

# The Effect of Spiritual Therapeutic Assessment in Terminal Ill Diagnosis: Focus on Meaning and Spirituality

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## Abstract

There is no doubt that the modern scientific medicine helps in sustaining human life, but tends to forget terminal ill experiences unlike other illness is accompanied by several mental and psychological factors. The core criteria to deliver quality of life in terminal illness are to assess its bi-products like mental disharmony, depression, and the psychological issues. The spiritual psychotherapy is a modern humanistic approach that has holistic view on human illness in health and medical sciences. It is an effective coping mechanism to cope with stress, anxiety, depression, and suffering that are frequently experienced by terminally ill patients to delivered quality of life and meaning making policy in the clinical settings. Palliative end-of-life care on the other hand main objective is to improve quality of life of the terminal patients and the family that includes the physical, psychological, and spiritual well-being assessments. Considering the helplessness conditions of the terminal patients the spiritual psychotherapy is the urgent needs as it viewed human illness as the complex interplay between the biopsychosocial-spiritual factors. Especially when the patient is in the context of healing impossibility, spirituality plays an important role in meeting the needs of the dying individual's before the inevitable death strikes.

## Objective/Purpose

The purpose of this analytical review is to ponder on the role of spirituality in meaning-making and a source of hope mainly when cure is not possible in the terminal experiences. It is also to find out how spirituality serves as a coping mechanism in the face of inevitable death and makes life more meaningful to the dying individuals.

## Method

The propose study will use philosophical inquiry on the existing literatures.

**Keywords:** *Spiritual psychotherapy; End-of-life; Spirituality; Depression; Anxiety; Well-being; Dying individuals*

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## Introduction

With the rapidly increasing cancer mortality rates India stood as the main contributor across the continent. The rapid growing terminal ill population makes end-of-life care more important than that of prolonging the patient's life in the clinical settings. However, palliative end-of-life care is an untouched area of care in the Indian health care system that makes India not a place

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to die. People still died without fulfilling their needs as the biopsychosocial-spiritual factors are not considered as sickness that need to be care and attained. The immediate need in the Indian health care setting is holistic treatments that focus on patient-centered therapy, rather than treating the symptom alone. It is to be noted that the terminal ill experience is accompanied with several unwanted ill experiences like mental disharmony, iniquity, and psychological symptoms, in which leaving untreated will worsen the patient's condition to the most. The aim of the palliative end-of-life care includes the deliverance of patient inner comfort and relief from the pain and psychological symptoms. From its infancy the goal of end-of-life care is on delivering the whole person treatments through the holistic approaches. However, in many cases spirituality remain as the most neglected area of care. Thus, the current study is form to focus mainly on how spirituality can serve as coping mechanism and a meaning making agent to the dying individual's. It is to present spirituality as an essential element that helps in making quality decision in the life limiting terminal ill experience and the coping element that heal one's soul. The study is also to focus on the emerging needs of the 'whole person' or 'person-centered' therapeutic assessment in dealing with the terminal ill experience.

### **The spiritual psychotherapeutic model of health: Meaning and concept**

It was George E. Engel who proposed that human illness is a mixture of biomedical and molecular biology, which requires the needs to focus on the whole person treatment that includes the physical, psychological, and social, dimensions. However, Daniel P. Sulmasy expanded the biopsychosocial model into its new realm with the inclusion of spirituality in terminal ill assessment. The biological assessment deals with an understanding on the causes of the illness from the biological factors, the psychological assessment deals with the psychological factors like self-control, mental disorder, and negative outcomes of the illness. The social assessment investigates on how the social factors like socio-economy status of the patient and culture can have its influences in patient terminal ill experiences. The spiritual domain on the other hand focus on the individual relationship with the transcendent being can influenced on the individual health conditions [1,2]. Unlike the olden days, the medical profession in the modern era should serve and delivered the holistic needs of the patients as human are in relationship with their biological factors and the transcendent being. The spiritual psychotherapeutic approach to illness addressed the patient total existences like the physical, psychological, social, and the spiritual domains are taken into account. It served as a patient centered therapy that acknowledge the whole person treatment in any terminal assessment and to make them understand their illness [3]. Victor Frank stated in any ill experience humans are not destroyed by the suffering in the illness, rather they are completely destroyed by suffering without meaning in it. Thus, the process of meaning making in terminal illness become an important domain and spirituality helps them to find meaning in the midst of despair [4]. The World Health Organization also acknowledge spirituality as an important factor for the quality of life and wellbeing and is considered as the tenet of palliative end-of-life care. Spirituality can be defined as s sense of interconnectedness with the transcendent being in regards to the purpose, meaning, and the absolute values that life bears. In the midst of helplessness condition spirituality serve as the way in which the individual find meaning in life, hope in the midst of despair, and inner peace in the face of inevitable death [5,6].

In developed countries spirituality is a topic that drives people interest in regards to health, wellbeing, and palliative end-of-life care. It is the concept of the dying individual that there is a transcendent dimension that constructs a sense of hope for meaning and purpose in life in the face of medical helplessness. It is through that hope existed in the individual belief the terminal patient find peace and an integral component in coping with death and dying. Even in the face of traumatic or

adversity situations of the patient, stress and depression related moments in the terminal ill journey of healing impossibilities, spiritual psychotherapeutic interventions can attend and satisfied the core needs of the patients [7]. In the clinical setting those physicians attending the spiritual needs of the dying patients can experience the inner peace, besides the effectively deliverance of the quality of life to the patient and family. Relaying in the transcendent being and prayer plays an important role in alleviating pain symptoms and promote good health in the clinical setting. Spirituality is the key factor having the potential to enhance patient subjective wellbeing through promoting a healthy personal living, providing meaning in suffering, ensuring social support and integrations in spite of being outcaste in the community [8]. In wider understanding spirituality is the one mechanism that served as a sources of strength, comfort, hope, decrease disease risk, enhance health and wellbeing and a platform to fulfilled the dying patient wishes before the inevitable death strikes. It the only mechanism that deliver peaceful death and makes dying as normal as death in the terminal experiences.

### **Spirituality in life limiting medical ill diagnosis**

The term health and wellbeing is not merely free from any physical illness, rather health includes the criteria like mental, physical, psychological, economic, and most importantly the spiritual domain of an individual concerned. It is increasingly visible that both the clinicians and the terminal patients acknowledge spiritual domain of health care as an important factor of supportive heath care in terminal diagnosis to delivered wellbeing and quality of life. Spirituality is the mechanism that deals effectively with the treatment issues like pain and symptom control, inappropriate prolongation of death and dying, patient feeling of being burdensome to others and loved ones [9] in concerning with the positive impacts of spiritual psychotherapy, the Manitoba's spiritual health care partners [10] stated that; spirituality has an impact on the way the terminal patient understand their illness, recovery, and punishment vs. regrettable suffering; quality decision making with regards to their treatment policy and ; building a quality relationship between the terminal patient and the clinicians that usually produces trust and acceptance. Spirituality becomes the central focus in the face of medical helplessness; it helps in effectively coping with terminal illness and becomes part of their existence that serves as health to many dying patients. The essences of spirituality have the potential to be in communion with self, with others, nature and with the transcendent being, which delivered the whole person treatment with regards to self-identity, inner peace, love, reconciliation, inspiration, creativity, hope, and gratitude [11].

The recent research on spirituality in terminal ill intervention found that patients with higher level of spirituality have lower risk of depression and anxiety. Through spirituality the dying individual can effectively construct meaning and purpose in suffering that facilitate positive role in patient's coping with their illness. The findings stated that even 45% of people with no religious beliefs also felt the needs for spiritual assessment in one way or the other and 94% of the cancer patients want their physicians to deliver spiritual assessment. In many cases spirituality is seen as the mechanism that has healing potentiality on individual health, influences in patient decision making, and plays an important role in delaying patient's physical disability that usually occurs in the later part of any terminal illness. On the other hand, patient with lower lever of spirituality encountered higher rates of stress and depression in their terminal ill experiences [8,12,13]. The new paradigm of spiritual pain and suffering has the sense of emotional diffuse, which is directly related to meaninglessness and the underlying factor in that pain lies in failing to meet the needs of the dying individual. So, when the individual approach near to the death and dying they usually experience the sense of hopelessness, burden to others, losing the sense of dignity in self that usually led to loss of will to live [14]. Thus, spiritual wellbeing becomes an important dimension that is positively related with the

patient subjective wellbeing, source of hope and purpose in life, positive mood stress, and the overall quality of life in terminal experience. The importance of spirituality in palliative end-of-life care lies in focusing on patient spiritual despair (alienation, loss of oneself, and dissonance); spiritual related workload (forgiveness, self-exploration, search for meaning and balancing life) and wellbeing of the whole (connectedness, self-actualization, and living in consonance with self and others) [15]. In end-of-life it is evidence that the terminally ill patients experiences mental disharmony, anger, sadness, guilt feeling, anxiety, hopelessness, and the painful feelings of being separated with their love ones meaning making becomes a crucial factor. Spirituality on the other hand can successfully deliver the immediate context in which the dying individuals can make sense of their lives and cope with their illness through sense of hope that deliver inner peace in the midst of several existential challenges in the end-of-life care [16].

### **The role of spirituality in meaning making**

Spirituality is not only the factor that contributes health to many, but also recognized as the central to the dying individual in terminal experiences, especially when death comes closer. Several findings also acknowledge that spirituality as the factor that decrease the fear of death, sense of control over emotional helplessness, enhance positive views on life and death that usually deliver a peaceful death to many. It is a universal belief that strong sense spirituality in oneself served as the structure for effective coping mechanism and experience more connectedness to self, others and the transcendent being in the midst of painful ill experiences. In terminal ill diagnosis spirituality is the factor that plays an important role in understanding one's experience from suffering till death and a central concern for many [6,10,17]. Generally, in the first two stages of the cancer experience patients usually hope for cure and the absence of illness from their physical body. However, reaching the third and the fourth stages where cure becomes completely impossible, the patient shifted from cure to healing through quality times of togetherness with their loved ones. Spiritual psychotherapeutic intervention can delivered general life orientation, personal significance, and serve as a coping mechanism that improves sense of meaning and purpose in life. Spirituality is the most effective mechanism against mental disharmony and psychological traumas. Moreover, for the psychological wellbeing of the terminal patients spirituality serve as the central component and an important agent that safeguards the patients from end-of-life despair and sufferings [7,9].

Spirituality is also the factor that gives patient to discover deeper meaning of existence in the midst of suffering and self-awareness in the face of an inevitable death. As a coping mechanism it helps the dying individual to adjust with their illness, greater sense of quality of life, delivered longer life expectancy, ability to deal effectively with the pain symptoms, decrease the amount of depression and anxiety, and successful in reducing the risk behind substance abuse and suicidal activity [6,10]. Not only the patients, but spiritual psychotherapeutic intervention also serve as the source of meaning and hope for the carers and the loved ones, which is less associated with depressive stress symptoms that ignite self-esteem. Spirituality as an essential element for the person-centered care assessment not only increases the rate of patient's positive emotion, but also helps in reducing the emotional disorder through its meaning making policy. Most importantly, spirituality provides an optimistic worldview to the dying patient in the face of medical helplessness and makes sense of their terminal experience that serve as an effective coping mechanism in the clinical setting [6,15]. Spirituality in its broader understanding gives meaning in terminal experience mainly when mental disharmony, depression, and stress strikes in the course of illness. Moreover, dying in this modern era should be made as natural as that of the human birth; it should be a meaningful experience for those facing death and dying, it should be the time when every dying individual finds meaning in their

suffering, and it should be the time when the various dimensional needs of the patients are address and fulfilled by their care givers. It is spirituality that helps the dying individual to experience meaning and enhance quality of life [7].

However, looking at the present context of palliative end-of-life care in India, people died without meaning in suffering as biopsychosocial-spiritual therapy is an unheard area of care. The absence of the whole person treatment in the Indian health care system failed to address the needs of the dying individual and the wishes unfulfilled. In India today, symptoms like depression, stress, anxiety, and other mental and psychological related issues are considered as symptoms not to be treated in its clinical setting. The need of the hour is to pay proper immediate attention on the bi-products of terminal illness like isolation, fear, loss of self-control and self-esteem, anxiety, depression and mental disharmony. When cure is not possible, it is important to deliver quality of life for the patient and family through attaining their existential suffering symptoms. It is high time for the Indian health care system to acknowledge the importance of biopsychosocial-spiritual assessment alongside the treatment of the physical pain symptoms in its clinical practices. Though there are several controversial issues around spirituality in medical sciences, the existing literature on spiritual psychotherapy proved that spirituality is an important domain in end-of-life care and it has several positive outcomes in terminal diagnosis for the wellbeing of the whole and the quality of life.

## **Conclusion**

With a broader in understanding of health and medical sciences spirituality has outburst from its limitation within socio-religious realm. Alongside the advance modern medical technologies, both the patient and the clinician recognized the spirituality as an important domain in the field of medical health sciences. In the face of medical helplessness spirituality serve as an agent that deliver meaning in suffering and better end-of-life experience to the dying individual. However, in a developing country like India, spiritual psychotherapy existed in its theoretical existence and failing to meet the needs of the patients in the practical realm. The absence of the spiritual domain of care failed in delivering the whole person treatment in the terminal diagnosis, though spirituality is a worldwide phenomenon characteristic for the wellbeing of the whole. Dying with dignity and a peaceful death is still unheard topic of care in the Indian palliative end-of-life care, mainly due to the absence of the biopsychosocial-spiritual therapeutic interventions in its clinical practices. The need of the hour is to acknowledge the fact that health is an interdisciplinary concept and treating only the physical pain symptom alone by leaving the psycho-spiritual suffering behind can't deliver the quality of life and wellbeing of the patient. It is spirituality that helps the terminal patients to deal effectively with their terminal ill experience and adjust accordingly. To overcome depression, stress, anxiety, and other psychological and mental issues that associated with terminal ill experience, spirituality is the core factor in the clinical setting.

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