Chapter 5

HEALTH, SPIRITUALITY, AND HEALING

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*Health*. It is a way we feel that affects how we relate to each other. It is translated into a cost to society, both in government expenditures and out-of-pocket costs. It is a factor that holds great import in perceived life satisfaction, notably among older adults (Palmore, 1995), and is defined as “the condition of being sound in body, mind, or spirit” (p. 558, Webster's Ninth New Collegiate Dictionary).

*Spirituality*. It is “…the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent…” (Koenig, McCullough, & Larson, 2001, p. 18). For some it is expressed in beliefs and behaviors associated with organized religion.

*Healing*. It is a word whose root is “wholeness.” It is a response to the challenges of life. “To heal often means to make sense of a patient’s life and death” (Kinsley, 1996, p. 195).

How do these three words interrelate? Depicted as petals of a lotus flower, spirituality can be seen as nestled between health and healing, with beliefs and behaviors at the heart of the flower (see Figure 5.1). The lotus is a flower depicted in ancient art and has mythical association with contentment.

In this chapter health will be addressed in terms of how spirituality, viewed here as encompassing religion but being a broader concept, is an
essential aspect of health and healing, of wholeness. A brief cultural and historical overview of the comingling and clashing of spirituality and health/mental health practices is first provided. Evidence for the importance of spiritual beliefs and practices in relation to health and mental health is presented. A contemporary perspective is then provided, followed by a discussion of the need for creating new paradigms for practice and training.

HEALING AND HEALERS ACROSS TIME AND CULTURES

Across time and cultures, specialized healers have been consulted by those who are unsettled emotionally, physically, and/or spiritually. Healing practices have included prayers said collectively and privately, the use of herbs (prescription medications are a contemporary example) and other interventions that are intended to alter the connection between the source of illness and the person experiencing it. Attributions of causality have varied greatly ranging from forces of nature to forces within the individual. The intent of healing is to restore the balance of these forces.
Throughout most of history, health and spirituality were seen as strongly connected. For example, asylums were founded starting in the Middle Ages for persons we now define as experiencing “mental illness” as a form of “moral treatment.” One of the meanings of the word “asylum” is “sanctuary” which includes in its definition “the most sacred part of a religious building” (p. 1040, Webster’s Ninth New Collegiate Dictionary).

Historically, health and mental health have also been seen as coexisting rather than separate, the “split” being the more common approach in contemporary health care delivery and financing in the United States. This split does not exist in the more traditional forms of healing such as qigong (Eisenberg & Wright, 1987) and shamanism (Canda & Furman, 1999; Villoldo, 2000). In fact, ancient healing traditions such as Chinese medicine emphasize the interconnectedness between mind and matter, and sickness and health (Beinfield & Korngold, 1991). Similarly, in major religious traditions there is a role for healing, which “involves restoring harmony, correcting behavior, rebuilding fractured relationships (with gods, ancestors, or the living) . . .” (Kinsley, 1996, p. 2).

In this chapter “health” is addressed as a unified concept including emotional, physical, as well as spiritual aspects. A new paradigm reflecting healing in contemporary society shows that spirituality remains an essential component of health and well-being that can enhance conventional treatment. The specialization of health and mental health services reflected in the medical model has isolated the experience of the person (wholeness) from the diagnosis and treatment of symptoms. An enlightened team approach that works within the current practice context but brings together traditional and advanced wisdom is part of a paradigm that can help “heal the split” that has resulted from the passing off of spiritual matters of healing to specialized practitioners.

IMPACT OF SPIRITUAL/RELIGIOUS BELIEFS AND PRACTICES ON HEALTH

A surge of interest in the influence of spirituality and religion on health has been manifested in both the popular press (e.g., cover page articles in 2001 editions of Reader’s Digest and Time magazines) and in the academic literature. The Handbook of Religion and Health written by Koenig, McCollough, and Larson (2001), which examines over 1,200 studies and 400 research reviews, is a demonstration that a sufficient body of evidence exists that religion has an impact on health (including mental health). Yet
the authors state, “... the relationship between religion and health is
certainly a new and sometimes puzzling frontier for medical researchers,
health professionals, and religious professionals today” (Koenig, McCollough,

Both positive effects of religion and negative effects (e.g., refraining
from life-saving procedures such as transplants among some religious
groups) have been explored by researchers. In the realm of mental health,
Koenig and associates (2001) have cited a full array of positive effects of
religion on both subjective well-being, such as life satisfaction and hope/
optimism, as well as rates of different behaviors. For example, reduced
rates of suicide, lowered anxiety, lower rates of alcohol and drug use and
abuse, and fewer psychotic episodes have been found among those who
engage in religious expression. Similarly, reduced rates of various chronic
diseases (e.g., coronary artery disease, hypertension, stroke, immune sys-
tem dysfunction, and cancer) and fewer negative health behaviors are
evidenced in the vast majority of studies on religion and health (Koenig
et al., 2001).

In the field of aging, there has been a rapid expansion of interest in
the multidimensional impacts of spirituality and religion, for example, in
reducing stressors that affect overall health; in offering a framework to
bring greater meaning to life, buffer stresses, and enhance coping; in provid-
ing greater external as well as internal resources (Levin, 1995). “Positive
spirituality” as a vital component of successful aging is being discussed
(Crowther, Parker, Koenig, Larimore, & Achenbaum, in press). A cross-
faith and interdisciplinary effort is called for (Ai, 2000) to better understand
spiritual well-being, spiritual growth, and meeting the challenges of adver-
sity across the life span. Understanding these processes will enhance
the knowledge base and enrich the opportunities for promoting overall health
and well-being of all generations.

Sorting out the relative influences of religious practices and spiritual
beliefs remains a challenge for researchers, given the fact that most studies
utilize an empirical approach (largely epidemiological in nature). In addi-
tion, studies that focus on religion/spirituality among particular racial or
ethnic groups rarely explore variations both among and within such groups
(Levin, 1995). Further, most research has been conducted among estab-
lished Western religious traditions (Koenig et al., 2001), leaving much of
the world’s major spiritual beliefs and behaviors unexplored in the scientific
literature. This creates the opportunity to expand the growing knowledge
of the vital connections among spirituality, health, and healing. Mystical
and paranormal experiences that may occur outside of the realm of formal
religious practice and are harder to document by traditional scientific approaches are a further landscape to be explored (Levin, 1995).

Funding by government sources and foundations such as the Fetzer Institute, the Robert Wood Johnson Foundation, and the Templeton Foundation will go far in providing the research support to undergird greater attention to spirituality and religion as vital components of health and well-being and essential in the provision of professional care. The creation of a White House Commission on Complementary and Alternative Medicine under former President Clinton and discussions of faith-based initiatives by President Bush provide national attention to a broader influence of religion/spirituality and the opportunity to explore a greater array of healing modalities than reflected to date in published research. A small but growing part of the federal research budget under the National Institutes of Health (e.g., via the National Center for Complementary and Alternative Medicine under the National Institutes of Health) opens the door for demonstrating the potential of healing approaches based in spiritual traditions (e.g., see Ai, Peterson, Gillespie, Bolling, Jessup, Behling, et al., 2001) to meet the needs of a population that increasingly seeks alternatives to conventional health and mental health care (Eisenberg, Davis, Ettner, et al., 1998).

HEALTH, SPIRITUALITY, AND HEALING IN THE NEW MILLENNIUM

In the conventional health care community in the United States, the role of religion and spirituality in health and well-being is drawing increased attention. At the same time, there is a movement away from conventional health care among many who are alienated by the impersonalization that often accompanies highly technical and specialized treatment approaches. Additionally, the role of self in healing, which underlies Eastern practices such as qigong (Jahnke, 1999), is being brought to greater awareness in the West, where the focus of healing has tended to be on externally prescribed interventions.

Acknowledgement of healing traditions among the increasingly diverse population in the United States is also growing. In the field of end-of-life care, for example, the universal dimension of spirituality in death, dying, and grieving among diverse ethnic groups is recognized (e.g., Irish, Lundquist, & Nelson, 1993). Carl Jung notes that the great majority of the world’s religions might be seen as “complicated systems of preparation for
death” (1934; 1969, p. 172), as death is seen as the defining condition of being human for many (Thomas & Eisenhandler, 1999).

A case example is useful in highlighting how rituals associated with death in the Jewish tradition are adapted in contemporary life:

Fredela, an 86-year-old widow suffering from arthritis and a degenerative eye disease, lived independently in her studio apartment in Venice, California, from which she slowly walked each weekday to the senior center. Although her father was a rabbi in the “old country,” she no longer kept kosher at home, yet she looked forward to a kosher meal and the camaraderie of her fellow Jewish friends at the center. On Monday she did not appear and the center director called her next of kin in Chicago, to learn that she had died over the weekend and funeral services were being held that day. It is a Jewish custom to bury the dead as soon as possible after the death, in a simple casket not open for public viewing. To honor the dead, members of the family and community pray daily, traditionally for a week (called “shiva”). At the senior center, the custom is adapted by saying the “Kaddish” at lunchtime for the rest of the week. This prayer honors the living as well as the dead. Another marker of mourning is the “Yahrzeit,” one year later, when family members again meet to unveil the tombstone at the gravesite. At the senior center, members discuss making plans for that time, noting how many other participants had died the same month and honoring them collectively.

The case study above illustrates how several healing rituals in Judaism are adapted to meet the needs of the family on one hand, and the social community on the other hand, in response to death. Even those who do not have an affiliation with a synagogue find meaning in the group process of mourning. Some of the older participants in the senior center have no surviving family members nearby, and find comfort in knowing that they will be honored and remembered at the center as they contemplate their own death. In contemporary times, returning to rituals that have survived for centuries can still bring meaning to the healing process for those who do not have a formal affiliation with a religious institution, but feel a connection to the spiritual practices of that religion, especially in bringing meaning to death.

Another adaptation of incorporating practices associated with various spiritual traditions into contemporary life is exemplified in the growing area of stress reduction and health promotion. One example is the pioneering work of Jon Kabat-Zinn (1990) and colleagues from the Mindfulness-Based Stress Reduction Program at the University of Massachusetts Medical Center, a program that incorporates meditation and yoga. Also, the “mind-
body” approaches promulgated at major institutions such as Harvard (e.g., Benson, 1975) and programs featured by the Center for Mind-Body Medicine in Washington, D.C. (among others) have been adopted by numerous health care organizations across the United States. Acupuncture—a form of Chinese medicine that alters patterns of energy flow in the body, known as meridians—is now routinely covered by medical insurance, giving further evidence that ancient healing traditions once considered unconventional are entering “mainstream American consciousness” (Beinfield & Korngold, 1991, p. xiii).

As “East meets West” there is a growing effort to understand consciousness and how various spiritually-based approaches, such as yoga, that alter consciousness can promote health and healing (e.g., Mann, 1998; Ruiz, 2001). Understanding spirituality as “divinely focused altered states of consciousness” (Bullis, 1996) allows us to see how changes in brain waves from beta or waking consciousness to deeper states such as alpha (associated with being calm) and theta (where pain control is possible without anesthesia) can have profound implications for expanding the possibilities of controlling and even curing illnesses that may be less responsive to conventional medical treatments. Herein lies greater understanding of mysteries such as “spontaneous remission.” Further, there is groundbreaking research on the role of prayer both as a private experience (e.g., Ai, Dunkle, Peterson, & Bolling, 1998) and as it is engaged in by others intentionally for someone (e.g., Sicher, Targ, Moore, & Smith, 1998) in reducing short-term and long-term outcomes of illness and surgical interventions.

The effect of the consciousness of a therapist or other healer on patients is only now beginning to be addressed. For example, Mann (1998) describes a Sacred Healing model where the heightened subtle energy of the therapist can be transmitted to others. Even to be aware of life force energy (known as “shakti” or “prana” in the yogic system) in the self and others can have a powerful effect on the healing relationship. “The process of sacred psychotherapy moves beyond the mind and emotions, as subtle energetic reality becomes a legitimate field of investigation and change” (Mann, 1998, p. 147). Self-awareness of one’s spiritual nature as a practitioner then becomes essential in bringing greater energy into the healing relationship.

Extensive discussion of energy healing is beyond the scope of this chapter, but readers are referred to the work of Carolyn Myss (1997a, 1997b) for an in-depth discussion of energy systems. In her book, Anatomy of the Spirit, she demonstrates how the life force flowing through the body has been symbolized in major spiritual traditions such as Hinduism (the chakras), Judaism (the Tree of Life) and Christianity (the sacraments). It
is considered “an internal roadmap, a spiritual maturation process that can lead us from the unconscious to the conscious mind, then on to the superconscious” (Myss, 1997b, p. 193). Exciting interdisciplinary research on energy healing (qigong), funded by the federal government, and a discussion of the challenges of designing clinical trials involving this ancient art are reported by Ai, Peterson, Gillespie, Bolling, Jessup, Behling, and Pierce (2001). They note, “[T]he blossoming of research on energy healing may eventually enrich methodologies used in clinical research on other types of healthcare” (Ai et al., 2001, p. 99).

Given the exciting developments just described, has professional training kept pace? The answer is no, according to Koenig and colleagues (2001): “There exists almost no research and very little discussion on how physicians, nurses, social workers and other health care providers might address religious issues in a non-offensive, sensitive manner” (p. 477). People may be afraid to discuss their spiritual experiences with professionals (Targ, 2001), which inhibits an opportunity to foster a team approach in healing. The time has come for an open dialogue in the professional community about the role of spirituality/religion in health and healing, including self-awareness. This creates an exciting challenge for the practice of healing and health promotion in a spiritual context and for enhancing professional education.

**CREATING NEW PARADIGMS FOR PRACTICE AND TRAINING**

At a time when attention to spiritual beliefs and behaviors is highlighted in world events and when the call for healing is ever present, it is essential to “heal the split” between mind and body characterizing research and practice, by embracing the role of spirituality in promoting health and wholeness. Therefore, “spiritual” must become a necessary component of the traditional “bio-psycho-social” approach that is common in health professions training. The inclusiveness of spirituality builds on values of empowerment (e.g., in the Social Work Code of Ethics) and the growing incorporation of the strengths perspective (Hodge, 2001) in professional training (e.g., Miley, O’Melia, & DuBois, 2001).

A model proposed as a paradigm for understanding the dynamics of spirituality has been designed by Thibault, Ellor, and Netting (1991; in Ellor, Netting, & Thibault, 1999). As shown in Figure 5.2, the three-part domain of spirituality (cognitive, affective, and behavioral) is conceptual-
ized as “a potentially integrative structure that can be visualized as an overlay to the (holistic) physical, emotional, and social domains of the individual” (Ellor, Netting, & Thibault, 1999, p. 117). It is suggested here that culture be added to further expand this “whole person model” to foster assessment and interventions that encompass the “bio-psycho-socio-cultural-spiritual” domains. This allows for greater appreciation of diversity in spiritual/religious expression. Ellor and associates (1999) further highlight the importance of a spiritual self-examination as part of undertaking a career in human services.

Teamwork is essential in healing the mind-body split characterizing conventional care and in incorporating spiritual and sociocultural domains. A proposed advance in interdisciplinary education and practice is “enlightened teamwork” (Corley, 2001), in which some essential spiritual values underlying diverse traditions guide team members (which include the client/patient and the family) as part of an “eightfold path”: caring, sharing, listening, leading, lending, reflecting, revising, and resolving. Teams in
conventional health care settings have the opportunity to expand their membership to include leaders of religious/spiritual communities (Tirrito, Nathanson, & Langer, 1996), as well as healers who have been considered outside the mainstream but are increasingly part of the health care landscape (e.g., massage therapists). Further, “. . . there is need to create the safety for patients to talk in detail about the role spirituality plays in their lives” (Targ, 2001, p. 8).

The promotion of health and healing is hence a journey that is not one confined to the therapist’s office or health care setting. Spiritual and religious beliefs and practices are part of daily life, and awareness and conscious use of self in a professional capacity as part of a larger community (including humanity as a whole) must be cultivated. Daily life in contemporary times involves the processing of an immense amount of information via various external media (television, internet, cellular communication), which heightens our awareness of the “outer world.” By promoting greater attention to the immense “inner world” the health care community is well poised to create healing teams that grow beyond the reaches of a physical location such as a health care setting. The responsiveness of healers from all walks of life to tragic events, such as the September 11, 2001 terrorist acts in the United States, which impact global health and well-being, demonstrates that finding meaning in healing is a responsibility we all share.

CONCLUSION

Spirituality and religion are central to the lives of most Americans, perhaps more so than to the professionals they encounter in conventional health care settings. A growing body of evidence points to the powerful impact of spiritual/religious beliefs and practices on promoting health and well-being and influencing the course of illness. Given the high costs of an increasingly specialized health care system, and the growing use of “alternative and complementary” approaches across the diverse spectrum of the population, a broader vision of health and healing that incorporates spirituality and religion is finding its voice.

REFERENCES


