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Airdre Grant
Southern Cross University

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SPIRITUALITY, HEALTH AND THE COMPLEMENTARY MEDICINE PRACTITIONER

AIRDRE GRANT

Abstract

This paper examines the conceptual relationship between spirituality and health and the philosophical foundations of complementary medicine. These precepts are evidenced in current educational practice.

Reference

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Spirituality In Health And Healing

The foundational philosophy of complementary medicine is that health is based on an integration of mind, body and spirit. Spirituality is a key component of this philosophy, but does current educational practice adequately reflect its importance?

Research has shown that a person's spiritual and religious beliefs have a great deal to do with their health outlook, their coping mechanisms, their support networks and so on. There is a long (and chequered) relationship between humans and the divine. The accessing or observance of matters spiritual has taken different forms historically eg prayer, séance, shamanistic ritual, practices such as placing of symbolic tools and objects in the sick room and other less familiar observances. It exists as evidence of the human desire to tap into other sources for healing, help and succour, particularly in times of crisis.

The dominance of reductionist biomedicine as the primary healthcare system has meant that the value of recognising the spiritual, cultural and social context of a patient has been much diminished in place of positivist protocols. These, by and large, focus on the relief of symptoms and associated pathologies⁽¹⁾. However, there is a shift in this emphasis in healthcare practice. Spirituality, religion and their place in medicine are currently much discussed, to the point where this relationship has been called 'the new frontier'⁽²⁾. What is interesting is the extent to which complementary medicine education and training has incorporated or rejected this vital aspect of health.

Airdre Grant BA DipEd MEd is a doctoral student at Southern Cross University, researching spirituality and health and education in natural medicine. Telephone (02) 6620 3403, agrant10@scu.edu.au.

Current Research

Historically the relationship between spirituality, religion and health was a socially constructed one. In earlier times, people lived closer to nature and sought explanation for their illnesses and imbalances through the guidance of priests and other similar mediators. They looked to the natural world for healing, reading signs as divination (this practice is by no means extinguished). In the West the signs are more likely to be test results delivered from a machine and doctors have been described as 'secular priests'⁽³⁾.

In the beginning of the twenty-first century there is a strong resurgence of interest in the role of spirituality in healing and health with over 2,000 papers published in medical and nursing literature⁽⁴⁾. *The Handbook of Religion and Health* contributes to the growing body of research that indicates there is a positive relationship between spiritual/religious commitment and health⁽⁵⁾. This analysis is critical, comprehensive and systematic; it includes more than 1,200 studies and 400 research reviews conducted during the twentieth century⁽⁵⁾.

Research shows people who are spiritually directed or have a consistent religious practice have greater marital stability, less alcohol and drug use, lower suicide rates, less anxiety and depression⁽⁵⁾. These behaviours are also associated with less cigarette smoking, less stress (especially with meditators), lower blood pressure, lower cholesterol, conservative sexual practices and lower sexually transmitted diseases⁽⁵⁾. George reports that data consistently shows a positive relationship between religious and spiritual practices and positive health outcomes⁽⁶⁾.

There are obvious links if one lives in a supportive community. If one's spiritual/religious community promotes fidelity and discourages promiscuity and drug/alcohol abuse, it is more likely these principles will be embedded in one's morality and thus reflected in one's health⁽²⁾. However, spirituality and religion are not always beneficial to health as

strict codes and observances can create less than optimal health, but what is important is that a practitioner be aware of their patients' embedded belief system.

Why The Interest In Spirituality And Religion In Healthcare?

Astrow et al suggest the reason for the growth of interest in spirituality has been fuelled to a large extent by the dominance of a medical model which has been increasingly seen as technology focused, insensitive, economically driven and perceived as disease rather than patient-centered⁽⁷⁾. Patients report finding medicine as remote, uncaring and with an experience focused on machines and cold statistics⁽⁷⁾.

Thoresen suggests several other factors might contribute to this trend. It is not unusual to seek meaning when confronting death or in an acute life-threatening illness situation, however with the advances in medical treatment people are living longer lives, often with managed chronic illness. This extra 'time' means more time to reflect on the meaning of life and values that extend beyond material goals⁽⁸⁾.

Society in the West is increasingly fragmented and technologically oriented, creating loneliness and isolation and causing people to experience a lack of 'connectedness'. Thoresen notes that there is a rise in mental and emotional disorders, conditions that often defy ready solutions. These lead to a need for a deeper explanation of illness and disturbance in life. When there is no pathophysiological diagnosis that can account for continued malaise and suffering, there comes a search for meaning⁽⁸⁾.

There has been a growth in 'spiritual hunger' and this is evidenced by the rise of interest in religions such as Buddhism, Charismatic Churches and leaders such as the Dalai Lama, along with the popularity of books addressing this need by authors such as Peck, Moore, Zukav and Kornfield⁽⁹⁻¹²⁾. These best selling books represent a huge market of readers interested in understanding and deepening their spiritual lives. This combination of factors, nominally called a 'spiritual void', contribute to the rise in spirituality and religion in society and one that is present in the treatment room, whether or not the practitioner recognises, acknowledges or feels able to respond to it⁽⁸⁾. In May 2007 the *Medical Journal of Australia* ran a supplement on the subject of spirituality and health, in response to the growing interest.

Influences In Education And Training

The pendulum that has taken healing practice into a world of technological efficiencies is swinging back. Currently 100 of 126 medical schools in the United States have included in curricula elective or required courses on religion, spirituality and medicine^(5,13). Whilst Australia is largely a secular society, awareness of spiritual and religious needs of patients is growing. In complementary medicine, practice might focus on vitalism and holism as a way of acknowledging the spirituality or religiosity of patients. While this may be seen as respectful of differing worldviews, it may not be adequate.

Accordingly, attention to and inclusion of the research work done in the field of spirituality, religion and health is appropriate in the holistic paradigm of healthcare practice. The

philosophical commitment to recognition of the spirit as part of the healing process causes problems when different paradigms of healing collide. However, there are definite shifts in healthcare toward recognition of its importance. Curiously, it is in this realm that western medicine is outstripping complementary medicine with its burgeoning interest in spirituality, religion and health.

Spiritual Assessment

Williams and Sternthal report that Australian patients want their practitioners to incorporate spirituality into their assessment and treatment protocols⁽¹⁴⁾. But how do practitioners respond to this need? Spiritual assessment is a tool that practitioners can use to establish the context in which their patient is located. Spiritual assessment is defined as 'the process by which health care providers can identify a patient's spiritual needs pertaining to medical care'⁽¹⁵⁾.

The most common tool for spiritual assessment is likely to be found on the admission forms at a hospital where a patient can be asked if they have religious affiliation /denomination and this may lead to a visit by the chaplain. D'Souza reports ignoring the spiritual dimension of a patient may leave them feeling incomplete, ignored and this has the potential to interfere with healing⁽¹⁶⁾.

In considering spiritual assessment Anandarajah and Hight recommend some important factors for the practitioner to consider:

- Their own spiritual and religious beliefs and values as these may influence their approach in a situation that requires tolerance and acceptance
- The establishment of a good relationship. All practitioner/patient relationships have a critical element of trust. For a patient to reveal or discuss deeply held personal views there needs to be a good relationship.
- Sensitivity and appropriateness of discussions, so that the timing and situation meets the needs of the patient⁽¹⁷⁾.

Tools for assessment have been developed such as HOPE, which comprises questions on the areas of hope(H), organized(O) religion, personal(P) spirituality and practice and effects(E) on medical care and end of life issues⁽¹⁾. These tools are about a series of questions that a practitioner can use to open up the issue of patients' spiritual and religious affiliations and obtain some knowledge and insight. Typically they are designed to minimise barriers to conversation by having open-ended questions that allow a person room to express their spiritual and religious understandings without feeling confined by expectation or judgment.

However, not all agree that spiritual assessment is a good or worthy activity. Sloan et al suggest that asking patients about their spiritual and religious affiliation is intrusive and may cause harm⁽¹⁸⁾. Such actions, they suggest, may cause a patient to feel shamed, guilty, offended or even discriminated against. They suggest that some patients still feel that illness is a punishment for 'moral failure'. Accordingly such questions may reinforce a negative mind state that could be deleterious to health.

As is evident, the issue of spiritual assessment is sensitive and contentious. There is a need for training so that practitioners feel confident to approach this aspect of health. As one student in a complementary medicine clinic noted, 'We ask if they have spiritual and /or religious associations and we tick the box and that's it. We don't go any further with it and if we did we wouldn't know what to do anyway' (personal comment naturopathic student, 2006).

Conflicts For Practice And Practitioners

Knowing that spirituality/religion are important in people's lives doesn't necessarily make it a given, good or easy thing to incorporate into professional practice. There are several areas of concern. Generally, modern economic modelling rewards technical efficiency, so a consultation that makes a diagnosis and recommends a treatment within a tight frame means there may be time to do little more than prescribe a treatment program. Such constraints do not allow much time to get to know the patient, let alone delve into deeper more mysterious/less accessible aspects of disease.

Similarly, practitioners may feel it is not appropriate, not their business or that they are trained adequately to deal with this issue. There are boundary issues. McKee and Chappel point out that co-operation between practitioners and pastoral care workers is desirable, but may not occur if there are no mechanisms to enable this interaction to happen⁽⁹⁾. It is more likely that there is a simple passing of the baton by way of referral.

Astrow et al state that 'merely being a believing person does not qualify a clinician to dole out spiritual advice'⁽⁷⁾. As they point out, the inherent imbalance of power in the patient/practitioner relationship can invite confusion and spiritual/religious advocacy could be read as coercion. Understanding this only affirms the need for training; to make sure that consciously or unconsciously there is no proselytising or inappropriate persuasion.

Despite concerns, McKee and Chappel affirm the need for practitioners to take into account a patient's spiritual beliefs⁽⁹⁾. When we consider the active interaction between the public and practitioners of complementary medicine, it seems reasonable to conclude that healthcare workers should be trained to incorporate this component of health.

Spirituality and religion belong in the healing paradigm, they are determinants of health and they are factors in recovery, wellbeing and longevity. Importantly they are one of three central pillars of naturopathic philosophy (mind/body/spirit). Research suggests that current educational practice in complementary medicine diminishes this aspect of healthcare to the point where it is taught in a minimal way. This paper suggests that while respect, recognition and acknowledgement of spirituality and religion are desirable, conscious and deliberate teaching programs are required to revitalise the core values and philosophy of complementary medicine.

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