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# The role of spirituality in medicine

■ **Spirituality is an important determinant of physical, emotional and social health and may, in some circumstances, be a central aspect of the management of some conditions. Assessing spiritual and religious issues within the consultation is an important core skill that requires sensitivity, as well as religious and cultural tolerance.**

Terms most commonly used in the medical and psychological literature are 'religious commitment' or 'religiosity' which refer to the 'participation in or endorsement of practices, beliefs, attitudes, or sentiments that are associated with an organised community of faith'.<sup>1</sup> Being 'extrinsically religious' relates to adopting the trappings of religious behaviours and attitudes. Being spiritual or 'intrinsically religious' relates to having a sense of meaning, holding a strong commitment to a religious ideology, belief in God or core values such as love and compassion. So although religiosity and spirituality overlap, they are not entirely the same thing.

Religious issues are often marginalised or pathologised in medical and psychological education and practice.<sup>2</sup> This has been entrenched since the time of Freud who described religion as 'a universal obsessional neurosis' and the 'mystical experience of unity' as a 'regression to primary narcissism'. Jung did not agree and saw the search for meaning as the central human motivation. Nevertheless, some people undoubtedly have negative experiences in their religious life such as experiencing excessive guilt, and well publicised abuses have been perpetrated by some religious advocates. Furthermore, religious content is not uncommonly a part of psychosis and, uncommonly, religious faith can be a cause for people delaying access to important medical treatment for themselves or their children. These, of course, are arguments for open dialogue and the better integration of religious and spiritual issues into health care.

## Physicians' views

One study suggested that most physicians believed religion and spirituality have a significant influence on health<sup>3</sup> and that it often help patients to cope; gives patients a positive state of mind; and provides emotional and practical support via the religious community.

The same study found that physicians with high religiosity are substantially more likely to report that patients often mention religious and spiritual issues; believe that religion and spirituality strongly influence health; and interpret the influence of religion and spirituality in positive rather than negative ways.<sup>3</sup>

Among doctors, the least likely to have religious beliefs are psychiatrists, who are also more likely to call themselves spiritual but not religious. Interestingly, doctors with strong religious beliefs are less likely to refer to psychiatrists and more likely to refer to clergy or religious counsellors for mental health problems.<sup>4</sup>

## Spirituality as a health determinant

Spirituality impacts directly upon a range of health determinants (*Table 1*). Various mechanisms are postulated as to how religion and spirituality produce health benefits, eg. by providing an important source of social support. However, the benefits are independent of, or in addition to, the effects of social support or other factors alone. Overall, the benefits are likely due to the synergistic effect of a number of factors.

## Spirituality, mental health and suicide

Reviews of the literature are increasingly suggesting that spirituality has a positive impact upon social, mental and emotional health.<sup>5</sup> Escalating trends in youth suicide suggest that there may be too little attention being given to the 'protective factors' against mental illness of which, particularly for adolescents, are connectedness and having a spiritual or religious dimension to one's life.<sup>6</sup> Furthermore, religious commitment is inversely related to suicide risk,<sup>7</sup> including those with comorbidity such as childhood abuse<sup>8</sup> and psychosis.<sup>9</sup> Religious commitment is associated with a reduced incidence<sup>10</sup> and a significantly quicker recovery from depression for the elderly.<sup>11</sup> When used effectively, religion and spirituality can facilitate counselling and psychotherapy,<sup>12</sup> although most clinicians, including psychotherapists, do not feel well enough trained to do so.<sup>13</sup>

## Spirituality and substance abuse

Religiosity is protective against drug and alcohol abuse.<sup>14</sup> One study showed that 89% of alcoholics lost interest in religious issues in their teenage years, whereas among those without an alcohol

problem, only 20% had lost interest.<sup>15</sup> For those recovering from substance abuse, greater spiritual or religious involvement, interest or practice, positively affect recovery. Adolescents also benefit from programs that include meaning or spiritually focused content.<sup>16</sup>

### Physical health

The role that religion and spirituality play in enhancing mental health, a healthier lifestyle and the ability to cope with adversity, goes part way to explaining why they are also associated with reduced risk for physical illnesses such as hypertension, heart disease and cancer.<sup>17–19</sup> A population study over 9 years in the United States showed that all cause mortality was significantly reduced and life expectancy increased (75 years as compared to 82 years) for those who attended church regularly. These findings were not entirely explainable by the accepted lifestyle and social variables.<sup>20,21</sup>

Table 1. The relationships between religion and/or spirituality and health

#### Mental and social health

- Reduced incidence of depression
- Quicker recovery from depression
- Recovery from major surgery with less depression
- Improved coping with disability, illness and stress
- Reduced substance abuse including alcohol and illicit drugs
- Facilitation of psychotherapy
- Improved palliative care outcomes
- Greater social support

#### Physical health

- Reduced all cause mortality and greater longevity
- Reduced incidence of heart disease and hypertension
- Improved recovery from cardiac surgery
- Reduced incidence of and longer survival with cancer
- Modification of physical risk factors with associated reductions in lifestyle related illnesses such as emphysema and cirrhosis

Table 2. Aspects of assessing patient's religious and spiritual issues

#### Questions to ask when taking a spiritual history<sup>25</sup>

- Is faith (religion, spirituality) important to you?
- Has faith been important to you at other times in your life?
- Do you have someone to talk to about religious matters?
- Would you like to explore religious, spiritual matters with someone?

#### Considerations to keep in mind when taking a spiritual history<sup>26</sup>

- Does the patient use religion or spirituality to help cope with illness or is it a source of stress, and how?
- Is the patient a member of a supportive spiritual community?
- Does the patient have any troubling spiritual question or concerns?
- Does the patient have any spiritual beliefs that might influence medical care?

### Relevance to clinical medicine

Valid concerns and questions arise as to the appropriate level and manner of religious and spiritual content in medical consultations. Although Australian data is limited, many patients wish to discuss spiritual issues with their doctors under some circumstances, such as when they are dealing with mental health problems.<sup>22</sup> Evidence from the USA suggests that most patients wish to discuss spiritual issues with their doctors in particular situations, such as dealing with major and life threatening illness.<sup>23</sup>

Gauging a patient's religious and spiritual views and involvement forms an important part of a thorough medical history, especially when dealing with mental health issues and major illness. Approaching the management of such conditions will be far less effective without an understanding of a person's deepest motivations, fears and hopes. D'Souza outlines the following key points about the interaction between spiritual issues and medicine:<sup>24</sup>

- by keeping religious and spiritual issues separate from patient care, we potentially ignore what may be 'at the core of patients' coping and support systems and may be integral to their wellbeing and recovery
- doctors and clinicians should avoid 'prescribing' religious beliefs or activities or imposing religious and spiritual beliefs on patients. In depth religious counselling is most appropriately performed by trained clergy
- in considering religious and spiritual issues the doctor communicates that they are interested in the whole person, thus enhancing the patient-physician relationship and increasing the impact of therapy
- doctors and allied health care professionals need to learn about the ways in which religion and spirituality and culture influence patient needs and recovery.

### Taking a spiritual history

Broaching philosophical, religious and spiritual issues within the medical consultation requires skills and sensitivity on behalf of the doctor and trust and openness from the patient. Doing this in an insensitive way, or trying to impose such issues on a patient against their will, may possibly be harmful; but neglecting religious and spiritual issues important to the patient is also unlikely to produce an optimal outcome. It will not be meaningful and successful without cultural tolerance, the ability to be nondogmatic, and avoidance of imposing one's personal views onto another. This having been said, a doctor is an autonomous agent as much as the patient is and must always maintain the right to follow their own conscience when the patient's wishes jeopardise the doctor's principles in relation to a major moral or medical issue. Key questions and issues are summed up in *Table 2*.

If a doctor is not religious or spiritual themselves it does not relieve them of the responsibility to respectfully inquire about religious and spiritual issues. It is up to the patient as to how

they respond. Part of inviting discussion in a respectful way is the doctor taking care not to push a line of thought, whether religious or secular as this can make discussion divisive and difficult. If significant spiritual or religious issues are uncovered then the doctor may need to refer the patient to follow up and more in depth questions from a culturally appropriate 'nonmedical expert'.

## Conclusion

It is important that doctors and patients define, explore and express 'spirituality' in a way which is relevant to their own views, culture and background. Whatever one's views, an active search for meaning is an integral part of what makes us human.

Conflict of interest: none declared.

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