Illness as a Crisis of Meaning:
Psycho-Spiritual Agendas in Health Care

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ABSTRACT: The term “psychosocial” has come to refer to a host of issues in health care. Its wide, indiscriminate usage in referring to almost any non-biophysical aspect of illness obscures or distorts the experience of illness as a “crisis of meaning.” The term “psycho-spiritual agenda” is introduced to emphasize the problems of meaning associated with illness, and to avoid the potential reductionism, pathological skew, and interventionist bias of conventional “psychosocial” analyses of the illness experience.

When a term gains exceptionally wide currency, and is employed in vastly different contexts, there is reason to suspect that its meaning has become confused. Such is the case with the term “psychosocial,” which has come to refer to a host of issues in health care. Current usage includes almost any non-biophysical aspect of illness or treatment, from effects on psychomotor development to existential crises of disability and death. Depending on the author’s orientation, the “psychosocial aspects of illness” may comprise—alone or in combination—personal psychological, interpersonal, social, cultural, demographic, economic, or religious issues.

To the extent that it indicates concern for these dimensions of health care, the proliferation of discussions of “psychosocial” issues is salutary. Yet some aspects of illness are prone to being obscured or misunderstood through their amalgamation into this omnibus category. One of these is the experience of illness as a crisis of meaning. Eric Cassell has suggested that while physicians treat disease, patients suffer illness, which includes alterations in the sense of identity and meaning that accompany physical distress.1 Chase Kimball observes that convalescence from illness includes a period of grieving, which he characterizes as mourning the loss of a former self, and building a new self- and world-picture that incorporates the reality of suffering and limitation.2
These processes are clearly part of the non-biophysical dimension of medicine, and they are at least partly psychological. Yet, they often encompass significant religious and philosophical issues as well. I propose the term "psycho-spiritual" to designate the problems of meaning and value posed by illness, and "psycho-spiritual agenda" to designate the dimension of the healing relationship (medical, nursing, pastoral) that addresses illness as a crisis of meaning. In this essay, I intend to criticize the term "psychosocial," emphasizing some unfortunate consequences of its indiscriminate use; to elaborate the notion of a "psycho-spiritual agenda" with the help of two clinical examples; and to suggest implications for healing relationships.

"Psychosocial": Cutting a Concept Down to Size

Even a cursory look at recent publications with "psychosocial" in their titles reveals a welter of meanings and connotations. The following sample must suffice to suggest what the term is presently encompassing. Studies of children with Ullrich-Turner Syndrome and scaphocephaly include among "psychosocial" considerations: feeding, sleep, toilet-training, speech development, school discipline, social class, I.Q., mental retardation, developmental disability, and experiences of teasing in school. A "psychosocial" analysis of bereavement studied sociodemographic factors, personality and coping styles, and support systems. For sufferers of osteoarthritis, "psychosocial" aspects included emotional reactions, strategies of normalization, coping with uncertainty, and Kübler-Ross's stages of coping with death and loss.

A symposium on "psychosocial problems" in family practice identified depression, sexual dysfunction, and severe, chronic hypochondriasis, while a study of "psychosocial adaptation" in cystic fibrosis patients analyzed self-awareness and openness with respect to the disease, autonomy in relations with parents, work and employment, social relationships, and emotions and feeling states. A comparison of "psychosocial assets" of parents of handicapped and non-handicapped children studied marital satisfaction, social support, psychological well-being, resources for coping with stress, and religiosity.

Finally, while Krant construes the "psychosocial impact" of gynecologic cancer as feelings of helplessness, dependency, guilt, alienation, vulnerability, and the needs for information, moral support and control, Nichter defines the "psychosocial dimension" of illness underlying Ayurvedic therapy to include symbolic aspects of specific bodily complaints that reflect cultural interpretations of reality.