

Psychosocial spiritual healing

Palliative care providers have for a long time recognized that there are seriously ill or terminal patients who progress beyond the experiences of psychological trauma, coping, and acceptance. Such patients can feel changed for the better or stronger mentally compared to the way they were before their disease was diagnosed. This phenomenon of ending up stronger mentally than they were before the onset of their illness has most often been called “healing” in palliative care as well as in the field of integrative medicine. More generally healing is a type of personal change. Themes common across cases of integrity and wholeness include a sense of connection to self, others, phenomenal world, ultimate meaning, sense of meaning in context of suffering, capacity to find peace in present moment, experience of a sympathetic, non-adversarial connection to the disease process, and an ability to choose attitude to adversity; open to potential in the moment greater than need for control (1).

Psycho-social-spiritual healing has been identified and often described in the literature by palliative care researchers and clinicians (2-6) and others (7-10). It is valuable to sample a few of the many observations related to healing that have been reported in the palliative care literature.

Saunders (6) observed that the whole experience of a patient's life was reflected in that patient's dying. She advocated the concept of “total pain,” a complex of physical, emotional, social, and spiritual factors. In her view, total pain can include not only physical pain but also psychological pain (e.g., anxiety, depression, and fear), social pain (e.g., concern for their family including bereavement), and/or spiritual pain (e.g., a need to find some meaning in the situation, some deeper reality in which to trust).

Kearney (3) contrasted the “treatment for pain” and “healing of suffering” perspectives in palliative care. He characterizes the “treatment for pain” perspective as seeing pain only as a medical condition that can be assessed, treated, and in the vast majority of instances brought under control. In this perspective, relief from pain is reliant on the knowledge, skill, and intervention of a skilled practitioner. In contrast, the “healing of suffering” perspective views pain in terms of all aspects of suffering in the patient. Kearney points out that many forms of suffering (such as grief) persist despite substantial efforts made by expert caregivers and by the patients themselves. He identifies healing as an inner agency that gives a degree of relief from suffering – an inner agency that the patient must find within the depths of his or her own psyche. When healing occurs, he has observed that it happens spontaneously, proceeding in its own pace and manner. Kearney has also observed that the process of inner healing can often be facilitated by creating an external environment that best facilitates this process, such as a combination of effective medical care and compassionate human companionship that helps to establish a secure, inner space in which the process of a patient's healing may take place over time.

A different angle is taken in a summary description of healing offered by Egnew (7), in which the essence of healing is “the personal experience of the transcendence of suffering” (p258). This definition highlights an important feature reported by subjects: that some aspects of suffering may remain even after healing has given a degree of relief.

Phenomena related to psycho-social-spiritual healing have been reported in analyses of psychosocial adjustment trajectories among breast cancer survivors (11), among patients diagnosed with head and neck cancer and their spouses (12), and also in the measurement of posttraumatic growth among trauma victims (13). This is consistent with the expectation that the occurrence of healing is not limited to palliative care.

Studies done in the past few years have illustrated some potential mechanisms of psychosocial spiritual healing, the importance of psychosocial spiritual healing in medical support of patients and an innovative new measure has been developed for the measurement of healing (14-16).

To address the importance of psychosocial spiritual healing we have put together a special issue of research and review articles. The issue opens with Dr. Rousseau discussing a case and how only if there is a willingness to experience suffering can we truly heal. Dr. Puchalski introduces us to the concept of what makes us whole. The journal continues with review articles on spirituality and psychosocial spiritual healing and special populations. Dr. Coats writes about the African American

population, Dr. Weaver *et al.* about the adolescent and young adult populations. Ms. Mistretta reviews Spirituality in young adults with end stage cancer. Paul Alt introduces us to how sacred space is involved in spirituality and healing thru time, while Lichtenstein *et al.* review definitions of healing and healing interventions over time and across different cultures. Steinhorn *et al.* discusses healing, spirituality and integrative medicine which is very important to those involved in the palliative care field.

Research articles in this focused journal focus on the influence of relationships on meaning making and healing, perceptions of patients receiving palliative care and experiencing psychosocial healing, and that living in the moment supports adaptive behavior towards healing.

The physicians' daily prayer from Maimonedes is "Inspire me with love for all my creatures. May I see in all who suffer only the fellow human being". In working with patients with cancer we need to remember that sometimes we can cure the cancer and sometimes we may not be able to cure the cancer, however we can always as health care providers help the patient reach personal wholeness or healing. Whole person care, integrative oncology care, is about directing care to trying to cure the cancer as well as always attempting to help the individual develop psychosocial spiritual healing.

Dr. Remen states it best, "*Medicine as Service. Helping, fixing and serving represent three different ways of seeing life. When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole. Fixing and helping may be the work of the ego, and service the work of the soul*" (17). As health care providers, we need to recognize that we are a very important part of the sacred bond with our patients and families. It should always be a privilege to be on a healing journey with each and every patient and family.

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