LETTER TO THE EDITOR

How to cope with the deficit of meaning: the crucial issue for integration of spirituality into patient care

To the Editor In her article, Christina M. Puchalski¹ writes: "Once a diagnosis or possible diagnosis is made, the clinician needs to refer to the appropriate person that would need to be involved in the care of the patient. For emotional or psychological care, one would consider a mental health professional, for physical a physician or nurse, for social a social worker, and for spiritual a chaplain or other spiritual care professional such as a spiritual director or pastoral counselor." She also writes that: "For simple spiritual issues, a clinician might be able to continue to be present and listen to the patient's story. Often the patient might come to some understanding on their own in the context of being heard. Other types of interventions might include dignity--based therapy, meaning-oriented therapy".1

The question arises: What scientific field, or more generally, what cultural field provides the grounds for this type of patient counseling? The definition of spirituality given by Puchalski should be useful for a tentative answer. She writes that "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred."

It seems that advice and support for patients cannot be simply based on religious revelation and beliefs. We tried to designate this field by means of the scheme, named "the picture of the personal world" (FIGURE). The scheme is designed to name all the elements of reality that are the most important for an individual. Therefore, it includes the existence of parents, a possible partner, and children. The relations between these elements are studied by clinical psychology.

Asking a simple question: "How your parents and your previous ancestors came into the world?" will help define whether the considered domain is beyond psychology. This question is related to the beliefs of a person about the origins of human beings and even of the life on this planet. An attempt to answer this question in a decisive

manner provides insight into to the viewpoint on philosophical dilemmas of a given person.

In this way, considerations necessary to define a sense of meaning are determined. It occurs that it is not the area of psychology and it is not always the area of religion either.

Christina M. Puchalski identified about 12 different types of spiritual discomfort (TABLE 3).1 The first type of spiritual diagnosis is defined as existential with the key features such as lack of meaning, questions about the meaning of one's own existence or the meaning of suffering, concerns about afterlife, search of spiritual assistance, and with the example statements such as "My life is meaningless". The recommendation that, in such situations, the clinician should ask the chaplain for help is—in our opinion a simplification. Recently, it has been greatly emphasized why the clinician or the medical doctor should make an effort to learn and introduce meaning-oriented therapy, as mentioned by Puchalski. This is particularly important today when many people, especially in secularized European countries, have much individualized ideas about the origins of life and the beginning and purpose of the Universe. Contemporary metaphysical beliefs are often far from classical religious statements. Nonetheless, most people have some sense of transcendence.

In our opinion, clinicians engaging in a conversation with patients about the meaning of human life and the Universe should be acquainted with some relatively new socio-cosmological theories, which assign meaning to the lives of people on the basis of other principles than the statements originating from religious revelation. The ability to have a conversation on these topics may be increased in particular by acquainting oneself with the theories formulated by Tipler² and Gardner.³ We have formerly proposed the ways of using the above socio-cosmological theories to reinforce one's sense of the meaning of life and the world in general.⁴⁻⁶

The Tipler's theory can be treated as a starting point in conversations with patients willing to consider nonreligious arguments related to a "concern

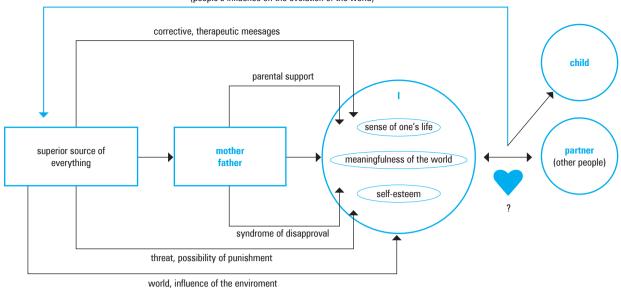


FIGURE Scheme of the "personal world", i.e., the most important elements of our surroundings. The disturbances in relation between an individual and the parents, partner, or children are studied by clinical psychology. Many people experience adverse influence in childhood, which can be overcome by corrective therapeutic "messages". To be complete, the scheme must also encompass "the superior source of everything" (of nature, life, people's, consciousness). The concept about "this source" is the subject of religious ideas or scientific theories. An individual may have decisive, strong beliefs about the nature of this source and sometimes cannot have a definite opinion on that subject. Sometimes "godness" can be perceived as something threatening and punishing. Recognition of the theory that "intelligent life is the architect of the universe" inclines to plot the "arrow-actions" on the top of the scheme, denoting one's participation in determining the evolution of the world.

about the afterlife". Tipler's undisputed authority as a philosopher of nature was established with the publication of his earlier book *The Anthropic Cosmological Principle.*⁷ The technological possibilities addressing the possibility of reconstruction and emulation of the human psyche on the basis of artificial hardware have been recently largely discussed by other researchers in neuroscience and information technologies.⁸⁻¹⁰ The discussion of another Tipler's book, *The Physics of Christianity*,¹¹ can be useful in demonstrating to some people how religious considerations may be interpreted in a rational, nondogmatic way.

Gardner's idea that the "intelligent life is the architect of the universe" comes down to a belief that each individual has an essential task to perform on the cosmological plane.3 It is a conclusion from the assumptions that the occurrence of life and humans together with their self-awareness and permanent drive to understand everything as well as the progress in technology is not random. This idea can be expressed in other words, namely, "the theory of necessity of people's participation in the reoccurrence of a sub-universe".4 Anticipation that future generations will create the next version of the local reality determines an important task for living humans. It establishes the cosmological sense of the human life. The acquaintance with this theory could change the belief about the sense of human life and, therefore, influence the average frame of mind and even the state of health.⁵

The **FIGURE** depicts the discussed issue by plotting (on the top of the scheme) the "arrow-actions" denoting participation of people in determining the evolution of the world.

In conclusion, one of the most common problems when considering the patient's spirituality is the lack or loss of the sense of one's life. Such a state of mind often results from the conviction of the random occurrence of life, humans, and consciousness in the Universe and the lack of a rational purpose in one's life. This may occur when people lose their faith in the message of revelation, and such weakening of faith is probably promoted by the dissemination of the most common scientific theories about the origin of life and the mechanisms of evolution. In this case, the arguments of chaplains and the continuation of common scientific arguments cannot help patients cope with the deficit of meaning. In our opinion, the feeling of meaningfulness can be reinforced by referring to selected socio-cosmological theories, which are relatively new and have not been fully developed as yet. We are convinced that familiarity with those theories should be promoted among clinicians and nurses who have frequent contact with patients.

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