

Spiritual care model in the Pain Treatment Clinic. How to understand non-religious aspects of spirituality?

Maciej Wiktor Klimasiński¹, Ewa Baum², Katarzyna Wieczorowska-Tobis¹

¹Department of Palliative Medicine, Poznań University of Medical Sciences, Poznań, Poland

²Department of Social Sciences and the Humanities, Poznań University of Medical Sciences, Poznań, Poland

Abstract

Chronic pain affects all aspects of a patient's life: physical, psychological, social, and spiritual. Religiosity is a common way to fulfill spiritual needs and engage in spiritual activities, but not the only option. Based on an analysis of the definition of spirituality provided by the Polish Society for Spiritual Care in Medicine, and by comparing it with statements from patients at the Pain Treatment Clinic, conclusions were drawn regarding four non-religious aspects of spirituality. Chronic conditions often influence how a patient interprets the meaning and purpose of their life, and how they experience relationships with other people. One's moral stance, understood as a system of beliefs about the surrounding world and the values and goals that stem from them, can also change through the experience of chronic pain. One's attitude to what transcends them and the ability to reach beyond one's own limitations, may enable the acceptance of misfortune, even such as the loss of physical ability. In Poland, where an increasing number of patients do not identify with any specific religion, there is a need for the development of a model of spiritual care that physicians can provide in a non-religious manner.

Key words: spiritual care, morality, chronic pain.

Correspondence address:

Maciej Wiktor Klimasiński, Department of Palliative Medicine, Poznań University of Medical Sciences, Poznań, Poland, e-mail: klimasinski@gmail.com

INTRODUCTION

Chronic pain affects all aspects of a patient's life: physical, psychological, social and spiritual. In order to provide spiritual care, one has to know what spirituality is, and of what elements it comprises. When asked about spirituality in questionnaires, neither patients nor doctors are sure what it is. Some do not use this term in everyday life, while others have certain preconceptions about certain words related to this subject matter [1, 2]. However, most writers agree that spirituality is an important dimension of every person's life [3–5]. For some it is the axis of life around which everything revolves, for others it is a concept of no significance. Certain situations, for example the experience of a serious illness, can cause a growth in spirituality [3, 6]. Selby *et al.* report that whereas medical staff find it very problematic to give a definition of spirituality, patients speak of it with much greater ease, providing numerous examples [7].

According to Steinhorn *et al.*, spirituality is a dynamic process in which one experiences and interprets the surrounding world [8]. If a given society has developed a common interpretation of the origin

of the world, the existence of God, the afterlife and they use a codified set of practices, then a more apt definition of this phenomenon would be the word "religion" [3, 8]. In a wide-ranging study conducted in nine countries, including Poland, Selman *et al.* used the simplest definition of spirituality: *deeper life-related issues*. They encouraged patients to use their own vocabulary and language when talking about the meaning of life and about how they cope with the difficulties of a serious illness [2]. Definitions encountered in literature are, on the whole, very broad, so as to embrace numerous culturally distinct convictions concerning what spirituality is.

In this article the definition of spirituality used since 2015 by the Polish Society for Spiritual Care in Medicine (PTODM) has been taken as the starting point [9] (Table 1). Subsequent paragraphs cite excerpts from publications regarding elements of spirituality (transcendental, religious, existential, and connected to relationships and moral values), which are then compared to remarks made by patients at the Pain Treatment Clinic (our own research). This is followed by a discussion concerning the growing numbers of patients not identifying with any reli-

Table 1. Definition of spirituality used by the Polish Society for Spiritual Care in medicine

<p>Spirituality is the dimension of human life that references transcendence and other existentially important values.</p> <p>Spirituality includes:</p> <ol style="list-style-type: none"> 1) A person's religiosity, especially their relations with God, but also their customs, practices, and life in the community 2) Existential exploration, in particular relating to the meaning of life, suffering and death, as well as to the answer to the question regarding one's own dignity and about who one is as a person, and to the spheres of freedom and responsibility, hope and despair, reconciliation and forgiveness 3) The values by which one lives, and especially one's relations with oneself and with others, one's attitude to work, nature, art and culture, one's choices in the spheres of morality and ethics, and "life itself"
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gion. Finally, the article lays out the direction of further studies leading to the description of a model of spiritual care that doctors could provide for any patient suffering from chronic disease.

TRANSCENDENCE

The introductory sentence of the PTODM definition of spirituality refers to transcendence. Accepting assumptions about the existence of a supernatural factor is not an essential condition of transcendence. Heszen-Niejodek *et al.* give an interpretation of this term as an orientation towards the *sacred* but also, as an ability to transcend oneself. They give a definition of the "sacred": *a person, object, principle or concept that transcends man. As for transcending oneself, they explain it as an act of growth or development in a direction determined by the values that a given person adheres to. Transcendence can therefore be a person's orientation towards God, a Higher Power, or some other person to whom they attribute special value and whose good they place above their own* [3]. The phrase "Higher Power" is popular in the addiction-treatment program going by the name "12 steps", not connected to any religious tradition. In the educational materials provided by Alcoholics Anonymous, it is used alternately with the phrase "a power greater than ourselves". It may refer to any supreme being, or even to non-supernatural things such as the program of twelve steps itself [10].

Surzykiewicz *et al.* adopt the concept of cross-denominational spirituality, explaining that it involves sensing the existence of a direct relationship with the force that called everything into existence, as well as the capacity for self-transcendence. They explain that it is man's ability to gravitate towards something other than oneself, to be open-minded, open to other people one can approach, open to new experiences and different interpretations of the meaning of life [5]. In their list of manifestations of spirituality, Heszen-Niejodek *et al.* include openness, understood as the acceptance of change and events in life including the unfavorable [3]. According to Kapała, spirituality allows a person to transcend beyond their own limitations and previous ways of functioning [11]. The Facit-Sp tool, used to measure spiritual well-being, includes a statement on the subject of trans-

cending oneself: *I know that whatever happens with my illness, things will be okay* [12].

RELIGIOSITY, RELIGION

The next part of the PTODM definition of spirituality refers to a person's religiosity. Surzykiewicz *et al.* describe religiosity as the external manifestation of internal spiritual experiences [5]. According to Doroszewski's Polish language dictionary, religion is a collection of beliefs, rituals, moral principles and organizational forms [13]. The relationship between spirituality and religion can be compared to health and medicine. Spirituality and health are subjectively perceived aspects of human life and everyone assigns a different value to them. Religion and medicine on the other hand, are the institutional approaches to the development, nurturing, and improving of these goods [14]. According to Koenig, religions are based on belief systems and rituals that acknowledge, worship, communicate with or approach the sacred, the divine, God (in western cultures) or the Supreme Truth, the Ultimate Reality or Nirvana (in eastern cultures) [15]. For some people, the religious dimension is a fundamental part of spirituality. The personal, transcendental experiences and convictions related to the Higher Power impact the entire lives of these people, their identities, their actions and their decisions in life. A person is religious when they entrust and surrender their life to the Higher Power in the manner described by the religion they adhere to. Moreover, they submit to its teachings, trusting that through the practiced rituals, they will achieve the desired harmony and development. Additionally they feel a sense of connection (community) with other believers [16–19].

SPECTRUM OF RELIGIOSITY

Religiosity is not synonymous with spirituality, but very often constitutes a means of its realization [11]. From a medical point of view, the fact that religiosity can be intensified is extremely significant. Religious customs can be accepted and practiced to different degrees by different people. In addition, the intensity of this trait can increase or decrease in a particular

person's life as a result of various experiences. Studies have shown that, in general, religious practices intensify as an illness progresses. Especially when the harmful impact of stress on the patient's health is effectively lowered by religiosity. This direction can take the form of an attitude of accepting illness, suffering, and death without reservations (because they are "decided by the Higher Power", beyond human control). Another attitude is that of attempting to take an active stance towards the illness, even if it is treated as the result of the action of mysterious forces (maybe their favors can be won over through special rituals). However, a crisis in one's health can lead a patient to question their professed religion and to cease practicing it [8, 16, 19, 20]. These external changes in the degree of religiosity, resulting from internal transformation, are also described in documents of the Catholic Church: *Illness can lead to anxiety, to withdraw inwardly, sometimes even to despair and rebellion against God. It can also be a path to greater maturity. It can help a person better discern what is unimportant in their life, so as to turn towards that which is important* [21]. Religious organizations have always been engaged in bringing help to the sick and the suffering. Because of that they are a source of teachings, not only about the meaning of suffering and life after death, but about specific measures to help the believer get through this difficult time. For a hospitalized Roman Catholic patient, whose religious practices reduce their perceived suffering, the ministry of a catholic hospital chaplain, possibility to receive the sacraments, and attending services are often crucial. There are also reports that people who are very skeptical of religion turn to such a source of hope and consolation in the face of life-threatening situations [8].

RELIGIOUS COMMUNITIES AND PRACTICES

An important aspect of taking part in religious services is the sense of community with others sharing a similar worldview. According to Balboni *et al.*, illness is a spiritual event because the suffering person is brought closer to the transpersonal source of meaning, to the community of those sharing the same fate [22]. According to Chatters, participation in group religious practices is not only a means of building a sense of connection with others, but also modifies interpersonal attitudes, promotes friendship, love, compassion, harmony and tolerance (decreases prejudice) [19]. Religious patients who are chronically ill frequently get involved in group prayer meetings, participate in religious services, act as volunteers, and also make use of other religious resources. There are examples in the medical literature of specific texts that are studied by pa-

tients of different faiths for the purpose of finding solace in the difficult time of illness. Other independent practices worth mentioning include: praying or meditating on one's own, and private rituals such as lighting candles, or wearing religious jewelry [15, 16]. Furthermore, a patient's specific religious beliefs can be critically important in shaping health-related decisions, particularly in scenarios related to the beginning or end of life, burial practices, and similar matters [18, 23]. Literature provides numerous scales for assessing the religiosity of patients, but in this paper they are omitted.

EXISTENTIAL QUESTIONS

The Polish Society for Spiritual Care in Medicine definition emphasizes that spirituality is tied to the search for meaning in life and the phenomenon of hope. Puchalski, a pioneer in the field of integrating spirituality into medical care, a founder of the George Washington Institute for Spirituality and Health (GWish), underlines – together with her team – that spirituality is expressed in the manner in which a person searches for and gives meaning and purpose to their existence [24]. Many writers cite Frankl, a psychotherapist who survived incarceration in a concentration camp. As the founder of logotherapy, he theorized that the search for meaning is, for a person, the greatest motivation of existence. Loss of health, and in particular, of one's mental and physical fitness, frequently leads to people questioning the deeper sense of their lives and the validity of the choices they have made [8, 16]. Antunes *et al.* quote a patient who describes that *spirituality means the capacity to feel hope, not necessarily the hope of being healed, but hope of kindness, generosity, and of freedom from pain* [16]. The other side of this spectrum can be seen in a paper titled *Questioning the value of present life*, where Van den Berg *et al.* report that some elderly people who have not been diagnosed with any serious illness see no point in continuing their lives. Reasons given for such an approach by the study's participants included loneliness and not having any commitments [20].

RELATIONSHIPS

The next section of the PTODM definition of spirituality concerns relationships with oneself and with others. One definition of spirituality describes it as *the aspect of humanity that is expressed in the way people experience their connectedness to self, to others* [24]. In her book on spiritual care, Puchalski writes that *spirituality is in some mysterious way the basis of how we are connected with one another, and how we help*

each other in moments of stress and serious illness [23]. According to Surzykiewicz *et al.*, the change from self-absorption to intimacy with another allows better self-understanding. In regard to their Polish version of a scale for measuring spirituality, they explicitly suggest that its essence comprises not only of the sense of direct contact with “the Creator” and reflections concerning the wonder of creation and the meaning of existence, but also selfless love [5]. In order to assess the relational aspect of spirituality, one can ask the patient about their sense of belonging to a specific community or to describe their most important relationships with other people [25, 26].

Potts *et al.* point out that all patients, irrespective of their religious views, wish to perceive their own lives as connected to something greater than just themselves. This something may be a family, or another group of people they feel close to [27]. Attachment to people important in one’s life can even be the most important value for a patient [16]. According to Kapała, the feeling of belonging to a community (or to humankind, the universe, the cosmos), being a unique part of it, and even being united with it can grant a person deep inner peace, joy, and a sense of security [11]. An example of relationships with others being a source of meaning and purpose in life is the comment of Wanda Błęńska, a famous Polish doctor, a “mother” for people suffering from leprosy. At the end of her life, she is said to have stated: *there’s nothing more I can do now, I can only love* [28]. Another researcher, Lasair, points out that the way in which any person understands themselves and their life can rapidly change, and this applies not only to sudden illness, but also because of changes in relationships (such as splitting up with a long-standing partner) [29]. Relationship with oneself can be understood in the way in which it is measured by the above-mentioned Facit-Sp scale, which includes the following statements: *I am able to reach down deep into myself for comfort* and *I feel a sense of harmony within myself* [12]. To use a religious term, this inner aspect of a human being may be called a soul.

MORAL VALUES AND CHOICES

The last section of the PTODM definition of spirituality concerns, among other things, the moral sphere. Morality is a complex issue, dependent on numerous factors, such as: upbringing, culture, personal experiences, and acquired knowledge. According to Kapała, ethical and moral sensitivity is manifested in the possession of an organized system of values enabling a person to take a stance in the face of diverse issues, from everyday occurrences to dramatic life-affecting situations. This sensitivity may also be understood as the ability to

distinguish good from evil [11]. A moral attitude influences a person’s behavior, their goals and their aspirations [8, 29]. Hodge lists a great many areas of life that are affected by spiritual convictions, taking the population of China as an example: the birth and care of a child, how one dresses, diet, finances, styles of communication, emotional expression, gender interactions, marital relations, celebrations, physical activity, health practices, medical care, and coping with hardships [30].

Every person’s approach to life evolves. Aristidou *et al.* report that some patients, after experiencing out-of-hospital cardiac arrest, acquired a new, deep appreciation for the joys of life [31]. There are myriad examples of how serious illness renders the achievement of moral goals impossible, and changes patients’ convictions regarding the nature of reality [29]. Chronic disorders can impact one’s sense of justice and responsibility. Depending on how patients cope with an illness, and how they interpret it, they can modify their moral stances. Some can become more tolerant, more empathetic and altruistic. Others may become more selfish, more cynical and aggressive. There are questions accessible in literature that can be used for assessing the moral aspect of spirituality: *How do you perceive the reality surrounding you? What is your vision of the world? What aspirations is this manifested in?* [29]; *Are you struggling with abiding by your own moral principles / being up to your own moral standards?* [32]; *Do you have any convictions that affect how you use medical care?* [27].

INTENSIVE NON-RELIGIOUS SPIRITUAL EXPERIENCES

According to some writers, such spiritual experiences as intense meditation or encounters with spiritually evolved people, as well as near-death experiences, can evoke such feelings as bliss, enchantment, wonder and adoration. These feelings result from an impression of interaction with something that is not a part of the human world, or from a sense of oneness with all reality. On the other hand, such experiences can entail a feeling of awe, of embarrassment or of guilt for mistakes one has made [4, 33]. A study conducted by Tressoldi *et al.* provides interesting examples involving self-transcendence. They analyzed the descriptions of spiritual experiences of 40 people with higher education, and trained in scientific rigor. These scholars had experienced events that changed how they perceive their own *self* and the surrounding reality. Features common to these experiences were: the sense of *energy moving through the spine*, the feeling of being surrounded by light, an expansion of one’s consciousness, and the discovery that one’s inner self is boundless, united with the uni-

Table 2. Summary of non-religious aspects of spirituality

Spirituality is a dimension of human life constituting a reference to transcendence, understood as attitude to what reaches beyond a human being, and one's capacity to step beyond oneself	An orientation towards a good that is held higher than one's own good may make a person capable of transcending their own limitations and previous ways of functioning, making them open to new experiences, including those of an adverse nature
Spirituality includes existential questions, relating in particular to the meaning in life	The manner in which a person seeks and gives meaning and purpose to their existence often changes under the influence of chronic illness
Spirituality includes the values people live by, especially their relationships with themselves and with other people	Chronic pain can affect a patient's inner harmony, the quality of their relationships with loved ones, and also their sense of belonging to a community or another greater whole
Spirituality includes moral and ethical choices	Personal beliefs and values translate into specific goals and aspirations.

verse. Following these experiences these academics acquired greater sensitivity and creativity, and there was permanent change to their understanding of the world and the moral values they held. The sense of oneness with the world and all people, of immortality of the human soul, translated to concrete actions, including an irresistible desire to serve others, even to change their careers [32]. In order to find out from a patient whether they have had similar experiences, one can use one of the scales for measuring spiritual experiences [34]. Non-religious aspects of spirituality are summarized in Table 2.

THE AUTHORS' STUDY IN THE PAIN TREATMENT CLINIC

A brief questionnaire was drawn up for the purpose of obtaining qualitative data, with the following open-ended questions:

1. What, in your opinion, is spirituality?
2. How, in what way, do you express or deepen your spirituality?
3. Do spiritual beliefs or activities help you in coping with pain?

The above questions were asked to adult patients consulted from February 2022 to April 2023 by the first author at the Pain Treatment Clinic in Poznań, Poland. In order for a patient to be included in the study, they had to have a confirmed chronic pain syndrome, of moderate or severe intensity, lasting for over 6 months. Those with active neoplastic disease were excluded. All answers given by the patients were recorded in the form of in-depth interviews.

A total of 29 people, 26 women and 3 men, qualified for the study. Their average age was 70.1 (min. 29, max. 94). Diagnoses made by the physicians referring them to the Clinic: M15.0 – polyarthrosis (11 patients); G54.4 – lumbosacral root disorders (6 patients); M54.5 – low back pain (2 patients); M54.4 – lumbago with sciatica (2 patients); M47.2 – other spondylosis with radiculopathy (3 patients);

G58.8 – other specified mononeuropathies (2 patients); M16.1 – other primary coxarthrosis (1 patient); M32.8 – other forms of systemic lupus erythematosus (1 patient).

Analysis of answers to the question: What, in your opinion, is spirituality?

Some respondents had never pondered over this issue. Others equated spirituality with faith or religiousness, sometimes indicating a level of religiousness (*We are Catholics, we go to Church, but we're not fanatics*). The patients generally spoke about all the aspects of spiritually described above. They presented their own views on transcendence (*I don't have the feeling that there isn't anything at all beyond this world; if there is no God, then there's some other force in the cosmos – I can't imagine there being nothing*) and existential reflections (*Is there something after death? There's something, I can feel it; I don't believe in God, but I seek answers to questions, I try to find meaning in all of this*). Others drew attention to inner harmony and relationships (*For me spirituality is tranquility, reflection; spiritually is something beyond matter, you cannot live without spiritually, it builds the relations between people*). Some patients spontaneously told brief stories, for example of a relative brought up in a pathological family who grew up to be a demoralized person.

Analysis of answers to the question: How, in what way, do you express or deepen your spirituality?

The respondents drew attention particularly to prayer, attending religious services, and belonging to religious groups. Some portrayed religious activities as a certain kind of duty to be fulfilled (*I pray, I go to Church, I don't have the strength for more. During the pandemic I went to Church less often, but I'll do better now. I am from a family where such actions have always been expected of me*). There were also respondents for whom relationships and moral aspirations were an

expression of spirituality (*We respect one another*). As for deepening their spirituality, most patients spoke about saying their prayers, reading the Bible and religious pamphlets. Others gave non-religious ways (*If I were to have the time, I could go and visit patients at the hospice. And I also talk to my friend, and she's more ill than I am; we both benefit*).

Analysis of answers to the question: Do spiritual beliefs or activities help cope with pain?

Religious respondents often answered that prayers and attending religious services were helpful (*When the pain is suffocating me, I grasp my prayer medal; and when I pray, it stops hurting, it's like having an anesthetic!*). One patient spoke of transcendental experiences, of existential reflections and moral aspirations (*There's a reason for everything, I put my life and my pain in the Lord God's hands. I don't know why I'm not dying, clearly I still have something valuable to do*).

MORE AND MORE NON-RELIGIOUS PATIENTS

The above findings confirm that some patients have spiritual experiences not connected to religion. Comments about choosing to no longer take part in religious practices were also noted (*I used to go to Church, and it was important; I stopped going when politics started in the church; I used to go to church, and even sang in the choir, but now I think that belief in a higher power is not for me*). Many American and European writers are reporting how growing numbers of patients with a highly developed spiritual life do not identify with any organized religious community [8, 22, 35–38]. According to Domaradzki, Polish society's attitude to the Church is currently undergoing change. Many Poles, especially the young, are rejecting the Church's dictates on the morality of the individual [39]. Within the group of people, also known as "spiritual but not religious", two sub-groups can be distinguished: theistic and naturalistic. The former includes those who believe in a personal God,

but who for various reasons have given up practicing religion. In the second subgroup there is no reference to a higher being. Naturalistic spirituality involves a sense of awe and admiration of nature, literature, music, art, theater and philosophies related to searching for the meaning of life. Such people may claim that they do not believe in the existence of supernatural forces, or say that they do not rule out their existence, but they are not necessarily convinced [36].

FACTORS CONTRIBUTING TO THE INCREASE IN NON-RELIGIOUS SPIRITUALITY

There are many probable reasons for the increase in non-religious spirituality in Western countries in recent decades. One of the causes may be the exposure of abuses and scandals in the Catholic Church. However, Heelas *et al.* claim that this is just one of the changes characteristic of contemporary western culture (as opposed to that of before the 1960s). Since the second half of the 20th century, due to the spread of television followed by other electronic means of communication, the *mass culture model* has been taking shape. According to one of Polish dictionaries, mass culture is currently the predominant type of culture, in which societies make widespread use of the mass media, resulting in the unification of users' tastes and behaviors [40]. The growing affluence of western societies is also not without significance. On the whole, material prosperity entails satisfaction of fundamental needs (physiological as well as those related to security, working conditions, and so on). Free time can therefore be dedicated to fulfilling higher needs, such as maximizing subjective mental wellbeing and attention to better self-expression. Heelas *et al.* call this change *the massive subjective turn*, explaining that it involves each individual's own experiences and beliefs being granted priority over norms imposed externally for society as a whole [41]. Table 3 summarizes the differences between these two life attitudes.

Table 3. The subjective turn in contemporary western culture [41]

Parameters	Living according to objective values, expectations, commitments	Living according to one's own subjective experiences
Sources of principles	Subordination to an external authority	Every individual is their own authority, doing what seems right
Roles in society	Identification with traditional social roles. Following established paths	Living life in keeping with one's own unique convictions and passions, following one's heart
Tasks to be performed	Virtue and good life are characterized in terms of sacrifice, self-discipline, and fulfilling one's duties properly. There is a tendency to disregard one's own feelings	Way of life is adjusted so as to best cater for one's unique needs, desires and capabilities. There is a need for self-expression, being true to oneself

Table 4. The subjective turn in spirituality [41]

Parameters	Traditional Christian religiosity	Spirituality without religiosity
Sources of principles	Living according to the rules established by a higher authority (God, the Church, Scripture). What one should believe in and how one should behave is given externally	Translating one's own experiences and beliefs into the professed values and resulting aspirations
Tasks to be performed	Fitting in: being faithful and obedient to God and the Church, to tradition. Performing one's duties	Searching for the kind of transcendence that suits one's unique inner self. Heading towards what is uniquely suited to the individual's unique situation
Roles in society	Not only approved by the religious community, but also sanctioned by God himself. By listening to the teachings and following rituals one can better fulfill one's roles, become a better mother, a more devoted pupil, a more obedient child	Progress in life is monitored through reference to one's personal, authentic, experience-based knowledge, one's own chosen path. Only within one's unique inner self can one find the answer to who one truly is, and who one can become

MANIFESTATIONS OF THE MASSIVE SUBJECTIVE TURN

It is easy to notice the way in which the culture of the West favors the focus on subjectivity. Ever greater attention is being placed on the student's wellbeing in education, on customer's satisfaction in trade, on the patient's welfare in medicine, on employee's personal development in the workplace, on audience needs in marketing, and on viewers' nostalgia in art and cinema (the phenomenon of *fan service*). Each of these changes involves turning away from the more hierarchical order of things, in which the teacher, producer, doctor, manager or author visions were unchallengeable, and whose orders were to be followed without question. For this reason those institutions that cater to the unique needs of more inwardly focused individuals are thriving, while those still functioning in the traditional mode of imposed solutions are fading. What is more, this is also leading to changes in spirituality (Table 4). The expression mind-body-spirit (or similar) has been widely adopted in bookstores, fitness centers, spas and medical offices. Advertisements for goods and services offered in these places combine health, leisure and beauty with existential experiences (*be the best version of yourself; discover life-giving energy*).

COMMON SPIRITUAL EXPERIENCES OUTSIDE OF THE RELIGIOUS CONTEXT

The subjective turn in spirituality may play a more important role in the move away from religious institutions than loss of faith. Some people, acknowledging the existence of a personal God, report an inability to experience their spirituality in religious institutions. Among those leaving the Church are many who, instead of transcendental experiences during religious services, feel boredom, lack of reference to everyday life [41]. According to some researchers, this

is a result of the fact that spiritual experiences may be accessed solely and exclusively to followers who are strongly and steadily committed to their practicing of religion [42]. On the other hand, when asked about spiritual experiences, some people list experiences connected to nature, interactions with other people, listening to music [41, 43]. This is why patients living in Western societies may prefer a more personalized spirituality available, for example, in support groups for people with similar illnesses [41, 44].

CONCLUSIONS

The analysis of the PTODM definition of spirituality compared to our own study indicates that the spiritual sphere should be understood very broadly. This is encapsulated well in a remark by one of the patients at the Pain Treatment Clinic: *Spirituality is how I live my life*. An increase in the number of patients not identifying with a specific religion due to the dominating mass culture and material prosperity should be expected in Poland. This is connected to societal changes in the direction of a departure from imposed principles, and reinforcement of subjectivity and individualism. For this reason, more and more chronic patients may search for spiritual support outside of the traditional religious organizations. A physician should therefore be able to recognize the individual beliefs, needs, desires and capabilities of the patient. After investigating the impact of an illness on the physical, mental and social spheres, they can also talk about spirituality, while avoiding the usage of phrases associated with religion. In other words, one can address issues of acceptance of limitations, interpretation of the meaning and purpose of life, relationships with oneself, other people, and the sacred, as well as moral attitude, while bearing in mind that this is understood by each person in their own way. Further research should be conducted on the changes taking place in patients' spirituality as

a result of chronic illness, so as to develop a model of spiritual care that the physician may provide for any patient suffering from chronic pain.

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