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March 2005 Article of the Month

This month's article selection is by Chaplain John Ehman,
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McGrath, P. "**Positive outcomes for survivors of haematological malignancies from a spiritual perspective.**" *International Journal of Nursing Practice* 10, no. 6 (December 2004): 280-291.

COMMENT AND SUMMARY: While the vast majority of studies of spirituality & health look at how spirituality may affect health, this study focuses on how survival of haematological malignancies may affect a person spiritually--and *positively* so. The author notes that researchers have in general given little attention to positive outcomes from disease and tend to view any findings of such outcomes with suspicion; yet, "when researchers are open to positive changes they are more likely to find them" [p. 281]. Chaplain researchers may be especially interested in McGrath's study, in light of pastoral caregivers' common view of *healing* that transcends the physiological focus of medical science and that holds out the possibility for personal and spiritual growth in all situations.

Pam McGrath is a prolific researcher in Australia [--see Other Items of Interest, below], and the study here is part of a larger project on cancer and spirituality funded (for the first time) by a major Australian cancer research organization. She acknowledges at the outset the problem of defining *spirituality* in research, and she explains her tack in working with the concept:

Although the research that does exist suggests that the meaning of the term is presently in flux, there is agreement that the notion of spirituality is concerned with the individual's quest for existential meaning: it is "the organizing center of people's lives." Such a notion avoids both the ongoing conflation of religion with spirituality still evident in the literature and the problems of definitional closure. ...The research [here] takes as a starting point the provisional understanding of spirituality as "meaning-making"....

This very broad working definition may be uncomfortable for those who prefer to see the concept moored to traditional religion, but it seems well suited for the population of this study of twelve people, "none of [whom] were active members of a church" [p. 281]. Actually, this same population is characterized further in another article [see p. 229 in McGrath, P., "Reflections on serious illness as spiritual journey by survivors of haematological malignancies," *European Journal of Cancer Care* 13, no. 3 (July 2004): 227-237], reporting that there were "clear statements by most of the participants that they were not religious and did not necessarily have a belief in a God or an after-life." Chaplains who are experienced in working with non-religious (or anti-religious) patients should find McGrath's research approach thought provoking.

Each of the twelve participants interviewed in this qualitative research responded to the following: "Could you tell me of your experience, in your own words and in your own way, from the time that you became aware that you were ill? In particular, I am interested to hear about how that has changed how you see the world and what

you believe is important?" [See the very good description of methodology on p. 282.] The findings are well illustrated by quotes that constitute the heart of the article [pp. 283-286] and are presented in a summary graphic [see Figure 1 on p. 288]. In brief, the major findings of positive outcomes from a spiritual perspective were found to be:

CHANGES IN RELATION TO THE SELF [see p. 283]

--"positive changes to their sense of personhood that resulted from having been forced to undertake the spiritual journey with a serious illness," such as "increased assertiveness and confidence," being "less dependent on the approval of others," being "able to focus on meeting their own needs" (instead of focusing on the needs of others), and having "an increased ability to listen and respond to the messages from their bodies."

CHANGES IN RELATION TO OTHERS [see pp. 283-284]

--including being "less judgmental of others," having more of a "sense of compassion through being 'open to other peoples' suffering," developing a "practical wisdom" from their illness experience that could be applied to non-health care situations, undergoing a "value change in which the trivial aspects of life were no longer priorities," becoming "connected with a wide range of people that they might not have otherwise met," and valuing and exploring their "intimate relationships" more.

FAMILY TOGETHERNESS [see pp. 284-285]

--including feeling "increased closeness" with family members, having the "opportunity to explore the significance of partner relationships and the nature of love," and experiencing "different ways of relating," especially as a result of more time spent with children and more occasion for building relationships, often in terms of "unconditional love."

GENERALIZED, POSITIVE SPIRITUAL OUTCOMES [see pp. 285-286]

--including, experiencing the "gift of extra life," becoming "more conscious of living life to the fullest," having a "sense of being fortunate to have been forced to make the life-altering spiritual journey," "finding out who from family and friendship networks remained supportive" and who cared, receiving "a degree of kudos" from others, discovering that illness had "exposed them to different things" and given them a new direction in their lives, feeling a "generalized improvement in the quality of life," and, by virtue of their "view of positive outcomes," allowing them to "move ahead with...life": e.g., "Let's go forward."

BEING ABLE TO MAKE A DIFFERENCE TO OTHERS [see p. 286]

--a "renewed sense of altruism and compassion."

This article focuses only on *positive* outcomes, and only as perceived by "well supported" [p. 288] *survivors* of serious illness. The author also raises the problem of participant self-selection in such studies [see p. 287]. However, this is important research that points up for chaplains the potential for studies into patients' meaning-making in the wake of illness, as well as the potential for studies to consider not only physical and mental health outcomes but spiritual outcomes. Increased attention to spirituality as an outcome is, after all, a current challenge in the field of spirituality & health [see p. 71 in Hill, P. C. and Pargament, K. I., "Advances in the conceptualization and measurement of religion and spirituality: implications for physical and mental health research," *American Psychologist* 58, no. 1 (January 2003): 64-74], and has implications for research issues of quantitative measurement as well as for pastoral issues of spiritual assessment.

Finally, this chaplain wonders, would a replication of the study with a highly "religious" population result in more explicitly theological language in the responses, and would this ultimately make any difference for thematic analysis? One general methodological concern facing the study of spirituality & health today is whether a broad and essentially non-theological conceptualization of spirituality serves research with religious and non-religious individuals alike or whether it may in some way suppress the views of (traditional) religious participants just as questions based on theological language can suppress or otherwise skew the responses of non-religious persons.

Suggestions for the Use of the Article for Discussion in CPE:

This is a well written article that should lead chaplaincy students to reflect upon the notion of positive spiritual outcomes. Some chaplains may resist the essentially non-theological conceptualization of spirituality presented here, but the various findings of positive changes in people's lives should strike a chord of recognition in pastoral caregivers. Students may want to consider generally how illness can be transformative. They may also want to think about the *process* of meaning-making during and after illness. The research methodology in this study asks patients basically just to tell their stories, and so the article may help students to think about their own strategies for inviting patients into such expression. Also, McGrath's analysis, while obviously that of a sophisticated researcher, may help stir in students new ideas for evaluating verbatim accounts of pastoral visits.

Related Items of Interest:

For more on Pam McGrath's work, the following articles--and a book chapter--may be of particular interest to chaplains:

McGrath, P. "**Creating a language for 'spiritual pain' through research: a beginning.**" *Supportive Care in Cancer* 10, no. 8 (November 2002): 637-646. [Comment by Musi, M., "Creating a language for 'spiritual pain': why not to speak and think in terms of 'spiritual suffering'?" in vol. 11, no. 6 (June 2003): 378-379; with author reply on pp. 380-381.]

McGrath, P. "**Creating the space for spiritual talk: insights from survivors of haematological malignancies.**" *Australian Health Review* 26, no. 3 (2003): 116-132.

McGrath, P. "**Developing a language for non-religious spirituality in relation to serious illness through research: preliminary findings.**" *Health Communication* 18, no. 3 (2005): 217-235.

McGrath, P. "**Exploring spirituality through research: an important but challenging task.**" *Progress in Palliative Care* 7, no. 1 (1999): 3-9.

McGrath, P. "**Insights on spirituality and serious illness from a patient's perspective.**" *Interface: A Forum for Theology in the World* 4, no. 2 (October 2001): 101-109.

McGrath, P. "**New horizons in spirituality research.**" In Rumbold, B., ed., *Spirituality and Palliative Care* (Melbourne: Oxford University Press, 2001): 178-194.

McGrath, P. "**Reflections on serious illness as spiritual journey by survivors of haematological malignancies.**" *European Journal of Cancer Care* 13, no. 3 (July 2004): 227-237.

McGrath, P. "**Religiosity and the challenge of terminal illness.**" *Death Studies* 27, no. 10 (December 2003): 881-899.

McGrath, P. "**'A spirituality quintessentially of the ordinary': non-religious meaning-making and its relevance to primary health care.**" *Australian Journal of Primary Health* 8 (2002): 47-57.

McGrath, P. "**Spiritual pain: a comparison of findings from survivors and hospice patients.**" *American Journal of Hospice and Palliative Care* 20, no. 1 (January/February 2003): 23-33. [This article was highlighted for the [June 2004 Article-of-the-Month](#).]

McGrath, P. "Strategies for coping with spiritual pain: a comparison of insights from survivors and hospice patients." *Australian Journal of Holistic Nursing* 11, no. 1 (April 2004): 4-15.

If you have suggestions about the form and/or content of the site, e-mail Chaplain John Ehman (Network Convener) at john.ehman@uphs.upenn.edu .

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