Cultivating Sacred Moments in Health Care

Kenneth I. Pargament
Department of Psychology
Bowling Green State University
kpargam@bgsu.edu

Presented at
Catholic Health Association of Saskatchewan
October 19, 2015
“Good morning, if it is a good morning, which I rather doubt”
(A. A. Milne)
Grumpy Cat

OF ALL THE 9 LIVES
I’VE LIVED

THIS IS THE WORST
Helper Therapy Principle
(Riessman, 1965)
Holocaust Survivors Tell their Story

- Holocaust survivors share stories with listeners
- Survivors experience declines in physiological measures of stress
- Listeners experience increases in physiological measures of stress
- The burden of helping
Signs of Burnout

- Fatigue
- Cynicism
- Apathy
- Irritability
- Anxiety
- Disillusionment
- Sleep Disturbance
Signs of Provider Distress

- 45.8% of physicians report at least one symptom of burnout; highest rate among those involved in frontline care (Shanafelt, 2012)
- Physicians have twice the risk of suicide of general population
- “Each year, it would take the equivalent of 1 to 2 average-sized graduating classes of medical school to replace the number of physicians who kill themselves” (Miller & McGowen, 2000).
Resources for Care Providers

- Social support
- Coping skills
- Balanced life
- Exercise
- Humor
- Work as vocation
Work as Sacred

- God is present in my work.
- My job is a reflection of God’s will.
- My job is consistent with my spiritual or religious identity.
- I experience God through my job.
- My job reflects my image of what God wants for me.
- My job is influenced by God’s actions in my life.
- My job represents God’s presence in my life.
The Benefits of a Vocation

- Greater job satisfaction
- Greater job commitment
- Less intention to quit
A Downside of Sanctifying Work

- When work is perceived as sacred, tensions and conflicts can become intolerable because they represent a threat to what is precious.
Sacred Vocation
(Karff, Amick, & Cole)

- Medicine as a vocation
- What it means to be a healer of body, mind and spirit
- When harm has been done to others
- Barriers to the vocation of medicine and ways to cope
- Renewing one’s commitment to healing as a sacred vocation
Sacred Vocation
(Karff, Amick, & Cole)

- Increases in empathy with patients
- Decreases in stress and frustration with others
- Increases in the sense of sacredness of medicine
It’s Good to be a Do-Gooder
Take Home Point

*We are healed by the spiritual character of the helping relationship.*
What Accounts for Change in Therapy?

- Types of treatment account for only 1% of the variance in outcomes (Wampold, 2001)
- Dodo Bird Effect – “Everybody has won and all must have prizes” (Lewis Carroll)
- 50% of the variance in outcomes can be attributed to the patient-therapist alliance (Horvath, 2001)
“I feel there is a mystical quality to the therapeutic process. In that I am referring to a third force. There’s the client, the therapist, and something else present. It’s almost palpable when, what appears to be all of a sudden, the client ‘gets it’ – the ‘aha’ experience. It is important to pay attention to all of the subtleties present” (O’Grady & Richards, 2010, p. 61).
The Spiritual Dimension of the Therapy Relationship

“Kairos is a moment of opportunity, when events demand action or are propitious for action” (Stern, 2004, p. 7).
“Man lives in the spirit when he is able to respond to his Thou. He is able to do that when he enters this relation with his whole being. It is solely by virtue of his power to relate that man is able to live in the spirit. . . The relation to a human being is the proper metaphor for the relation to God – as genuine address here is accorded a genuine answer” (Buber, 1970).
Defining Qualities of Sacred Moments

- Transcendence
- Ultimacy
- Boundlessness
- Connectedness
- Generative of spiritual emotions
- Transformational
Quantum Change in Men

- Wealth
- Adventure
- Achievement
- Pleasure
- Respect
- Spirituality
- Personal peace
- Family
- God’s will
- Honesty
Quantum Change in Women

- Family
- Independence
- Career
- Fitting in
- Attractiveness

- Growth
- Self-esteem
- Spirituality
- Happiness
- Generosity
Hypotheses

- Sacred moments will be commonly reported by providers
- Sacred moments will be linked with positive outcomes for the client, the provider, and the counseling relationship, as reported by providers
The Sample

- 58 mental health providers
- 43% psychiatrists; 21% psychologists; 15% social workers; 21% other counselors
- 67% married
- 67% female
- Mn Age 47
- 65% Caucasian; 15% Asin-American; 10% African-American
- Religiously and spiritually diverse
Providers Attributing Sacred Qualities to their Important Moment

- Transcendence – 46% “This moment felt set apart from everyday life.”
- Ultimacy – 65% “I felt that I was a part of something really real.”
- Boundlessness – 9% “I felt that time had stopped.”
- Interconnectedness – 61% “I felt a deep sense of connectedness with the patient.”
- Spiritual emotions – 57% “I felt deep gratitude.”
Sacred Moments vs. Important (Non-Sacred) Moments

- In comparison to Important (Non-Sacred) Moments, Sacred Moments perceived with significantly more:
  - Transcendence
  - Ultimacy
  - Boundlessness
  - Connectedness
  - Spiritual emotions
Consequences of Sacred Moments

- Gains perceived in patients (e.g., healing, growth, transformation, insight) $r = .63$
- Strengthened relationship with patients (e.g., trust, honesty, openness, cooperation) $r = .45$
- Reports of personal growth, transformation $r = .65$
- Greater sense of meaning in work $r = .40$
- Greater sense of spiritual well-being $r = .48$
- No relationship with Maslach burnout
Consequences of Sacred Moments for Patients (N = 519)

- Gains in treatment (e.g., healing, growth, transformation, insight) $r = .72$
- Stronger working alliance with provider $r = .58$
- Reports of personal growth, transformation $r = .72$
- Reports of greater self-efficacy $r = .57$
- Reports of improved mental health $r = .63$
- Greater sense of spiritual well-being $r = .35$
- Reports of less depression $r = -.10$
- No relationship with reported psychoticism
Conclusions

- Sacred moments are not uncommon
- Sacred moments are part of healing relationships
- Sacred moments may be vital not only to clients but to ourselves as healers
Future Directions

- Exploring sacred moments of diverse caregivers
- Studying sacred moments as they unfold in healing relationships
- Consider how to cultivate sacred moments in healing relationships
How Not to Foster Sacred Moments

- Never look at your client
- Treat your client as an object
- At all costs, keep your distance from your client
- Never disclose your vulnerability to your client
- Create a Sacred Moments manual
How Not to Respond to Sacred Moments

“Well, you’ve healed enough that you don’t need that anymore” (response of therapist to bereaved mother’s report of a visitation by spirit of dead child; Brotherson & Soderquist, 2002, p. 77).
How to Cultivate Sacred Moments in Treatment

- Be interested and humble
- Share some of your humanness
- Be open to the possibility that any moment may become a sacred moment
- Affirm your client’s spiritual yearnings
“Fireflies” by Alice

Remember when you were a child in the summertime at night. There were tiny little yellow lights going off and on continuously. I always thought they were flies carrying little lanterns so they could see their way in the darkness. Sometimes the fireflies blend in with the stars.

Remember when you feel in the darkness. Look around, there’s always a flicker of light to give you a glimmer of hope.

Think back when you were a child and remember the fly carried his lantern. He found his way. You will too.”
Patient: I have never told anyone about this until now. Those moments will always be special to me.

Therapist: They should be. It’s a very beautiful love story.

Patient: It’s also surprising to me. Does this routinely happen?

Therapist: The sort of love that you had with your mentor is hardly routine.

Patient: But do other people have experiences like this with people who have died?

Therapist: Only if they are extremely lucky (p. 2)
Group Means, Self-rated Anxiety and Perceiving Sacredness before/after Sessions

Figure 1. Mean of Self-Rated Anxiety and Perception of Sacredness Before and After Each Group Session (Group 2 only)
Accessing Spiritual Resources for Providers

- Spiritual self-management tools (e.g., meditation, inspirational reading) reduce levels of stress and improve mental health of health care providers (Oman et al., 2006)

- Stress management for palliative care nurses increases job satisfaction and reduces work-related stress (Wasner et al., 2005)
Cultivating Sacred Moments
A Sacred Moment at Hadassah Hospital
Never Let Eeyore Have the Last Word