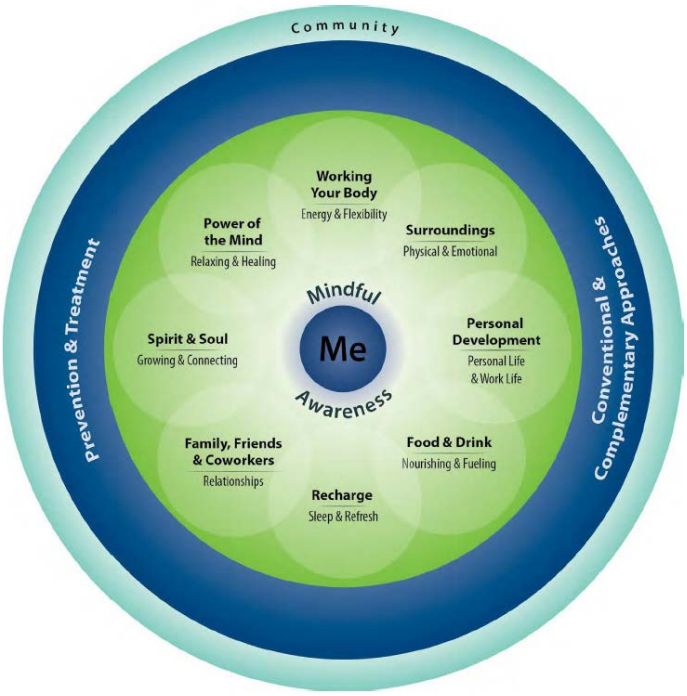
WHOLE HEALTH: CHANGE THE CONVERSATION

Advancing Skills in the Delivery of
Personalized, Proactive, Patient-Driven Care

Spirit and Soul
Educational Overview



This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the *Components of Proactive Health and Well-Being*. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.

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The twenty-first century will be all spiritual or it will not be at all. —André Malraux

Vignette: Eric

During your typical hospital workday, you stop in to see Eric, a 29-year-old father of three. Eric was admitted with pneumonia yesterday after he failed a trial of oral antibiotics. He is steadily improving and will likely be discharged in a few days.

Eric is a Veteran of Operation Enduring Freedom. He was honorably discharged after being shot in the left leg. His leg was saved by a vascular surgeon, but he was told that he will walk with a limp for the rest of his life. When you ask him how his leg is doing, he mentions that it is not so much his leg wound, but "all the other wounds that no one can see" that hurt him the most.

You ask him what he means, and he just shrugs his shoulders, saying, "Never mind. It's okay. I know you are really busy. I don't want to keep you."

Eric's wife, Julie, who is in the room with him, mentions that one of the most important things in Eric's life before he left for Iraq was his faith. He was involved with his church, and he was "very spiritual." When you ask what she means, she tells you that he used to get a lot of strength from praying, was always very kind and helpful to others, and was a very hopeful and grateful person. "Now," she says, taking a quick sideways glance at her husband, "things are just kind of different."

Eric nods his head and looks away.

Mindful Awareness Moment
Responding to Eric and Julie

Take a moment to consider how you would respond to Julie's concerns about Eric. Options could include:

- Not pursuing the topic further because you feel uncomfortable
- Telling them to discuss this with his primary care clinician
- Calling in someone from Eric's religious community, if possible
- Asking the hospital chaplain for help
- As time allows, exploring spirituality in greater depth, either now, after you have completed rounds, or at some other point
- Some combination of the above
- Something else not listed here

Which answers did you choose, and why?

Introduction

Different clinicians choose to approach the topic of spirituality with their patients in different ways. How you choose to approach concerns such as those brought up in the vignette about Eric and Julie will be informed by many factors, including:

- Your own personal beliefs and perspectives surrounding spirituality, and how those have been shaped by your personal experiences and self-exploration. This is not to imply that all clinicians must have a specific perspective, or that it is appropriate to encourage others to share their beliefs. Nevertheless, it may be helpful, when working with patients, to have thought through your own ideas surrounding such questions as why there is suffering, or what happens (or does not) after a person dies. To explore your beliefs in greater depth, see the clinical tool, Assessing Your Beliefs about Whole Health.
- Your level of awareness about research related to spirituality, religion, and health. This is discussed in more detail below.
- How much time you have. Time constraints can be a challenge, especially on a busy inpatient service.
- Your comfort level.
- Knowledge of the resources available to you in your practice, ranging from hospital chaplains and local clergy to online and printed resources focusing on spirituality and health.

Regardless of your perspective, paying attention to "spirit and soul" will enhance your ability to offer personalized, proactive, and patient-driven care to your patients, including those, like Eric, with "invisible wounds."

Spirituality Matters

Spirituality fits into the Whole Health approach to care in many ways:

- It is at the core of many Veterans' Whole Health missions. Spirituality, in its broadest sense, may encompass many of the reasons why each of us wants our health in the first place.
- Spirituality is an important (and often neglected) element of proactive self-care. It has its own green circle in the Circle of Health, as an area of proactive self-care. At the same time, it informs the entire Whole Health process.
- Spirituality informs any conversation about meaning, values, suffering, death, or life purpose. Such conversations are intrinsic to work in health care.
- As a fundamental aspect of human experience, spirituality informs many approaches to care, particularly those classed as complementary and alternative medicine (CAM).

In this module, you will have the opportunity to review some of the latest research surrounding spirituality and religiosity and health. It is clear that both have a significant effect. A 2011 meta-analysis compared health effects of high levels of spirituality and religiosity to the effects of a number of other preventive health measures.[1] The authors

reported an 18% reduction in mortality for people who report being religious and/or spiritual. They noted this is equivalent to the benefit that consuming fruits and vegetables has for preventing cardiovascular events. In fact, having high levels of religiosity/spirituality (which is defined differently in different studies), led to a greater overall health benefit than:

- Air bags in automobiles
- Taking angiotensin receptor blockers for chronic heart failure
- Screening for colorectal cancer using fecal occult blood testing
- Prescribing statin therapy for people without heart disease
- Out-of-hospital defibrillation.

This is not to downplay the importance of those other interventions. It is also worth noting that in the research, spirituality may not have as much of an impact on health (based on research statistics) as some other positive behaviors, such as exercising, quitting smoking, and getting a yearly flu vaccine. The point is that spirituality does have important and measurable health benefits.

What is Spirituality? What is Religion?

Just as a candle cannot burn without fire, men cannot live without a spiritual life. -Buddha

Before focusing more on research that might inform your practice, it is important to clarify some definitions. Roger Walsh, MD, author of *Essential Spirituality*, defines spirituality as the "…direct experience of the sacred."[2] Fred Craigie, PhD, who teaches widely about spirituality in medicine, defines spirituality simply as, "What life is about." Religion, in contrast, has been described as "…a body of beliefs and practices defined by a community or society to which its adherents mutually subscribe."[3] As you work with patients, keep in mind that among all U.S. adults, 83% subscribe to a religious tradition. Roughly 78% are Christian, 5% are other religions (Jewish, Buddhist, Muslim, Hindu), and 16% are unaffiliated (atheist, agnostic, or "nothing in particular"). The last 1% say they "don't know" their religion or refused to answer. [4]

As the sage Prabhushri put it, "Religion is a bridge to the spiritual, but the spiritual lies beyond religion."[5] Some people will note that they are spiritual without being religious. Others will describe religion and spirituality, for them, as being inextricably connected. Of course, there is no expectation that you, as a clinician, need to be spiritual or religious, or that your spiritual and religious paths be similar to your patients' in order for you to be able to offer them personalized, proactive, and patient-driven care.

Ultimately, the definition of spirituality is highly individualized; each of us experiences the sacred in different ways. This is even true for people who belong to the same religion. Keeping the definitions of spirituality and religion general allows for a great deal of leeway. It is inclusive, which is essential if Whole Health care of "spirit and soul" is to be truly personalized to the needs of any given patient.

Mindful Awareness Moment
Aspects of Spirituality

Consider the six descriptors of spirituality listed below. These are not mutually exclusive. A person's spirituality may encompass none, some, or all of them.

1. Religious spirituality—closeness and connection to the sacred as described by a specific religion. It fosters a sense of closeness to a particular Higher Power. Note that the other elements of spirituality listed here are common to many different religious traditions.

2. Humanistic spirituality—closeness and connection to humankind. It may involve feelings of love, reflection, service, and altruism.

3. Nature spirituality—closeness and connection to nature or the environment, such as the wonder one feels when walking in the woods or watching a sunrise. This is an important focus for many traditional healing approaches.

4. Experiential spirituality—shaped by personal life events; it is influenced by our individual stories.

5. Cosmos spirituality—closeness and connection to the whole of creation. It can arise when one contemplates the magnificence of creation or the vastness of the universe (e.g., while looking skyward on a starry night).

6. Spirituality of the mysterious—there is much that we simply cannot know or understand; perhaps it is not possible to fully grasp or know, and we must allow for the unknowable.

Which, if any, of these descriptions resonate most with you? Would it be helpful to consider these different aspects when discussing spirituality with patients? Can you think of other aspects not listed above?

There are numerous other definitions of spirituality. A number of these are presented below. Take a moment to read them and determine which ones are most useful to you.

Defining Spirituality

Spirituality may be thought of as that which gives meaning to life and draws one into transcendence, to whatever is larger than or goes beyond the limits of the individual human lifetime. Spirituality is a broader concept than religion. Other expressions of spirituality may include prayer, meditation, being in community with others, involvement with the natural world, or relationship with a transcendent reality.[6]

Spirituality is the personal quest for understanding answers to ultimate questions about life, about meaning and about the relationship with the sacred or the transcendent which may (or may not) lead to or arise from the development of religious rituals and the formation of the community.[7]

Spirituality is distinguished from all other things—humanism, values, morals, and mental health—by its connection to that which is sacred, the transcendent. The transcendent is that which is outside of the self, and yet also within the self—and in Western traditions is called God, Allah, HaShem, or a Higher Power, and in Eastern traditions may be called Brahman, manifestations of Brahman, Buddha, Dao, or ultimate truth/reality. Spirituality is intimately connected to the supernatural, the mystical, and to organized religion, although also extends beyond organized religion (and begins before it). Spirituality includes both a search for the transcendent and the discovery of the transcendent and so involves traveling along the path that leads from nonconsideration to questioning to either staunch nonbelief or belief, and if belief, then ultimately to devotion and finally, surrender. Thus, our definition of spirituality is very similar to religion and there is clearly overlap.[8]

Spirituality is a complex and multidimensional part of the human experience. It has cognitive, experiential and behavior aspects.

- *The cognitive or philosophic aspects include the search for meaning, purpose and truth in life and the beliefs and values by which an individual lives.*
- *The experiential and emotional aspects involve feelings of hope, love, connection, inner peace, comfort and support. These are reflected in the quality of an individual's inner resources, the ability to give and receive spiritual love, and the types of relationships and connections that exist with self, the community, the environment and nature, and the transcendent (e.g., power greater than self, a value system, God, cosmic consciousness).*
- *The behavior aspects of spirituality involve the way a person externally manifests individual spiritual beliefs and inner spiritual state.*[9]

The nomadic gatherer-hunters live in an entirely sacred world. Their spirituality reaches as far as all of their relations. They know the animals and plants that surround them and not only the ones of immediate importance. They speak with what we would call "inanimate objects," but they can speak the same language. They know how to see beyond themselves and are not limited to the human languages that we hold so dearly. Their existence is grounded in place, they wander freely, but they are always home, welcome and fearless.[10]

It may be that exploring the relationship between spirituality and Whole Health is more about asking questions than providing answers. Perhaps it is more about providing a context for exploration and helping people discern what they need—and whom they need—to accompany them on their paths. As Rachel Remen puts it in her book, *Kitchen Table Wisdom*:

> *I have come to suspect that life itself may be a spiritual practice. The process of daily living seems able to refine the quality of our humanity over time. There are many people whose awakening to larger realities comes through the experiences of ordinary life, through parenting, through work, through friendship, through illness, or just in some elevator somewhere.* [11]

The Context – What Do Patients and Clinicians Believe?

> *We are not human beings having a spiritual experience, we are spiritual beings having a human experience.*
>
> —Pierre Teilhard de Chardin

Patients and spirituality

According to Gallup Polls, 91% of Americans believe in God or a universal spirit.[12] Over the last 20 years, a consistent 54-58% of respondents note that they consider religion to be "very important" to them. According to a Mayo Clinic study from 2001, 94% of all patients regard their spiritual health to be as important to them as their physical health.[13] Forty percent of elderly patients rely on faith for coping with illness,[14] and each year, at least 25% of patients use prayer for healing.[15]

Clinicians and spirituality

Physicians also report a strong spiritual connection. Various surveys indicate that 64-95.5% of physicians believe in God.[9] Seventy-nine percent of family physicians identified themselves as "very" or "somewhat" strong in their spiritual beliefs.[16] A survey found that 96% of family physicians feel spiritual well-being is a factor in health.[6] In one survey, 85-90% of physicians reported that it was important for them to be aware of their patients' spiritual orientation.[17]

In another survey with over 1,200 physician respondents, 55% reported that their religious beliefs influenced how they practice.[18] These physicians were twice as likely to describe themselves as being spiritual without being part of a specific religious group, in comparison with the general population (20% versus 9%) and twice as likely to "handle major problems in life *without* relying on God" (61% of physicians versus 29% of people in general).

Studies related to non-physician clinicians and spirituality are not as easy to find. A survey of 774 trauma professionals (including nurses, physicians, and others) found that nearly 20% of them (compared to 57% of a sample of 1006 members of the general public) believed that someone in a persistent vegetative state can be saved by a miracle.[19] A

majority of a sample of 5,500 British social workers acknowledged that spirituality is "a fundamental aspect of being human,"[20] and many academic social workers mention the need for social work students to have more training in the area of spirituality.

Opinions about spirituality in medical settings

How might the research on spirituality and religion among practitioners and patients inform health care encounters?

- Seventy-seven percent of patients surveyed in one study believe that physicians should consider their spiritual needs as a part of medical care, and 37% want their physician to discuss their beliefs in more detail.[21]
- In a survey of 177 outpatients in a pulmonary clinic, two-thirds said they would welcome questions about spirituality in a medical history. Sixteen percent said that they would not.[22]
- A survey of 456 patients found that one-third wanted to be asked about their religious beliefs during visits and two-thirds felt their physicians should be aware of their beliefs.[23] Twenty-eight percent of people said they would want their physician to pray silently with them.
- The sicker people are, the more they seem to want their physicians to discuss spirituality. A 2001 study found that 19% of a large sampling of patients wanted it to be discussed in a routine office visit, 29% would want it if they were in the hospital, and 50% would want it at the end-of-life.[23]

However, for all these survey results, clinicians' incorporation of spirituality into care is limited. Most of the research involves doctors and nurses. In one survey, 80% of respondents reported their physicians "rarely" or "never" discuss spiritual or religious issues.[23] A 2006 study found that nurses are very skilled at identifying patients' spiritual needs but do not necessarily have the skills and resources to respond to those needs once they identify them.[24]

There are several reasons why this might be the case. When asked about barriers to doing spiritual assessments, clinicians responded as follows:[25]

- 71% noted lack of time as an issue
- 59% cited lack of experience
- 31% were unsure that it was part of their role

How might clinicians respect patients' wishes, while also respecting their own comfort levels with spiritual topics?

Taking a Spiritual History… and Beyond

> *Rather than a coercive responsibility, conducting a spiritual assessment and offering spiritual support are similar to eliciting a social history and empathizing after the delivery of a negative diagnosis. They provide yet another way to understand and support patients in their experience of health and illness.*[26]

According to Puchalski and colleagues,[27] the goals of the spiritual history include the following:

- Learn (and share as appropriate) about spiritual and religious beliefs
- Assess spiritual distress or help them draw upon their strengths
- Provide compassionate care
- Assist with finding inner resources for healing and acceptance
- Determine spiritual/religious beliefs that could affect the treatment choices
- Identify whether or not someone needs a referral to a chaplain or other spiritual care provider.

Perhaps one of the most fundamental aspects of incorporating spirituality into care is to ask the necessary questions. There is no requirement that a clinician agree with a patient's beliefs, but it is certainly of benefit to know what those beliefs are and how they might support improvements in health. In fact, many who write about spirituality and health argue that, when it comes to this topic, asking questions is much more important than having answers. There are many ways to gather a spiritual history during a conversation with a patient.

To guide clinicians with lines of inquiry regarding spirituality, a number of assessment tools have been created. These include an array of mnemonics, including FICA,[28] HOPE,[9] FAITH,[29] and SPIRIT,[30] which were ranked among the best of 25 different assessment scales assessed in a 2013 systematic review.[31] These tools and several others are outlined in the clinical tool entitled, Spiritual Assessment Tools. You are encouraged to choose one method and come to know it well. Practice using it as appropriate when you are exploring spirituality with your patients. One tool, which is designed to highlight key topics in the spiritual care of Veterans, is the I AM SECURE mnemonic, featured in Table 1. It covers multiple topics, and clinicians can choose which ones are most relevant to any given patient encounter.

Table 1. The I AM SECURE mnemonic	
Item	**Sample Questions and Comments**
Impact of military service	Did your experiences in the military affect your spiritual or religious beliefs? If so, how? This may bring up issues related to moral injury, an important topic in the treatment of PTSD.
Approach to your spirituality in a medical setting	How do you want members of your care team to approach this topic? Do you prefer that they bring up spirituality and religion, or would you rather they did not?
Meaning in life	What gives you your sense of meaning and purpose? What really matters to you? What are your guiding principles? Of course, this ties into the fundamental questions related to the Whole Health approach. What do you want your health for?
Spirituality – definitions and practices	What does spirituality mean to you? What are your most important beliefs and values? If spiritual practices are a part of your life, describe what those practices are and how they are linked to your health. This can often be a useful topic when a person does not have a specific religious affiliation.
Ease – sources of peace	What gives you ease? What helps you through when times are hard? What gives you hope or peace of mind? This question draws on the potential connection between mindful awareness, contemplation, and prayer, to spirituality.
Community	Do you belong to a specific faith community or religious group? Not everyone will, but the answer to this question can have a significant effect on health care beliefs and wishes.
Understanding of why this is happening	What do you believe is the cause of your health problems? Why do you think this is happening? Answers to such "why" questions can often give you a clue into potentially helpful health planning steps
Rituals, practices, and ceremonies	Are there specific activities or ceremonies you would like to have arranged during hospital stays, or any beliefs that will affect how we take care of you? (Examples might include refusing blood transfusions, eating kosher, or wanting to fast for Ramadan.)
End of life	What are your perspectives on death? How do your beliefs affect your decisions about end-of-life issues? A discussion of code status might also be relevant here.

If you only have time to ask one specific question about spirituality, consider the following:

What gives you your sense of meaning and purpose?

The answers may surprise you, and they add depth and richness to conversations with patients. A number of answers have been reported by various clinicians who have asked this question:

- My faith
- My community
- Connections: My family, my life partner, my children, my friends, my pets, my community
- My meditation practice
- My work
- Doing good for others: volunteer work, donating to charities, etc.
- Travel and experiencing new places
- Creative pursuits: my music, my dancing, my writing, my photography.

This one question can often take you to the heart of why health matters to a person. It is a "way in" as you work with patients to define their personal health missions.

Back to Eric

You ask Eric a series of questions, loosely based on some of the most relevant topics covered in the I AM SECURE mnemonic (see Table1 above). As you will see by the order of the highlighted letters at the beginning of each question, these are not framed in a specific order, but rather, they weave into the flow of the conversation.

***Meaning*. Tell me about your spiritual beliefs. What gives your life meaning?**
I grew up in a very religious family. We went to church every Sunday, and I always enjoyed it. I was one of those kids who read the Bible out of interest, not because anyone made me. I used to pray every night before bed, up until recently. Protecting others gives my life meaning. Doing good for people, whether they are people I love or people I hardly know, makes me feel like I matter. My three children and my wife matter most.

***Impact of military service.* It sounds like part of going into the Marines was because it tied in with your beliefs. Can you tell me more about that?**

I went into the Marines proud to be a soldier. I wanted to help people. I felt it was the way I could make the most difference. Then, I killed someone. It was actually the guy who shot me in the leg. He also killed one of my buddies. Even though it has been several years since it happened, I still see his face almost every night when I start to fall asleep. There are so many emotions. I am so angry. I feel guilty that my buddy died. I can't understand why I survived. But it's weird—I am also mad that my leg is messed up forever. Sometimes I wonder if this is my punishment for killing him.

Mindful Awareness Moment

At this point, it might be tempting to move on through the interview using a set list of questions, but pause first. Reflect on how you would respond to what Eric tells you. Cosider responding in one of the following ways:

- **Validate Eric's feelings**. "I can understand why you feel…" This is especially important, because Eric has just revealed extremely personal information. To say nothing could feel like a breach of trust to him.
- **Acknowledge the difficulty**. "It sounds like this has been very difficult…" It is important to recognize that Eric carries this with him every day.
- **Ask how he copes with it**. "What helps you handle these challenges? What gets you through the day? What else would be helpful to you?" This can help to identify and invoke a Veteran's own beliefs/and resources for addressing these concerns.
- **Consider whether or not it is appropriate to refer him** for additional mental or spiritual health support. "I am wondering, as I hear you describe this, if it would help for you to talk to someone who is very skilled with working with people in your situation…" Be careful not to allow it to seem as though you are "turfing" him to someone else.

As we move through the other questions, consider how you could respond in a similar fashion to other statements that Eric makes.

***Rituals, practices and ceremonies*. Do your beliefs influence how you take care of yourself? How?**

I always believed it was important to take care of the body and the spirit, and every other part of me. I don't smoke, and I don't drink very much, because I honor my body. But in combat, you're trying to destroy someone else before they destroy you, you know? I am trying to wrap my head around that. It's like my faith is just not as strong as it used to be.

***Community*. Are you part of a spiritual or religious community? Is this of support to you? How?**

A guy at church heard the story of what happened to my leg, and he came up to me and patted me on the back. He said it was good that I did God's will and taught the guy who shot me a lesson. Another time, a woman from church asked me how I could bear to live with the knowledge that I had killed other people. Both times, I didn't know what to say. I have been avoiding church, because I just don't feel very worthy of God's love right now, and I don't want to talk to anyone else about being in Iraq. They checked me out and said I am not depressed or anything, but I feel like something's not right.

***Approach to this in a medical setting.* How should we draw these issues into your care? Can we explore these issues more?**

I don't know. My beliefs are fundamental to who I am, so I can't leave them out. I guess we can explore this more, depending what you have in mind.

These answers are powerful. In just a few minutes, the conversation has shifted into a much deeper place.

What Does the Research Tell Us About Spirituality and Health?

> *One should not be surprised that any effect of ritual, meditation, prayer, or potentially any other religious or spiritual practice would express itself through physical mechanisms. Religiosity/spirituality, like all of reality, is multileveled or stratified. As a result, multiple methods must be utilized to investigate the R/S aspect of reality. Looking for and identifying mechanisms at the physiological or biological level of reality that might underlie any relationship between R/S and health (physical or mental) would not, in a stratified world, eliminate other mechanisms working at other levels, such as the psychological, social, or theological.*[34]

The "Mechanism of Action" for the Positive Benefits of Spirituality[34,35]

A number of physiological mechanisms explaining the health benefits of spirituality and religiosity have been suggested by the research:

- Prayer and meditative states activate the prefrontal structures of the brain.
- They increase blood flow to the frontal cortices, cingulate gyrus, and thalami.
- They decrease flow to the superior parietal cortices. When this occurs, people have a loss of their sense of "self" having physical boundaries or limits.
- The prefrontal cortex contains a dopamine system. Higher dopamine levels correspond with a higher level of religiosity. Those with loss of dopamine (e.g., people with Parkinson's disease) lose their religiosity and spirituality.
- The left hemisphere overall is positively affected. There is a link with this activation and immune response.
- Affirmation of one's values and beliefs lowers cortisol (and neuroendocrine stress) levels.
- The frontal lobes house areas that are more active when one engages in prosocial behaviors like perspective taking, empathy, and forgiveness.
- In addition spiritual beliefs inform positive lifestyle choices, such as choosing not to smoke. Spiritual communities offer a greater sense of positive social connection, which also offer known health benefits.

Research will likely never answer all our questions in the area of spirituality and health. In fact, it might be argued that much about spirit and soul cannot be learned through study so much as understood through other means, such as reflection, creating and appreciating art, using one's intuition, and ongoing personal exploration.

However, many studies in the medical literature offer insights into the relationship between spirituality and health. What can be said about the current state of the evidence about spiritual issues and their impact on health and well-being? As you review the research findings described below, keep in mind that many of the studies lump religion and spirituality together, as "religiosity/spirituality" (R/S), despite the differences between the two that were noted earlier.

1. **Religious affiliation and spiritual practices seem to be linked to decreased *mortality*, but we don't know exactly why.**
   A 2000 meta-analysis of all available studies on spirituality and religiosity found a 22% lower mortality rate (odds ratio 0.78 [95% CI 0.72-0.83]) for those who attended religious gatherings at least once weekly.[36] This study was criticized for not demonstrating that this 22% represented a "clinically significant change." The authors responded that the impact was actually quite meaningful, noting that, statistically speaking, the benefits of religiosity and spirituality were comparable to the following:
   - The positive mortality benefit of treating people with a known heart disease history and who have high cholesterol with statin drugs
   - The inverse of the amount of harm caused by heavy drinking (though it would be oversimplifying to say that going to church negates the health effects of heavy drinking)
   - The beneficial effects of exercise-based rehabilitation following a heart attack.

   As noted earlier, a 2011 meta-analysis adopted a similar approach, comparing health effects of high levels of spirituality and religiosity and healing to those of a number of other preventive health measures.[1]

   Other large studies also indicate a mortality benefit for those who attend religious services. For example, in a study that followed nearly 5,300 adults for 28 years, researchers found that those who attended religious services one or more times weekly had, on average, a 23% lower mortality rate.[37] This was *after* correcting for age, sex, education, ethnicity, baseline health, body mass index, and *even social connection*, which is often cited as a key element of religious practices that contributes to health benefits.

   Similarly, a very broad-based meta-analysis of nearly 126,000 people found that people who met criteria for being "highly religious" had rates of survival that were 30% higher as compared with those who rated themselves as less religious. It is not clear how much confounding variables influenced these associations,[36] but this data reminds us that religious observance may be for many a contributor to good health.

   What are some of the other study findings in this area? We also know that Orthodox Jewish people seem to be healthier than secular Jewish people. A 1986 study found that the odds ratios for first heart attacks were 4.2 for secular Jewish men and 7.3 for women compared to those who described themselves as Orthodox.[38] Similarly, a study of male Israelis found that Orthodox Jewish men had a 20% lower risk of fatal coronary

heart disease compared to nonreligious Israeli men.[39] In both studies, this was despite adjusting for various cardiac risk factors.

2. **<u>Spirituality and religiosity also have an impact on *morbidity*, personality traits, and health behaviors.</u>**

- **General reviews**
  The number of studies on religiosity and spirituality has grown exponentially in recent years.[8] Most of the overall reviews do not fully separate out the two concepts, and this should be kept in mind in reading the material below.

  A 2005 systematic review found that religious activity may improve rates of in vitro fertilization, decrease hospital length of stay, increase immune functions, improve rheumatoid arthritis and reduce anxiety.[40]

- **Mental/behavioral health research**
  Most studies of religion/spirituality and health (over 80%) deal with mental health-related topics.[30] A 2011 meta-analysis of psychotherapy that accommodated religious and spiritual perspectives concluded that such approaches did result in "enhanced psychological outcomes."[41] However, the authors concluded that there is not an empirical basis for recommending religious and spiritually-based psychotherapies over established secular therapies when attempting to bring about remission of specific symptoms. Perhaps their most important conclusion was that, "The incorporation of religion and spirituality into psychotherapy should follow the desires and needs of the client."[34] See Table 2 for more information on research regarding religion and spirituality and mental/behavioral health issues.

Table 2. Research Findings Regarding Religiosity and Spirituality and Aspects of Mental/Behavioral Health[8]

Condition	Total number of good-quality studies	Number of studies with positive findings	Number of studies with negative findings*
Positive emotions in general	120	98	1
Depression	178	119	13
Suicide	49	39	2
Anxiety	67	38	7
Psychosis	7	5	2
Bipolar disorders	2	2	0
Substance abuse	145	131	1
Crime and delinquency	60	49	1
Marital stability and social connection	38 (marital stability) 29 (social support) 14 (social capital)	35 27 11	0 0 0

If the number of positive and negative studies does not add up to the total number, the remaining studies were those that found no significant correlations.

- **Coping**
  Religiosity and spirituality have been found to help people cope with many problems, including:[8,30]
  - Bereavement
  - Cancer
  - Chronic pain
  - Dental problems
  - Diabetes
  - General medical illness
  - Heart disease
  - Irritable bowel syndrome
  - Lung disease
  - Lupus
  - Natural disasters
  - Neurological disorders
  - Overall stress
  - Psychiatric illness
  - Vision problems
  - War

  Other findings from Koenig's comprehensive systematic review include the following:[8]
  - 29/40 studies found positive relationships with hope; none found inverse relationships.
  - Optimism correlated significantly with R/S in 26/32 studies. 8/11 of the best studies showed positive relationships and none were negative.
  - 42/45 studies found links to a sense of meaning and purpose in populations where this was challenging. 10/10 of the best studies had positive findings.
  - Most studies show a correlation with internal but NOT an external sense of control. It has been speculated that internal control may come through the belief that prayer can effect change.
  - There were also significant associations with volunteering and altruism. 15/20 of the best studies reported positive relationships and two found negative associations (both related to organ donation).
  - People scoring higher on R/S score lower on ratings of psychoticism and neuroticism and higher in extraversion, agreeableness, conscientiousness, and openness to experience.

- **Physical health conditions and spirituality/religiosity**
  With respect to pain, prayer has been identified as the most frequently or second most frequently used strategy, and over 60% of chronic pain patients report that they use prayer to help them cope.[42] Prayer is identified in most research as a

positive resource for reducing pain and enhancing psychological well-being and positive affect.[43] Frequent church attendance is tied to better sensory and affective experiences of pain as well as less somatization, anxiety, and depression. Accessing religious and spiritual resources is more related to decreased severity of arthritis pain, chronic pain, migraines, and acute pain. Often, it seems that it is not that the pain level is decreased so much as ability to tolerate it is improved.[44]

See Table 3 for more on research related to physical health concerns.

Table 3. Research Findings Regarding Religiosity and Spirituality and Physical Health Conditions[8]

Condition	Total number of good-quality studies	Number of studies with positive findings	Number of studies with negative findings*
Coronary heart disease	13	9	1
Hypertension	39	24	5
Cerebrovascular disease	9	4	1
Alzheimer's and other dementia	14	8	3
Immune function	14	10	0
Susceptibility to infection	10	7	0
Endocrine function (e.g., catecholamine levels)	13	9	
Cancer	20	12	0
Physical functioning	33	13	6
Self-rated health	37	21	3
Pain and somatic syndromes (see Table 2, above, as well)	18	9	3

If the number of positive and negative studies does not add up to the total number, the remaining studies were those that found no significant correlations. Numbers above reflect only studies that were found by reviewers to have good overall methodological quality. Of course, there is great diversity in terms of populations studied and outcomes measurements.

- **Proactive Health Behaviors**
  Religion and spirituality also influence health behaviors.[8] A systematic review of studies conducted as of 2012 regarding smoking and spirituality showed an inverse relationship between the two; likelihood of smoking decreases as spirituality and

religiosity increase. Similarly, 16/21 good-quality studies found positive associations with exercise and only 2 found negative associations. Thirteen out of 21 studies found a link between religiosity/spirituality and a healthy diet, and only 1 found a negative connection. Of note, religious/spiritual people tend to be at higher risk for obesity, with the exception of people who are Amish, Jewish, or Buddhists. In the 25 studies Koenig and colleagues rated in their comprehensive 2012 review, 11 reported that being overweight is associated with being more spiritual or religious, while 5 found the opposite. Forty-two of 50 good-quality studies found that safer sexual practices strongly correlated with being religious as well.

3. **Prayer may have therapeutic benefit, but the literature is not definitive.**
There are different types of prayer. One might pray for oneself or turn prayer over to a higher power. Intercessory prayer, which involves praying for another person, has been explored in several fascinating studies. For example, Byrd and colleagues found, in a coronary care unit population, that the intervention group, while not experiencing lower mortality rates if they were prayed for, needed fewer antibiotics, did not require intubation (as did many people in the control group), and were less likely to develop pulmonary edema.[45] In another study of 40 patients with AIDS, which controlled for age, CD4 counts, and AIDS-defining illnesses, there were several differences between the prayed-for patients and controls. In the prayer group, there were fewer new AIDS-defining illnesses, illness severity was scored as lower, and there was a need for fewer (and relatively shorter) hospitalizations and doctor visits. Prayed-for patients were also found to rate their mood more favorably.[46] While these studies have had promising results, others have not, and further research is needed. Methodology, as one might imagine, can be a challenge in studies of this nature.

4. **For some, there can be negative aspects to spirituality and religion.**
For all this favorable data, it is important to remember that not everyone finds benefit from religious and spiritual practices. For some, this aspect of their lives actually may have a negative health impact. While studies have been less likely to show a negative effect of religion and spirituality on health, potential negative impacts should be borne in mind. Based on their beliefs, people may in rare circumstances
   - Stop life-saving medications
   - Fail to seek care
   - Refuse blood transfusions
   - Refuse prenatal care
   - Ignore or promote child abuse or religious abuse
   - Replace mental health care with religion.

   Spiritual struggles and distress can be linked to poorer health outcomes (mental and physical), and therefore, addressing them is of great importance.[47] Furthermore, people may choose—or be forced—to join a group that is more cult-like in nature and likely to have negative effects on health. Once again, the key is to ask questions about this area and tailor your approach based on each individual's unique responses.

It is worth noting that there are also studies (typically a small minority) that find negative correlations between spirituality and religiosity and health. Individualizing care is vital, to ensure that any spiritual components of a personal health plan are truly appropriate to a given person's belief system and comfort level. It goes without saying that a clinician should NEVER attempt to impose his or her beliefs on a patient; proselytizing is not appropriate.[9,48]

"Pathologies" of the Spirit and Soul

> *Spiritual distress and spiritual crisis occur when individuals are unable to find sources of meaning, hope, love, peace, comfort, strength and connection in life, or when conflict occurs between their beliefs and what is happening in their life. This distress can have a detrimental effect on physical and mental health. Medical illness and impending death can often trigger spiritual distress in patients and family members.*[9]

The previous section described some of the research surrounding the health effects of spirituality for specific physical and mental health issues. It is important to keep in mind that there are also many challenges that are specifically spiritual in nature; our patients experience challenges that may not show up during a physical exam or on a standard health questionnaire, but they are no less important to address. As Eric put it, sometimes the unseen wounds hurt most.

A review of 11 studies related to people's spiritual needs in health-related situations concluded that there are six aspects of spiritual care that were most important to people and which should be high priorities for social workers:[49]

- Meaning, purpose, and hope
- Relationship with God (or other Higher Powers)
- Spiritual practices (and being able to follow them despite health issues)
- Religious obligations (and, as above, being able to follow them despite health issues)
- Interpersonal connection
- Interactions with health care team members.

Table 4 lists specific spiritual concerns that often arise for patients and questions they might lead people to ask.

Table 4. Common Spiritual Concerns[50-52]	
Concern	**Examples of patient questions or statements**
Spiritual alienation	Why do I feel abandoned by my Higher Power? I feel disconnected from myself, from others.
Spiritual anxiety	Will I ever find forgiveness? There is so much that I don't know.
Spiritual guilt	Am I being punished? Did I not do something well enough or correctly in my life? I regret so much.
Spiritual anger	I am angry with God. I hate the Universe. I feel betrayed.
Spiritual loss	I feel empty. Why don't I care anymore? I am not sure what matters anymore. My sorrow is overwhelming.
Spiritual despair	There is no way a Higher Power could ever care about me. I have lost my hope. Things feel meaningless.

Recognizing the presence of these concerns when they arise in a Personal Health Inventory or during a Whole Health conversation will guide what will be included in the Personal Health Plan.

Spiritual Care

It is clear that Eric, our patient, has a number of spiritual concerns, and these are perhaps the highest priorities for his ongoing care, especially now that his acute physical issue—his pneumonia —is resolving. You have done a spiritual assessment. He feels disconnected from his religious community. He is struggling with guilt and loss. His spiritual life seems less rich for him, and it is likely he is experiencing some spiritual despair. You are familiar with the research. The question remains: What are Eric's next steps? How can you be most helpful to him? How might his Whole Health team support him?

1. **<u>Know thyself</u>**
   A physician needs to understand his or her own spiritual beliefs, values and biases in order to remain patient-centered and nonjudgmental when dealing with the spiritual concerns of patients. This is especially true when the beliefs of the patient differ from those of the physician.[9]

   First and foremost, it is vital that you, as a clinician, have a strong sense of your own spiritual beliefs and struggles as you approach the care of Eric and others like him. If you want to focus on "spirit and soul" as an essential component of proactive self-care, you will inevitably encounter situations where knowing your own perspectives will be vital. For example, with Eric, it helps if you have a sense of the following:
   - What your personal faith, tradition, beliefs, and practices are (or are not)
   - Whether or not you believe in a Higher Power
   - What you think about prayer
   - Your perspectives on sin and punishment
   - How you relate to guilt yourself

- Your comfort with the concept of forgiveness and your view of its relevance to medical settings
- Your comfort with discussing these topics with others (which will increase as you give greater attention to all these areas).

See the clinical tool on Assessing Your Beliefs about Whole Health for additional guidance with exploring these issues.

2. Know when to bring in assistance

In a 2006 essay on spiritual growth and illness, Tu describes three stages that people experience during the coping process:

> *The first stage occurs during an acute, serious illness and characterizes the patient and family as withdrawn, shocked, passive, compliant, and unquestioningly dependent on the care-providers. The second stage is one of struggle, and is characterized by refusing to take pills and trying to regain control, in addition, to re-examining the cause of the illness so as to prevent its recurrence. Finally, the third stage, which does not always occur, may depend on the patient's and family's life experiences and on the seriousness of the illness. The third stage of the coping process involves a far-reaching assessment into the meaning of suffering and life. Thus, the third stage is regarded as the spiritual stage, which originates from inner self-reflection and the reorganization of one's value system with respect to existence in the universe. Because of this, growth may change and enrich a patient's life after illness…*[53]

Many patients are most in need of additional support when they are at Stage 2 and potentially moving into Stage 3. This is the case for Eric, and it is the case for many people going through some form of loss. As Tu goes on to elaborate,

> *However, growth in spirituality is not limited to illness or death. Any severe loss in life may lead to the reordering of one's value system, such as the loss associated with physical disability, bereavement, or bankruptcy. Moreover, any severe disappointment or maladjustment may also provide an opportunity for spiritual growth. In the face of the threat of death, the fear and anxiety of "becoming nothing" tend to pool all the patient's past, present, and future anger and pain together, resulting in an even stronger motivation for a spiritual solution.*[53]

What you, as a clinician, can do to help someone move through these stages will vary based on your personal beliefs and comfort level. Of course, it will also vary based on the unique needs of any given patient. Exploring options is much less daunting if you

remember that it is a collaborative process. The patient's entire team ideally will participate, and the patient is the captain of that team.

Van Leeuwen and Cusveller, suggest that nurses can do much to help people meet needs such as performing everyday spiritual rituals (e.g., giving them opportunity to pray, honoring diet requests, helping them with Sabbath observations).[54] This can also hold true for anyone on the care team. Similarly, all the members of a Veteran's team can help to console anyone who is experiencing general stress. When true spiritual distress arises, though (in ways such as those listed in Table 4), it is important to involve others with additional expertise. These others will most likely be chaplains (there is an extensive chaplaincy network within the VA system). Clergy, spiritual directors, shamans, medicine men and women, and others may also play a role, depending on the patient's background and preferences.

- **The value of chaplains**
  Most chaplains have a Masters of Divinity degree, with three years of additional postgraduate education in their fields.[55] They may come from any spiritual tradition, and they are required to complete 1600 hours of Continuing Pastoral Education. They must complete a board certification, a rigorous process with an 87% pass rate.[55] Most chaplains have done an additional year of experiential training as well.

  In our experience, chaplains are integral—and essential—members of the Whole Health team, especially for people in situations like Eric's. Chaplains can offer many services:
  - Helping to integrate spiritual care with care of body and mind
  - Assisting patients with making difficult decisions (primarily by being a sounding board rather than by telling them what to do)
  - Contextualizing illness for a patient in terms of his/her personal spiritual practice or religious perspectives
  - Helping meet the needs of family members as well
  - Assisting with conflict resolution in patient care
  - Supporting hospital staff when they are in need.

  For more information about working with chaplains, see the clinical tool, Collaborating with Chaplains: Frequently Asked Questions, or see the VA chaplaincy resources website at http://www.va.gov/chaplain/.

3. **Add to your own "spirit and soul" toolbox**

As noted several times previously, an important aspect of working with "spirit and soul" as one of the areas of proactive self-care in the Circle of Health is asking the right questions. Spiritual care is about recognizing and responding to the "multifaceted expressions of spirituality" we as clinicians encounter.[56] Acknowledging and honoring these expressions allow for great strides to be taken. Simply listening, with compassionate and nonjudgmental presence, promotes Whole Health in this area, just as it does in many other areas.

In addition to knowing your own perspectives and being able to refer people appropriately to chaplains and others with expertise in these areas, you might also consider making some other suggestions for patients, as you deem appropriate. Here are some that are commonly drawn upon in many integrative medicine clinics.

- **Discuss forgiveness, if appropriate**
  This is discussed in the module on Personal Development. See the Forgiveness: The Gift We Give Ourselves clinical tool for more information. Studies indicate that people who are more inclined to forgive have lower blood pressure, muscle tension, and heart rate and fewer overall chronic conditions.[57,58]

  Of course, how forgiveness fits into a person's perspective will determine whether or not a clinician raises the topic; forgiveness is given different emphasis in different traditions.

- **Encourage them to start a spiritual practice of their choice**
  What this looks like will vary from person to person. Some people may choose to join a particular spiritual group or community, be it a church, a scripture study group, or even a 12-step program. Others may wish to find a teacher who will work with them individually, or they may choose a solo practice, such as praying or meditating quietly on their own on a regular basis. It may be helpful for you to briefly describe a variety of spiritual practices that others find helpful. Time in nature can be a lovely spiritual practice in and of itself, as can various creative pursuits. Some people gravitate toward doing a regular loving-kindness meditation. (See the clinical tool, Compassion Practice). Trust that patients will have insights into what works best if you help them explore their options.

- **Work with spiritual anchors**
  At the end of the Heart of Medicine medical student course, participants are given a small object, such as a palm-sized stuffed heart, to carry with them in their white coat pockets. This heart is their anchor, a reminder to them of their purpose in going into medicine, of their truest nature. See the Spiritual Anchors clinical tool for more information.

- **Broaden your familiarity with other belief systems**
  This can be useful in terms of offering care that displays cultural humility as well. A useful online guide to important beliefs specific to various traditions may be found at the Loma Linda University Health System website: http://lomalindahealth.org/media/medical-center/departments/employee-wholeness/healthcare-religious-beliefs.pdf.

- **Avoid pitfalls along the way**
  - Take care not to proselytize. It is not helpful to try to impose your perspectives on others.
  - Do not try to resolve unanswerable questions.

- DO NOT say any of the following:[59]
  - "It could be worse."
  - "We are all out of options."
  - "It's God's will."
  - "I understand how you feel."
  - "We all die."

Back to Eric

Eric received two visitors before he left the hospital. One was the pastor of his church, with whom he agreed he would like to visit. The other was the hospital chaplain, who spent a few hours sitting with Eric and discussing his concerns in greater depth.

No one, at any point, told Eric that what he was experiencing was "wrong." On the contrary, he was encouraged to voice his concerns and talk about what happened in Iraq that had led to his spiritual distress. On his day of discharge, Eric informs you that he plans to meet with a psychologist who was comfortable with offering counseling from a Christian perspective; he has scheduled an initial appointment. He also has agreed—tentatively—to explore doing some work in the area of forgiveness. He acknowledges that he understands that forgiveness is first and foremost about freeing himself from what happened in the past, but he never wants to stop honoring the memory of his friend who died at the time that Eric was shot in the leg.

Eric tells you that he made an agreement with the chaplain to take 10 minutes every day to pray, or— if praying just doesn't come—to quietly reflect. He isn't ready to go back to church, but he is hoping that eventually the time will come.

As you say good-bye to him at the end of rounds, he says, as he shakes your hand, "Thanks for taking the extra time to help me. I feel a little better, and I don't just mean my lungs. We'll see how it goes." His wife nods encouragingly and thanks you too.

Spirit and Soul Clinical Tools
• Assessing Your Beliefs about Whole Health • Spiritual Assessment Tools • Spiritual Anchors • The Healing Benefits of Humor and Laughter • How Do You Know That? Epistemology and Health • Collaborating with Chaplains: Frequently Asking Questions

Whole Health: Change the Conversation Website

Interested in learning more about Whole Health?
Browse our website for information on personal and professional care.

http://projects.hsl.wisc.edu/SERVICE/index.php

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