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Inner posture as aspect of global meaning in healthcare: a conceptual analysis

Elsbeth Littooi¹ · Guy A. M. Widdershoven² · Carlo J. W. Leget³ · Joost Dekker⁴

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Abstract

Based on our empirical research on global meaning in people with spinal cord injury and people with stroke, we formulated 'inner posture' as a concept in rehabilitation. Inner posture, as we concluded from our empirical data, refers to the way in which people bear what cannot be changed. It helps them to live with their injury. Considering that much has already been written about meaning from a variety of disciplines, the question arises whether the concept of inner posture adds something new to the existing literature, or is just another name for a phenomenon that has already been described before in different terms. In this paper, we aim to investigate this and to clarify our conceptualization, by comparing the concept of inner posture with influential concepts in healthcare literature which seem to be more or less related. In the work of Puchalski regarding spirituality, Pargament regarding religion, Eliott regarding hope and Frankl regarding attitude, we found definitions and descriptions that seemed to come close to the phenomenon we refer to as inner posture. Because these concepts have various theoretical backgrounds, the comparison can help to better understand our concept of inner posture, through a process of dialogue between traditions, following Gadamer's notion of dialogue as fusion of horizons of understanding. We conclude that inner posture differs from the other concepts in several ways. Some of these differences are more fundamental, other are partial. This suggests that we identified a new perspective on a phenomenon partially described earlier. The comparison also inspired us to slightly adjust our definition and to formulate new research questions.

Keywords Global meaning · Rehabilitation · Healthcare · Inner posture · Conceptual analysis · Spirituality · Religion · Hope · Attitude

Introduction

When a person encounters a stressful life event such as a life-threatening disease or an impairment that influences daily life considerably, adjustments need to be made in

various areas of life. These may include practical or vocational changes, or changes in social life. As a result, questions of meaning are likely to be evoked (Janoff-Bulman 1992; Pargament 1997; Park 2010, 2013). The experience of a life changing event confronts a person with discrepancies between how they thought their life was or should be, and how it actually is. This challenges the experience of the meaningfulness of life.

Over the last 3 decades, the importance of meaning as a resource for living with the consequences of a disease or impairment has been more and more acknowledged (Cobb et al. 2012; Park 2010; Wong 2012). Instruments have been developed to measure various aspects of meaning (Fegg et al. 2008; Mascaro et al. 2004; Schnell 2009; Steger et al. 2006). Based on a review, Park (2010) introduced a meaning-making model in order to structure the literature on meaning. In this model she distinguished two levels of meaning: situational meaning and global meaning. Situational meaning refers to psychological processes of meaning

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making in specific situations. Global meaning can be seen as the more fundamental, existential level of meaning (Littooij et al. 2015, 2016; Mooren 1997, 2011; Park 2010, 2013). Global meaning refers to a person's fundamental beliefs and life goals. It influences thoughts, emotions and behavior. When people try to find meaning in a stressful situation, they turn to their fundamental beliefs and life goals for support. Their global meaning provides a source of motivation and serves as a basis for dealing with the situation. The majority of the literature on meaning focuses on situational meaning [see for example the extensive literature on coping, including spiritual coping (Baldacchino et al. 2013a, b; Dawson et al. 2007; Kremer and Ironson 2014; Prouty et al. 2016), and meaning-focused coping (Folkman and Moskowitz 2007; Gruszczynska and Knoll 2015; Guo et al. 2013)], and not on the more fundamental level of global meaning.

In previous research regarding people with spinal cord injury and people with stroke, we identified five aspects of global meaning: core values, relationships, worldview, identity and inner posture (Littooij et al. 2015, 2016). *Core values* are fundamental beliefs about what is right, and life goals worthy to be pursued, giving direction to thoughts, emotions and behavior. *Relationships* refer to a connection between a person and others, e.g. children, a spouse, a therapist, or even a pet. Meaningful relationships and the experience of being connected are life goals. *Worldview* is a set of fundamental beliefs about life, death, and suffering, which structure people's ideas on how life events are related. *Identity* refers to fundamental beliefs about one's deepest self, providing people with a sense of belonging, uniqueness and self-worth. *Inner posture* refers to the way in which people bear what cannot be changed, which is an important goal in life. Inner posture includes an element of acknowledgement and an element of choice and action. It involves acknowledging the facts of life and choosing how to relate to them (Littooij et al. 2018). Four of these aspects (viz. core values, relationships, worldview, and identity) are regularly found in research regarding meaning, or stressful life events (Anderson and Whitfield 2013; Janoff-Bulman 1992; Koltko-Rivera 2004; Ownsworth 2014; Pargament 1997; Park 2010; Peter et al. 2012, 2014; Rokeach 1979; Tedeschi and Calhoun 1995). However, to the best of our knowledge, inner posture has not previously been identified.

Since inner posture is not mentioned in the literature, we have looked for similar concepts in literature on meaning and healthcare, in order to better understand the phenomenon it refers to. We identified four concepts that show resemblance to inner posture: spirituality, religion, hope, and attitude. These are complex and controverted concepts. Many researchers, philosophers, poets and mystics throughout time have written about and reflected on them in varying degrees of intensity. However, in the work of Puchalski regarding spirituality (Puchalski et al. 2009,

2014), Pargament regarding religion (Pargament 1997), Elliott regarding hope (Elliott and Olver 2002) and Frankl regarding attitude (Frankl 1992), we found definitions and descriptions of concepts that seemed to come close to the phenomenon we refer to as inner posture. In the present paper, we aim to clarify our conceptualization of inner posture, and to determine whether the concept of inner posture adds something new to the existing literature, by relating it to the abovementioned concepts, as presented by the abovementioned authors.

Gadamer's hermeneutics

Since our question is a hermeneutic one: 'what is this phenomenon, that we refer to as inner posture?', our approach in this paper is informed by Gadamer's notion of hermeneutic understanding. Gadamer's hermeneutics addresses knowledge, and the understanding of (historical) texts. His hermeneutics is informed by Plato's idea of the centrality of dialogue as the means by which we come to an understanding. In the line of Heidegger, he states that "all understanding is ultimately self-understanding" (Gadamer 2004, p. 251). He describes understanding as a dialogue between the interpreter and the text, in which ideally both parties are changed. He describes the essence of understanding as follows: "... understanding an expression means, ultimately, not only immediately grasping what lies in the expression, but disclosing what is enclosed in it, so that one now knows this hidden part also" (Gadamer 2004, p. 251). In this process, the interpreter does not only understand the meaning of the text, but comes to a better understanding of themselves as well.

Understanding, in Gadamer's idea, involves a 'fusion of horizons'. Each time, each text, each concept, and each interpreter has their own horizon of understanding. In understanding a (historical) text or a concept, the text or concept itself is involved, as well as the interpreter's comprehension of it. "Part of real understanding is that we regain the concepts of a historical past in such a way that they also include our own comprehension of them" (Gadamer 2004, p. 367). This requires a fusion of the horizons of the text and of the interpreter.

For Gadamer, a dialogue focuses not on a subjective understanding of the other party, but on the subject matter, on which both parties want to come to an agreement. In a true dialogue, both parties show openness and willingness to be changed. "To reach an understanding in a dialogue is not merely a matter of putting oneself forward and successfully asserting one's own point of view, but being transformed into a communion in which we do not remain what we were." (Gadamer 2004, p. 371).

Approach

In this paper, we intend to explore the phenomenon we refer to as inner posture, by initiating a dialogue between the concept of inner posture and four influential concepts in healthcare literature, as presented by specific authors. We acknowledge that each concept has its own horizon, or context. We describe our concept of inner posture, as well as the concepts of spirituality (Puchalski et al. 2009, 2014), religion (Pargament 1997), hope (Elliott and Olver 2002), and attitude (Frankl 1988, 1992), from within their contexts. After each description, we start with identifying communalities with our conceptualization of inner posture. Subsequently we identify differences between inner posture and the related concept in question, and investigate how each of the concepts sheds a different light on the issue at stake. Thus, we explore possible relationships between the concept in question and inner posture, aiming to foster a dialogue between inner posture and the related concepts and their respective traditions. The dialogue between the concepts and their traditions is intended to better understand the phenomenon of inner posture, and determine both its novelty and the relationship with more familiar notions.

Comparison of concepts

Inner posture

In 2012, our project titled ‘Searching for continuity: changes in global meaning in people with spinal cord injury or people with stroke’ started, in a Dutch rehabilitation center. This was a first exploratory study on global meaning in the field of rehabilitation and healthcare chaplaincy. Chaplains support people when the self-evident order of everyday life is broken; in situations of life and death, in the event of farewell and loss, in the case of experiences of great connection or of abandonment, and in ethical questions. They are proficient in dealing with life questions, meaning, spirituality and ethical considerations (VGVZ 2015). One of the goals of the project was to describe the content of global meaning in people with spinal cord injury and people with stroke. In this qualitative project, five aspects of global meaning were found: core values, relationships, worldview, identity and inner posture (Littooij et al. 2015, 2016), the latter being a new concept, not previously found in literature. The phenomenon respondents referred to, concerned the way they related to the facts of life: to the positive ones, but also to their injury, each in different ways. When confronted

with challenging consequences of their injury, respondents tended to encourage or to calm themselves with spiritual exercises such as prayer or meditation, or they reminded themselves of what they had learned earlier in life. For some, it involved relying on their identity as a strong person, or on core values such as taking responsibility for one’s actions and choices, or caring for other people. For others, it was connected to their relationships, reminding them that they still were loved and valued, or to their worldview, that for instance God challenges us to make the best of life and of ourselves. In most cases, this helped them to bear the challenges of living with spinal cord injury or stroke. The context of the rehabilitation center, being strongly focused on physical recovery, inspired us to choose a physical term to describe this phenomenon: inner posture. Significantly, during the interviews, the researcher observed that respondents often changed their physical posture, when referring to this non-physical (hence: inner) phenomenon.

Since the concept of inner posture was not found in existing literature, there is a need for further exploration. By comparing the concept to four other concepts which seem to address similar phenomena, we aim to get a better understanding of the concept and the phenomenon that it refers to.

Inner posture and spirituality

In 2004, the U.S. National Consensus Project for Quality Palliative Care defined eight domains of care, among which spiritual, religious and existential issues. The identification of spiritual care as an integral part of whole person care turned out to be difficult, due to a lack of models, practical tools, diagnostic criteria and interventions for spiritual distress. In 2009, a Consensus Conference was held in California, which aimed at exploring how these difficulties could be addressed. In this conference, a consensus definition of spirituality was developed. This definition, presented by Puchalski and others, is as follows:

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. (Puchalski et al. 2009)

In 2013, a global definition was developed in an International Conference on Improving the Spiritual Dimension of Whole Person Care:

Spirituality is a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose and transcendence and experience relationship to self, family, others, community, society, nature, and the significant or sacred. Spirituality

is expressed through beliefs, values, traditions, and practices. (Puchalski et al. 2014)

Searching for similarities between the concept of spirituality and the concept of inner posture, we see that both inner posture and spirituality seem to be relevant to life in general, but are foregrounded in stressful times. People turn to resources such as spirituality when the self-evidence of life is challenged and questions of meaning are evoked, in extremely negative or extremely positive circumstances (Puchalski et al. 2009). Inner posture concerns bearing all facts of life, the positive and the negative ones, but is specifically evoked in stressful circumstances such as a life changing disease or handicap (Littooij et al. 2015, 2016).

Another similarity is a combination of activity and receptivity in both spirituality and inner posture. Spirituality involves seeking and expressing meaning and purpose, and experiencing connectedness. Seeking and expressing seem to describe an active action, which the person may choose to undertake or not, whereas experiencing seems to point to a more receptive side of spirituality. Inner posture concerns bearing the facts of life. On the one hand, this involves actions, but it also entails receptivity, endurance and passivity.

In addition, spirituality is not an entirely internal aspect of humanity, but it is expressed through beliefs, values, traditions, and practices. Similar to spirituality, inner posture can be expressed and shown as well. That is, inner posture can be expressed in thoughts or behavior that may be strictly personal or may be shared with others, e.g. spiritual exercises such as prayer or meditation. When the expression of inner posture takes the form of spiritual exercises, it seems to overlap with the expression of spirituality.

However, there are differences as well. Spirituality is involved in seeking meaning and connectedness, whereas inner posture concerns 'bearing the facts of life'. This seems to suggest a difference in aim: spirituality aiming at seeking (meaning and connectedness) and inner posture at bearing (the facts of life). Nevertheless, seeking meaning and connectedness can be seen as a way of bearing the facts of life, amongst other ways. In that case, spirituality could be part of one's inner posture.

Besides that, the definitions of spirituality describe a relation to 'the moment, self, others, nature, and the significant or sacred' (2009) or 'self, family, others, community, society, nature, and the significant or sacred' (2013). Inner posture, however, is involved in (bearing) the facts of life. This suggests a difference in scope. The scope of inner posture are the facts of life, all facts of life, although particularly in more challenging circumstances. The scope of spirituality is one of transcendence. Spirituality is engaged

in seeking and expressing meaning and connectedness with entities transcending the mere facts of life, such as the moment, nature, or the sacred.

In addition, there seems to be a difference in temporal dimension between spirituality and inner posture. Seeking ultimate meaning, purpose and transcendence, spirituality seems to be engaged with the future, at the same time being engaged in the present, when experiencing connectedness with the moment, self, and nature. Spirituality can be expressed, amongst other things, through traditions. This suggests an orientation on the past as well. Inner posture on the other hand, is oriented on bearing the facts of life in the present. There is no possible way of bearing the facts of life in the past or in the future. Bearing always takes place in the present.

Another difference is that in spirituality connectedness or relationship is an important element. In this respect, there is a difference with inner posture, which is more personal and individual. Relationships are related to, but conceptually distinguished from inner posture, since both inner posture and relationships are aspects of global meaning.

Besides that, whereas inner posture is an attribute of the person, spirituality can also be evoked in or connected with certain situations, for example the experience of connectedness with nature. Inner posture is a personal and embodied concept, whereas in spirituality the context can also play a role. An experience requires a context in which the experience takes place.

Also, spirituality seems to exceed the individual level, in that it refers to an intrinsic aspect of humanity. This raises the question whether inner posture can also be seen as an intrinsic aspect of humanity, in the way that every person has an inner posture.

Finally, in spirituality, experience seems to play an important role. Through spirituality, people seek ultimate meaning, and experience relationship with self, others, or the sacred. Both seeking and experiencing seem to be equally important in the definition of spirituality. Experience is not mentioned in our definition of inner posture. This raises questions regarding the relation between inner posture and experience. A person's inner posture may be shaped by their experience, and be changed or adapted by it. The opposite is also possible: that a person's inner posture shapes their experience. However, these are questions that require more in-depth research and reflection, which would exceed the scope of this paper.

All in all, spirituality and inner posture seem to describe different, but related phenomena (see Table 1).

Inner posture and religion

Pargament describes religion in relation to psychological coping with stressful life events. He observes that, when

people are challenged by stressful life events, many tend to reflect on these events in religious terms. He emphasizes the role of religion when people are put to the test, and states that 'in periods of crisis religion can be intimately involved'.

When defining religion, he states that,

Religion can be seen as a process, a search for significance in ways related to the sacred. ... Religion offers people a pathway to follow in the search for significance. However different, all pathways involve feeling, thinking, acting and relating. ... In the face of crisis, we are guided and grounded by an orienting system. The orienting system is a general way of viewing and dealing with the world. It consists of habits, values, relationships, generalized beliefs and personality. ... While different religions envision different solutions to problems, every religion offers a way to come to terms with tragedy, suffering and the most significant issues in life. (Pargament 1997)

When we search for similarities between religion and inner posture, we see that both religion and inner posture are engaged in life in general, but are specifically evoked in challenging circumstances, albeit that religion, just like spirituality, is also engaged in peak experiences.

Besides that, both religion and inner posture have an expressive component: religion involves thinking and acting, generally taking the form of religious rituals, which corresponds to the prayer and meditation, and the reminding oneself of what one has learned earlier in life, that may be the expression of a person's inner posture. Some people express their inner posture in religious actions such as prayer, but others find their own secular ways. This suggests that religion may represent a broader context in which inner posture can function.

In addition, religion has an active as well as a receptive side. When religion is described as a process, a search, involving acting, and habits, this seems to indicate an active side of religion, which corresponds to the active bearing that inner posture entails. However, as bearing can also take a more receptive and passive form, religion seems to have a more receptive side as well: habits, personality, feeling and relating can be active as well as receptive or passive.

Considering the differences between religion and inner posture, we see a difference in aim: religion aims at searching (for significance) and inner posture at bearing (the facts of life). In some people, however, bearing can take the form of searching for significance, whereas in others it can take all kinds of different forms.

Another difference regards the orientation towards the sacred in religion. The scope of inner posture is the facts of life, whereas the scope of religion, the sacred, transcends the mere facts of life.

Also, religion is described as a general way of viewing and dealing with the world, including values, relationships, generalized beliefs and personality. Like in the case of spirituality, relationships are seen as being a part of religion. This is different in inner posture: relationships are conceptually distinguished from inner posture, as are values, and personality. Relationships, core values, worldview, identity and inner posture are all aspects of global meaning. In this respect religion seems to correspond with global meaning in general.

Besides that, religion offers a pathway external to the person, whereas inner posture is an intrapersonal phenomenon. Also, the form religion takes is often determined by the context in which it functions. It takes different forms in e.g. different cultures. In this respect religion is contextual, in that it is shaped by external influences, although it can take individually different personal forms as well.

Finally, there seems to be a difference in temporal dimension between religion and inner posture. Inner posture is concerned with bearing the facts of life in the present, whereas religion is also concerned with the past and the future. A search for significance in ways related to the sacred indicates an orientation on a desired future in which significance may be found. Often, this search is guided by rituals and lessons handed down by past generations or based on one's own experiences.

All in all, religion and inner posture seem to delineate related, but different phenomena (see Table 1). Religion seems to correspond to global meaning in general, and not to inner posture in particular.

Inner posture and hope

Hope is an important element in the rehabilitation context (Bright et al. 2011; Elliott 2005; Kautz 2008; Kennedy et al. 2009; Kortte et al. 2012; Parashar 2015; Soundy et al. 2014). Although there are various definitions of hope, a common understanding is that it influences rehabilitation outcomes (Kortte et al. 2012) and psychological adjustment (Hole et al. 2014; Kennedy et al. 2009; Parashar 2015). One of the researchers on hope, although not in rehabilitation, is Elliott. Elliott studied the use of the word hope and its derivatives in the language of people with cancer. She describes hope as

a personal attribute gained through connection with others. It enables individuals to resist despair. ... Hope is a dynamic resource that assists patients to cope better and to find meaning in their experiences. Some suggest that hope is prompted by, and inextricably linked with, negative events such as the presence or threat of loss or despair, simultaneously offering the resources to overcome or endure these. (Elliott and Olver 2002, 2009)

Elliott distinguishes between hope-as-noun and hope-as-verb, and states that

hope-as-verb positions the patient as actively engaged in their circumstances, working to establish and confirm patients' agency, and to facilitate the envisaging of a possible positive future. It implies an active occupation in the present time, but the focus might be on another time or another life, either the patient's or that of a loved one. (Cobb et al. 2012; Elliott and Olver 2002)

When we compare hope and inner posture, we find that both seem to be helping people to live with whatever life brings them. The scope of both hope and inner posture regard the facts of life, albeit that hope focuses more on challenging facts, whereas inner posture involves positive as well as negative facts of life.

Besides that, hope-as-verb is described as active, and confirming patients' agency, but it may also take a more receptive and passive form of hoping and waiting. This resembles the active as well as receptive forms inner posture may take.

Finally, a partial similarity between hope and inner posture is, that hope-as-noun seems to be more of an attribute of the situation, whereas hope-as-verb can be seen as an attribute of the person. A person may hope (verb) something, or there may be hope (noun) in a certain situation. Hope-as-verb resembles inner posture in that both can be seen as personal and embodied concepts. In this respect hope seems to be both personal and contextual, whereas inner posture is also personal, but not contextual, since it is not an attribute of the situation. Also, a person's inner posture denotes a tendency to act (or refrain from acting) in a certain way, that is the same in different contexts, and not defined by the situation.

A difference between hope and inner posture is, that hope seems to be aimed at a change of the present in favor of a better future, and inner posture is focused on bearing the facts of life in the present moment, or in general. This suggests a difference in aim: hope aims at change and inner posture aims at bearing. It also points to a difference in temporal dimension. Inner posture is engaged in the present, whereas hope can be oriented to the present, but may also be concerned with another time, and a possible positive future.

This future may be the patient's own future, or that of a loved one (Elliott and Olver 2002), which suggests that connectedness and relations are important in hope. This suggestion is supported by the fact that hope is described to be gained through connection with others. Connectedness with other people seems to be an important aspect of hope, whereas inner posture is more individual, as we have also seen in the comparisons with spirituality and religion.

Finally, hope enables individuals to resist despair and it assists patients to cope better and to find meaning in their experiences. Hope is described to be elicited in circumstances of loss and despair. Inner posture, however, plays a role in life in general, although it is foregrounded in stressful times.

All in all, hope and inner posture seem to address different but related phenomena (see Table 1).

Inner posture and attitude

A well-known statement of Viktor Frankl is:

the last of human freedoms is to choose one's attitude in any given set of circumstances. (Frankl 1992)

Being imprisoned in a concentration camp in World War II, he had seen people suffer, had suffered himself and reflected on the differences between prisoners who were and those who were not able to bear the horrors of the concentration camp life. He concluded that it was the attitude of the prisoner in question that made the difference. After the war, he developed logotherapy, a form of existential analysis, aimed at supporting people in finding meaning in life. He says that

a human being, by the very attitude he chooses, is capable of finding and fulfilling meaning in even a hopeless situation.

He states that

there are three pathways to meaning: (a) giving or contributing something to the world through our work, (b) experiencing something or encountering someone, and (c) choosing a courageous attitude toward unavoidable suffering.

According to Frankl, the attitude a person can choose is related to pain, guilt and death (Frankl 1988).

Linguistically, attitude is more or less a synonym for (inner) posture. Nonetheless, when we focus on content and use of both concepts, we see similarities as well as differences. Frankl speaks of any given set of circumstances, which resembles all facts of life that inner posture is concerned with. However, while inner posture is explicitly involved in positive as well as negative facts of life, attitude is specifically mentioned in relation to (unavoidable) suffering. In his elaboration on the subject, Frankl focuses on the domains of pain, guilt and death. This seems to indicate a partial difference in scope: negative facts of life such as pain, guilt and death (attitude) versus all facts of life (inner posture).

However, there are more similarities. Both inner posture and attitude are engaged in the present moment. It is impossible to choose an attitude in the past or the future, as it is

impossible to bear the facts of life in other times than the present.

Another similarity is, that both are not contextual but personal: it is not the situation that defines the shape of the attitude or inner posture, it is the person that has or chooses a certain attitude or inner posture. Furthermore, the attitude a person chooses, or a person's inner posture, are their own. A person's attitude or inner posture is not directly related to other persons. In this respect, connectedness is not central to attitude nor to inner posture. Besides that, both attitude and inner posture aim at bearing whatever a person may encounter. And they do so by choosing how to relate to the facts of life (inner posture) or by choosing their attitude in any given set of circumstances (attitude).

There are also differences between attitude and inner posture. Choosing an attitude is described as an action, whereas choosing involved in inner posture may take more receptive and passive forms as well. Besides that, choosing is not a characteristic of attitude, it precedes the chosen attitude. This implies that the possible attitude that can be chosen seems to be more of a predefined object than is the case with inner posture. One can choose an attitude. This suggests that there are different attitudes that can be chosen, which is supported by Frankl's use of the plural (attitudes to pain, guilt and death) in his later work. Obviously, the question of how much we choose our attitudes and how we come to them is a very complex matter, that exceeds the scope of this paper. While Frankl states that a person can choose their attitude, inner posture may be seen as an intrinsic personal feature, which implies that it is not something that can be simply chosen, but is likely to be formed and developed during the life span.

All in all, attitude and inner posture seem to describe closely related phenomena that slightly differ (see Table 1). The comparison raises questions on how an inner posture is acquired and on how easily it is chosen or changed.

Discussion and conclusion

In this paper, we reflected on a phenomenon we identified in our research project regarding global meaning in the rehabilitation of people with a spinal cord injury or stroke. We used the term inner posture to describe this phenomenon, and originally defined it as follows:

Inner posture refers to the way in which people bear what cannot be changed, which is an important goal in life. Inner posture includes an element of acknowledgement and an element of choice and action. It involves acknowledging the facts of life and choosing how to relate to them. (Littooij et al. 2016, 2018)

We related our concept to four widespread and influential concepts found in healthcare literature: spirituality (Puchalski

et al. 2009, 2014), religion (Pargament 1997), hope (Elliott and Olver 2002), and attitude (Frankl 1988, 1992).

We described the concepts from within their contexts and compared them on different points, derived from the specific characteristics of the different concepts, as presented by these specific authors. All five concepts are developed by different disciplines in different domains of healthcare. Frankl is an exception in that his initial idea for developing a theory on attitude originated in his experiences in a concentration camp. But his elaboration on the concept took place in the field of psychotherapy, helping people who suffered from psychological and psychiatric problems.

This comparison shows that there are several similarities and differences between inner posture and the other concepts.

All concepts are involved in helping people to live or to cope with the consequences of stressful life events. Inner posture, spirituality and religion are also involved in positive life events, whereas hope and attitude are more restricted to situations of loss, despair or suffering. Inner posture and attitude differ from spirituality, religion and hope in aim (bearing vs seeking/searching or change), the role of connectedness, a personal or contextual perspective, and in temporal dimension. Regarding scope, the difference between inner posture and hope and attitude is only partial, whereas the differences with spirituality and religion are more fundamental (facts of life vs. transcendence). Both inner posture and spirituality and religion show an expressive element, which hope and attitude do not.

All in all, inner posture and attitude show most similarities, differing only partially on scope and eliciting experiences and more fundamentally in that attitude seems to show no receptive side and no expressive component. This is summarized in Table 1.

All this seems to suggest that with inner posture, we found a new perspective on a phenomenon partially described earlier by other concepts. The comparison evokes insights regarding inner posture that we did not see that clearly before, such as the receptive side of inner posture and its expression. In line with Gadamer's idea of transformation as a result of dialogue, these new insights give rise to reconsider our initial definition of inner posture and to slightly adjust it, taking into account elements which were made explicit through the comparison with the other concepts. This leads us to propose the following adaptation of our definition of inner posture:

Inner posture refers to the way in which people bear what cannot be changed. It involves acknowledging the facts of life and relating to them. Inner posture can be expressed in thoughts or behavior that may be personal or shared with others in, for example, spiritual or religious practices.

Table 1 Overview of similarities and differences between inner posture and the other concepts

	Inner posture	Spirituality (Puchalski)	Religion (Pargament)	Hope (Elliott)	Attitude (Frankl)
Context	Rehabilitation	Palliative care	Trauma care	Healthcare	Concentration camp
Discipline	Chaplaincy and other disciplines	Various disciplines	Psychology	Social sciences	Psychotherapy
Aim	Bearing	Seeking/searching	Seeking/searching	Change	Bearing
Scope	Facts of life (positive as well as negative)	Transcendence (moment, self, nature, sacred)	Transcendence (the sacred)	Facts of life (negative)	Facts of life (negative)
Connectedness	No	Yes	Yes	Yes	No
Personal/contextual	Personal	Both personal and contextual	Both personal and contextual	Both personal and contextual	Personal
Active/receptive	Both active and receptive	Both active and receptive	Both active and receptive	Both active and receptive	Active
Expression	Yes (prayer, meditation, reminding)	Yes (beliefs, values, traditions, practices)	Yes (rituals)	No	No
Temporal dimension	Present	Past, present and future	Past, present and future	Present and future	Present
Eliciting experiences	Life in general, but foregrounded in stressful times	Life in general, but foregrounded in stressful times and peak experiences	Life in general, but foregrounded in stressful times and peak experiences	Loss or despair	(Life in general, but specifically) unavoidable suffering

The differences with the former definition are (1) that the element of choice and action is deleted, to give room to the possibility of the more receptive element; and (2) that the expression of inner posture is added.

The comparison of inner posture with other concepts raises questions that ask for future research, in order to enhance our knowledge of the phenomenon it describes: How is inner posture acquired or developed (as a result of the comparison with attitude)? Is it an aspect of humanity, in the sense that every human being has an inner posture (as a result of the comparison with spirituality)? Is an inner posture something individual, or is it possible to identify certain types of inner postures (as a result of the comparison with attitude, and the possible relevance of spiritual or religious practices for the expressive component of inner posture)? What is the relation between inner posture and experience (as a result of the comparison with spirituality); and what is the relationship with choosing or choice (as a result of the comparison with spirituality and attitude)? (How) can inner posture be changed (as a result of the comparison with spirituality and attitude)?

Conclusion

In the comparison of our concept of inner posture with spirituality (Puchalski), religion (Pargament), hope (Elliott), and attitude (Frankl), we found that inner posture differs from the other concepts in several ways. Some of these differences are more fundamental, other are partial. This suggests

that we identified a new perspective on a phenomenon partially described earlier in the literature. The comparison also inspired us to slightly adjust our definition and to formulate new research questions. All in all, we gained more insight in the concept of inner posture as an important element of global meaning. This may contribute to improving healthcare by addressing an important aspect of life that can help people make the best of life in difficult circumstances.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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