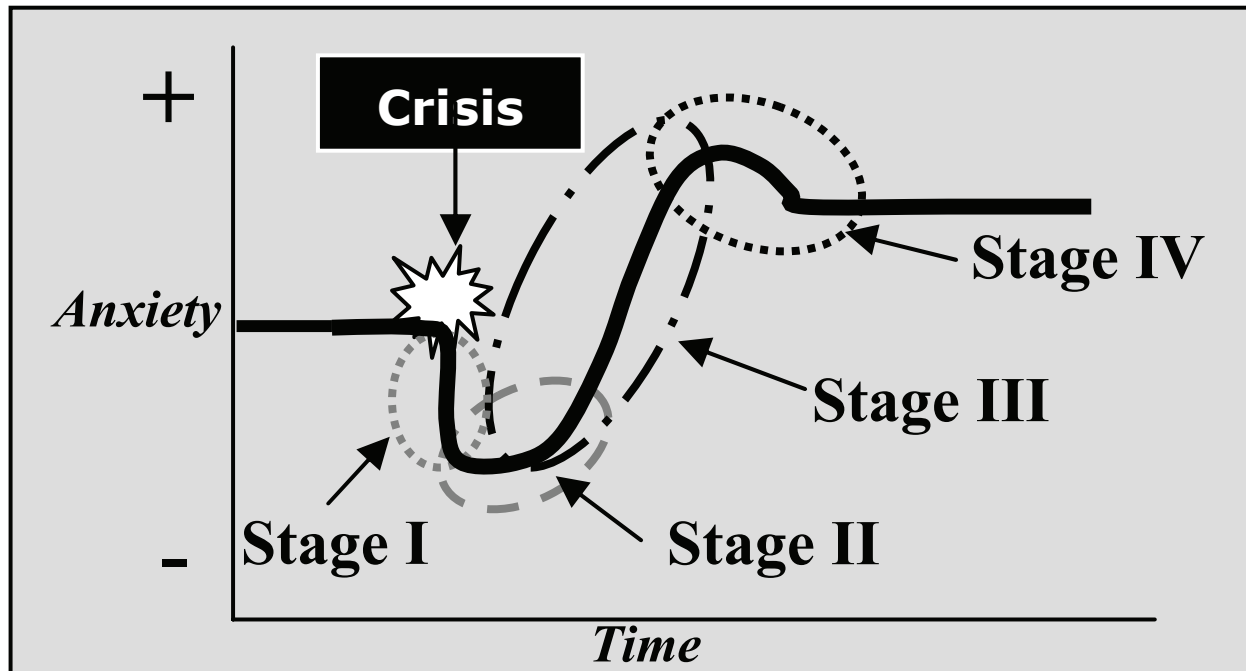
of spiritual distress symptoms often leads to a permanent and painful restructuring of the whole self system.¹¹

The healing journey curve

The healing journey curve works in close conjunction with the multi-tiered spiritual self but represents a different dimension. While the spiritual self system may be labeled as a complex self-organizing system primarily focused on discrepancy production and reduction, the Healing Journey Curve acts as a process model, focused on tracking the individual's progression through the healing process. Self-organization is a term used in systems theory relating to the evolution of order from random parts based on the constellation of the environment. Albert Bandura's social cognitive motivational theory and Klein's control theory explains how individuals can produce personal goal-behavior discrepancies. The existence of such a discrepancy, whether self enforced or enforced by an external entity, creates a self-correcting tendency to reduce it.¹²

Prior to a crisis, life generally unfolds according to the individual's expectations. The author refers to this state as the old normal. Then disaster strikes, overwhelming the individual's coping mechanisms. Four stages of crisis may be identified. (See Figure 1, p. 5.)

1. Period of mounting tension and disorganization.
2. Gathering and mobilization of resources.
3. Application of these resources and adaptation to new circumstances.



4. Stabilization and settling into a new normal, frequently experienced as a changed and often more refined level of functioning.¹³

Erikson discusses the importance of the successful negotiation of certain developmental tasks in order for an individual to progress through lifetime development. Once the individual solves these stage specific developmental tasks s/he progresses to the next and more advanced developmental stage.¹⁴

Superimposing this curve on the multi-tiered spiritual self generates a multidimensional model that specifically explains the spiritual dynamics experienced by an individual during times of crisis. The healing journey diagram is specifically tailored as a micro slice of a patient's spiritual movement

through a trauma induced healing process.

Where authors like Erikson and Fowler did valuable work on lifetime developmental processes, this model is focused on explaining and assessing only a single crisis induced transformational process, making it ideal for use in the hospital environment. The six stages coincide with the different levels of the spiritual self. It presents the assessor with a schematic of the individual's sequential progression through the healing process and begs the question about the association between psychospiritual symptoms and specific stages of the journey. The answer to this question has significant implications for chaplain's assessment practices. The healing journey diagram maps the healing path indicating the spiritual work done by those in crisis in each of

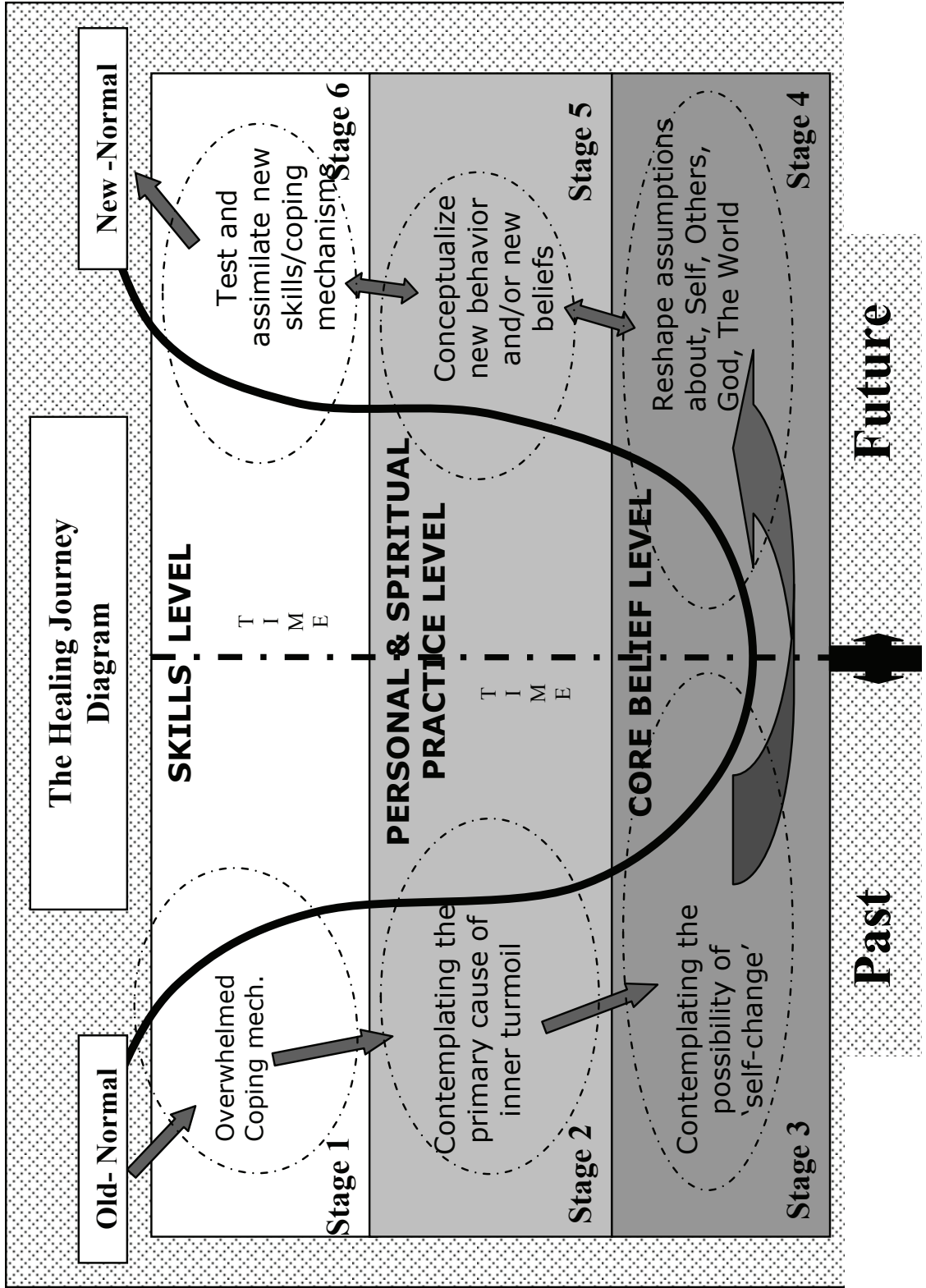
the levels of the three-tiered spiritual self.¹⁵ (See Figure 2, p. 6.)

Background and literature review

As the practice of spiritual care is a developing discipline, there are many voices asking for more research based assessment tools and intervention strategies.¹⁶ A literature search reveals a host of spiritual care assessment tools and models of intervention. Few, however, are backed by published research results or present explicit anthropological or personality theories that underly their assumptions.¹⁷ Even fewer present process models focused on the spiritual/emotional healing process.¹⁸

Although healing process models related to grief, crisis management and myth do exist, they rarely incorporate the role of deep-seated

Figure 2



spiritual beliefs and the process of utilizing and or adjusting these beliefs. The author could not find any research-based models that both integrate spiritual beliefs into the healing process and explain the impact thereof on the individual's personality structure.

Extensive work has been done within the disciplines of traumatology and grief to group and label physical and psychological reaction or symptoms related to adverse events. However, while they recognize the existence of a spiritual dimension, these disciplines seem to be content with using psychological verbiage in their reference to distress.¹⁹ Within healthcare, nursing and psychiatry have created academic definitions and lists of symptoms related to spiritual distress, viewing it as a part of total pain.²⁰

Over the past two decades, pastoral care's need for a better understanding of spiritual pain has produced a flurry of published work, most of which focuses on a core cluster of spiritual distress symptoms arising out of loss of relationship, of meaning, of purpose and/or of hope.²¹ These usually are accompanied by feelings of anxiety, anger, confusion, loneliness, questioning, guilt, shame, bitterness and/or despair.²² Though these symptoms ring true as authentic spiritual distress symptoms, they rarely are presented in a systematic way.

Alleviating spiritual distress

The challenge surrounding the question of spiritual distress symptoms is twofold: identification of symptoms and their informative value. Pastoral care literature and research seem to provide a means for the first; however, exactly how these symptoms inform and guide pastoral care practice continues to evolve.

A reforming healthcare system in the United States is moving away from a reactive paradigm focused on the relief of symptoms and toward a more proactive emphasis on etiology and prevention.²³ These two paradigms essentially differentiate themselves by the way they observe and utilize symptoms. The former is based on two assumptions:

1. Symptoms experienced by a patient inform the practitioner that the individual is ill.
2. Once these symptoms are successfully treated, the patient is no longer ill.

Alternatively, a healthcare approach focused on etiology and prevention has three very different assumptions:

1. Symptoms inform the practitioner that something is wrong.
2. The practitioner uses these symptoms to arrive at a causal understanding of why an individual's system produces this particular combination.
3. The practitioner treats the cause, rather than the symptoms, in the assumption that the symptoms will subside once the problem is treated successfully.

In a reforming and evolving spiritual care discipline, the challenge becomes one of identifying spiritual distress symptoms and understanding what these symptoms are communicating about the dynamics within the spiritual self.

In his quest to listen for and to understand the language of spiri-

tual distress symptoms, the author hypothesized that disequilibrium on the different levels of the spiritual self causes stage specific spiritual distress symptoms. His primary objective in this study was to identify them.

Study design and methods

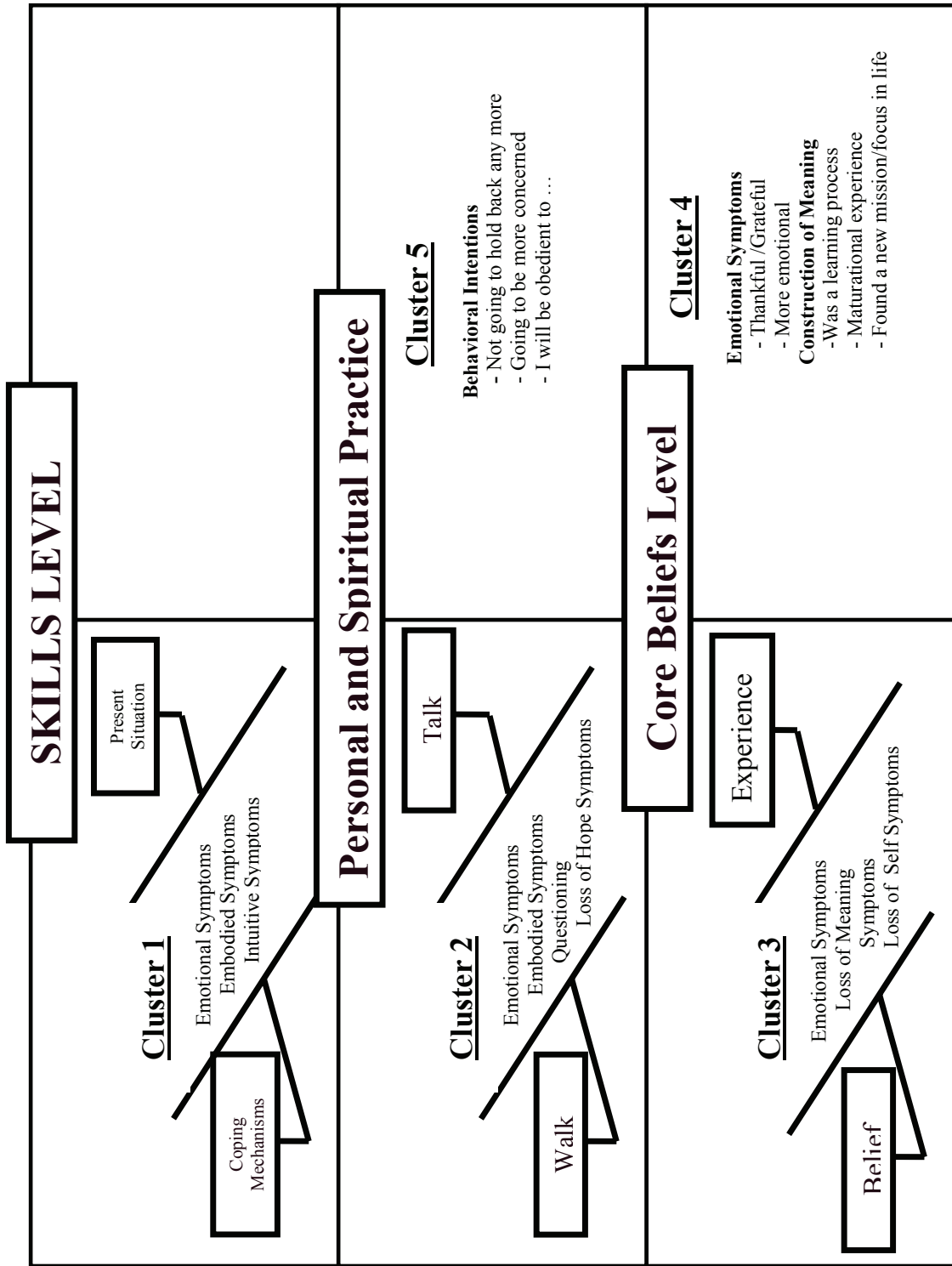
This preliminary study was explorative and phenomenological in nature. Intentional sampling was used to capture a target population of patients in Rogue Valley Medical Center of Southern Oregon. Patients were recruited from cardiac, medical, oncology and postsurgical units as these are the open floor units most frequently served by pastoral care. Patients admitted to these units typically are conscious and do not experience immediate acute life-threatening traumatic events.

Recruitment focused on patients requesting chaplain support as the working assumption was that they were most likely to be in crisis and would therefore display spiritual distress symptoms. This population was narrowed by asking recruiters to make interview requests only to those patients who verbalized a crisis experience related to their hospitalization.

Due to Institutional Review Board (IRB) requirements, interviewers were not permitted to assume both the roles of spiritual care provider and interviewer. Thus, chaplains providing normal spiritual care and therefore involved in recruitment referred patients to one of four board certified chaplains (BCCs), who conducted the interviews.

Ultimately, twenty-eight requests were made to patients within a five-week period. Eighteen agreed to participate and completed audio-taped

Figure 3



interviews. Ten were female, and eight were male. They ranged in age from fifty-two to seventy-six.

Patients were asked twelve open-ended questions which probed for psychospiritual symptoms. These questions were designed to identify those symptoms presenting themselves in each of the stages of the healing process. (See p. 14 for a copy of the questionnaire.)

Stage one questions pertained to the individual's first reaction to the crisis. This stage of the healing journey overlaps with the first level of the spiritual self and occurs as the individual's coping mechanisms are overwhelmed by the crisis at hand.

Stage two of the healing journey overlaps with the second level of the spiritual self and relates to the individual's attempt to maintain balance between current personal or spiritual practice assumptions and the application thereof. Questions focused on the appearance of psychospiritual symptoms resulting from the impulse to cling to or to question existing spiritual practice assumptions and probed for fears of loss.

Stage three, which overlaps with the third level of the spiritual self, is concerned with the balance between core beliefs and real life experience.²⁴ Core beliefs are formed through the integration and meaningful organization of the sum of an individual's cognitive and experiential memories. They continue to be shaped by in-the-moment experiences and hope or dreams for the future.

As a result of this massive integration campaign, core beliefs frequently are hard to call to the conscious mind. They are general, abstract, show perseverance even in the face of contradictory evidence

and seem to be hierarchically organized in terms of value to the individual. They form the hard frame of the individual's identity and shape the templates that represent the individual's roles, habits and typical behavior. Core beliefs typically relate to the individual's beliefs with regard to the following:

- Fairness and justness of the world.
- Meaningfulness of the world.
- Trustworthiness of others.
- Safety of self and others.
- Self-efficacy and self-worth.

The question pertained to the contemplation of whether deep personal change was occurring.

Stage four, still located within the third level of the spiritual self, relates to the reconstruction of compromised core beliefs. The questions at this stage inquired about core belief adjustments, moving from contemplation of whether change was occurring to the individual's experience of the change and its effect.

Stage five represents the reconstruction of roles and habits within the personal and spiritual practice level—the second level of the spiritual self. The question for this stage focused on intended changes in roles and habits, i.e., what will be different.

Stage six coincides with the restructuring of the skills level—first level of spiritual self—and relates to adjusted coping strategies, i.e., the new normal. The question focused on how the individual would handle a similar situation in the future.

As a result of their differing stages of progression through the healing journey curve, not all patients were

able to answer all questions. All interviews were transcribed to paper and digital format. Additional demographic details were logged, and all confidentiality protocols were followed.

Psychospiritual symptoms expressed during the interviews were grouped by stage. The raw data was processed by three of the BCC interviewers, who identified the types of psychospiritual symptoms occurring within each stage.

Outcomes

Although there was some overlap between responses to different questions, five unique symptom clusters emerged. (See Figure 3.)

Stage one symptoms were divided into three subgroups: emotional, embodied and intuitive. Emotional symptoms included, anger, stress, crying, fear and anxiety. Embodied symptoms included physical pain, anxiety and eczema. Intuitive symptoms included the feeling that the individual knew that something was wrong or was going to happen. Symptoms not expressed by the study population that may fall into this category include the following: numbness, labile emotions, diminished mental capacity, eating/sleeping disturbances, headaches, weight gain/loss.

Stage two symptoms also were divided into three subgroups: emotional, embodied and questioning. Emotional symptoms included guilt, shame, fear, depression and feeling trapped. Issues related to guilt and forgiveness are central to the Christian tradition. A recent study indicates that forgiveness training actually lowers a patient's blood pressure.²⁵ Embodied symptoms generally were expressed as a feeling of being worn out. The

questioning subgroup was voiced as why me, what did I do to deserve this, could I have done something differently as well as doubt relating to God and feelings of abandonment.²⁶ An additional potential sub-group is loss of hope.

Stage three symptoms were divided into two subgroups: emotional and loss of meaning. Emotional symptoms included feeling terrified, angry and frustrated. Loss of meaning symptoms related to disillusionment, disbelief and seeing no purpose in current reality. Another potential sub-group is loss of self, which relates to the loss of “who or what I once was.” This essentially acknowledges that “I will never be the same.”

All of the above-mentioned symptoms seem to be characterized by a negative, painful and deconstructing ambiance. Although this was to be expected in an inquiry about spiritual distress symptoms, respondents also expressed positive, reconstructing effects based on the situation at hand.

Stage four produced positive symptoms that may be subdivided into two groups: emotional and the construction of meaning. Emotional symptoms such as being more emotional and being grateful or thankful were recorded. Responses relating to the construction of meaning included statements such as the following:

- It was a learning process.
- It was a maturational experience.

Some also spoke of finding a new focus or mission in life.

Stage five questions also produced positive symptoms relating to new intended habits or behavioral pat-

terns. Patient responses included the following:

- I am not going to hold back any more.
- I am going to be more concerned about others.
- I will be obedient to God.

Discussion

The data collected in this study provide the opportunity to identify and group patient reported symptom clusters, creating several points of reference along the healing journey curve. In Figure 3, cluster one represents initial shock reactions to traumatic situations frequently observed in emergency departments (EDs) across the country.

Cluster two also manifests significant emotional and embodied symptoms; however, it is differentiated from the initial numbing shock reaction by displaying greater cognitive processing. Individuals attempt to make sense of their predicaments by evaluating existing habits, behavioral patterns or even God’s intentions against the immediate disorienting experience. Their inability to provide immediate answers to these questions may result in loss of hope symptoms.

In cluster three, the emotional symptoms show a greater emphasis on the experience of loss and the acknowledgement that the “old me” may have changed forever. This symptom cluster primarily relates to the individual’s existential identity, implying that a painful change may be imminent in what is normally a safe and stable sanctuary.

Loss of meaning and/or loss of self symptoms alert the chaplain to

a disconnect at the individual’s existential core. This symptom cluster should not be confused with cluster two where the individual’s attention is focused on personal and spiritual practice—the “how to” of the spiritual self. This level is concerned with the “being” and identity of the spiritual self and should be treated as such by the chaplain, who must guard against anecdotal “how to” advice.

Cluster four symptoms indicate a significant transformation in the core beliefs or the being of the spiritual self—essentially a change in identity. The individual’s assumptive world is rearranged and adjusted in order to incorporate the crisis causing situation into the existing view of self, the world and being-in-the-world. Once this work has been completed, the individual may look back on it as a learning experience, which has produced gratefulness for the refinement or recreation of the self. This often takes the form of a new mission or focus in life.

An individual who presents cluster three symptoms, finds him/herself in the dark night of parting with that which previously provided meaning and stability, and ultimately experiences the deconstruction of the spiritual self. It is only through accepting the death of the old self that the reconstruction associated with the birth and excitement of the new spiritual self may begin.

Cluster five is a natural response to the transformation that occurs at the core beliefs level. These symptoms represent new behavioral intentions, the hope of a better future and a greater inner ability to deal with future crises.

The structure and sequence of these five symptom clusters illuminates

three important psychospiritual dynamics within the spiritual self:

1. Deconstruction and reconstruction of the spiritual self

There is a clear distinction between the deconstruction and the reconstruction of the spiritual self following a traumatic situation reaching its critical mass for an individual.²⁷ Clusters one through three, characterized by discomfort and inner turmoil, represent disorientation and deconstruction.

Clusters four and five, characterized by a new creative lease on life and hope for the future, represent reorientation and reconstruction. This natural and ancient death and rebirth rhythm occurs numerous times throughout any person's life and must be understood and assessed accurately by chaplains.

2. Difference between "doing" and "being" functions

This dynamic relates to the difference between level two symptoms, i.e., the "doing" functions, and level three symptoms, i.e., the "being" functions, of the spiritual self. Being relates to the individual's existential identity. As several studies have found correlations between existential well-being and spiritual or religious well-being, it is clear that the content and structure of identity forming core beliefs is an important consideration.²⁸

Thomas Webb affirms this conclusion by explaining that the recovery from spiritual symptoms is central in an individual's identity.²⁹ It is therefore important to understand that being is the bedrock of the spiritual self, which shapes and informs doing. Though they cannot be separated, this distinction needs to be clear.

3. Transformation of the individual's core beliefs

The third and most crucial psychospiritual dynamic plays out within the core beliefs level, the being domain. It is evidenced by the transition from cluster three to four, which represents a transformation of the individual's core beliefs and indicates an essential change in identity. In nursing and psychological language, this magical transformation has been referred to as self-transcendence or struggle and breakthrough.³⁰

Vladimir Prop refers to it as the struggle and victory found in ancient hero folklore stories.³¹ Christian Scripture refers to this transitional process through a variety of stories and metaphors, e.g., the prodigal son, the parable of the seed that must die in order to grow, Jacob's name change following his struggle with the angel and, finally, the death and resurrection of Jesus Christ.

Participants in a phenomenological study conducted by Carol Smucker explained their transformation by describing spiritual distress as a time of increased emotional vulnerability and openness to change.³² Indeed, such transformation seems to be characterized both by change *and* by stability.

Change within the core self implies a partial reconstruction of the whole rather than a total replacement of the old self. There needs to be some stability of being to create an environment within which the altering process may occur. Change and stability therefore should not be seen as contradictory or opposing forces, but rather as intertwined transformational agents.³³

Conclusion

This study was a first attempt to associate research data with a recently developed model. Though the sample size was small, the results were congruent with the author's model as well as with other literature. Further, the outcomes of this study support the author's primary hypothesis. Disequilibrium in the spiritual self does seem to cause stage specific spiritual distress symptoms.

The next step is replication of this study with larger populations and more finely tuned research designs aimed at further exposing the dynamics involved in the healing journey. Such continuing research may provide deeper insights that not only strengthen the discipline of pastoral care but also answer the call for well grounded, authentic spiritual assessment theories.

The author's primary goal in the application of this data lies in the area of spiritual assessment. To that end, he invites those engaged in the topic to participate in the debate and development of more uniform and widely used spiritual assessment instruments.³⁴ ♦

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Psychospiritual symptoms in times of crisis Questionnaire

Interviews were begun with introduction of the interviewer and a description of the study. Permission to audio tape the interview was requested. The consent form was discussed and the patient's signature obtained.

The following questions were asked to trace the patient's movement through the healing curve to his/her current stage.

Stage one:

- What is happening with you at the moment?
- Have you ever had to deal with something like this before?
- Tell me about your first reactions caused by this situation?

Stage two:

- How do you cope with this situation?
- How do you typically cope with stressful situations in your life?
- What is it that you hold on to in this situation?
- How does this situation challenge "what you hold on to?"

Stage three:

- What is it that you are most afraid of losing?
- Is this experience changing you?

Stage four:

- How has this experience changed you?
- What do you experience when change happens to you?

Stage five:

- What will be different in your life?

Stage six:

- What would you do differently if you hypothetically had to deal with the same situation again?