

## Spirituality & Medicine

### What is Spirituality?

Spirituality has been defined in numerous ways. These include: a belief in a power operating in the universe that is greater than oneself; a sense of interconnectedness with all living creatures; and an awareness of the purpose and meaning of life and the development of personal, absolute values. Although spirituality is often associated with religious life, many believe that personal spirituality can be developed outside of religion. Acts of compassion and selflessness, altruism, and the experience of inner peace are all characteristics of spirituality. Many people are now becoming interested in the role of spirituality in their health and healthcare.

Alex D. Abernethy, Ph., D., associate professor, Graduate school of Psychology, Fuller Theological Seminary says, "as science has progressed, the worlds of medicine, psychology and religion have moved increasingly far apart. Human problems, it was presumed, could be discreetly placed into physical, psychological or spiritual categories, with little thought given to the fact that these categories not only might overlap, but also substantially influence one another. The most outstanding example of the interrelatedness of these categories is the field of psychoneuroimmunology (PNI)."

### Fundamentals of Psychoneuroimmunology (PNI)

Warren Brown, Ph.D., Professor, Graduate School of Psychology, Fuller theological Seminary states, "PNI is the study of the bi-directional relationships between psychological states, the brain and the immune system. In a number of contexts, psychological states have been found to have an influence (either positive or negative) on immune functioning and ultimately on health factors such as wound healing, cancer and viruses. For example, stress impedes wound healing. Low social support, feelings of helplessness and the suppression of negative emotions are associated with more rapid cancer progression, whereas a fighting spirit and a decreased tendency to suppression are associated with more favorable outcomes. Stress also has been associated with increased vulnerability to respiratory illness. Thus, a growing body of evidence supports the relationship between psychological states and immune function.

The mechanism of action in PNI is becoming increasingly clear. Roughly, emotional states are manifestations of activity primarily within the limbic system of the brain. Activity in the limbic system and hypothalamus influence activity of the pituitary gland, thereby modulating patterns of hormonal release. Immune cells have been found to be regulated both by hormones and other neuromodulators present in the blood stream such as to influence immune system activity and consequently impact disease susceptibility and healing."

### Religiousness, Spirituality and PNI

In recent years, religiousness and spirituality have received increased attention as potential positive influences on health. David B. Larson, M.D., M.S.P.H, and his colleagues have provided a research definition of religiousness and spirituality: "the feelings, thought, experiences and behaviors that arise from a search for the sacred." Christopher G. Ellison, PhD., and Jeffrey S. Levin, Ph.D., propose seven mechanisms that may link religious involvement to positive health outcomes:

- 1) Regulation of individual lifestyles and health behaviors;
- 2) Provision of social resources;
- 3) Promotion of positive self-perceptions;
- 4) Provision of specific coping resources;
- 5) Generation of other positive emotions;
- 6) Promotion of health beliefs, and
- 7) Other hypothesized mechanisms.

Travis Research Institute feels it is likely that processes identified in PNI research mediate some of the effects of religiousness on health. For example, a recent study demonstrated that religiousness was related to improved immune system status (higher CD4+counts) in HIV-infected men. Another study found somewhat higher plasma Interleukin-6 in older adults who more frequently attend church. Harold G. Koenig,

M.D., M.H.Sc., editor in chief of the International Journal of Psychiatry in Medicine, Associate Professor of Psychiatry and Medicine at Duke University, in 1997 published the first study in medical literature to look at the effects of religious activities, such as church attendance, on immune functioning. Koenig and his colleagues found that people who attended religious services regularly had significantly lower levels of Interleukin-6 (IL-6) (an immune system protein involved in a wide variety of age related diseases) in their bloodstream. However, additional work needs to examine the effects of wider dimensions of religiousness and spirituality on psychological variables and immune function.

Dr. Abernethy defines religiousness as having three important aspects to be considered: organized (church attendance), non-organized (private prayer) and subjective (intrinsic religiousness). For example, the experience of transcendence (a concept developed by the first author and her colleagues that refers to the experience of the sacred) would appear to be strongly linked to a number of the variables described by Ellison and Levin, and to the types of positive experiences that modulate immune function. In 1999 Dr. Woods and colleagues at the University of Miami researched immune functioning in HIV-positive patients. Those patients who were more religiously active appeared to have higher CD4+ counts and CD4+ percentages (T-helper-inducer cells), suggesting that their immune systems were functioning better, as well.

### **Implications for Practice**

Abernathy and Brown reflect, that despite the need for additional systematic study of the relationship between PNI and spirituality, a sufficient body of work supports the increased utilization of spiritual interventions in the delivery of healthcare. Routine healthcare practice should include an assessment of a patient's religious or spiritual resources that might contribute to health and healing. Healthcare professionals should be equipped to integrate the spiritual perspective of patients as skillfully as they integrate other aspects of patients' home and family resources for care. While spiritual concerns are typically viewed as under the purview of chaplains, patients should feel free to utilize religious or spiritual language in their communication with the entire healthcare team. Partnerships between chaplains, psychologists with an understanding of religion, and medical professionals can be a valuable addition to the delivery of quality healthcare. At the Ross Memorial Hospital we have embraced this perspective and are experiencing its dynamic effects.

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