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Spirituality in Medicine

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“An essential unity of art and science, of wisdom and technique, is left unresolved when spirituality is not addressed in medicine.” Spirituality’s unique place in the understanding of health and well-being is its emphasis on human values and human meanings that are vital to life. The humanities aid in clarification of value issues that arise from ordinary professional actions. Since spirituality concerns these essential values and meanings vital to the well-being of both patient and health care professional, spirituality should be given curricular attention at all stages of the education and training of physicians and other health care professionals.

The Department of Family Practice in the College of Human Medicine emphasizes the necessity of spirituality in a fully developed primary care program. Preclinical, clinical, and residency sections of the program include courses and programs on spirituality as a component of medical practice. If physicians are to understand, nurture, and support the healing of persons, then physicians must come to understand the vital role of the spiritual in the lives of the persons whom they are treating.

The beginning of this understanding lies within an understanding of spirituality itself. Although spirituality cannot be narrowly defined, its elements can be described to avoid the conceptual vagueness normally associated with spirituality, a vagueness on the meaning and the universality of spirituality. The spiritual can be described as the umbrella of our non-physical nature concerned with such supreme values as love, meaning, beauty, hope, and truth. Our values, purpose in life, our conception of peace, compassion, and personhood, our understanding of death and grieving, and our self-reflecting moments are all expressions of our spirit and are valuable in our quest to understand our own spirituality and that of others.

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Spirituality incorporates both religious and secular values; its universality makes it a dimension within every person--religious, atheist, secular humanist, or agnostic. John Hiatt asserts that spirituality, as an integrating function for the individual, can help bring seemingly disparate parts of the personality and the fragmented nature of experience together into a single whole. In 1968, Abraham Maslow wrote that, "the human being needs a framework of values, a philosophy of life, a religion or religion-surrogate to live by in about the same sense that he/she needs sunlight, calcium, or love. We need a validated, usable system of human values that we can believe in and devote ourselves to (be willing to die for)." Spirituality is a vital principle providing one's personality with its inward structure--a dynamic drive and creative response to the demands it encounters.

Besides the fostering of human values, spirituality concerns the meanings that are attached to experience. Howard Brody concludes that suffering is produced and alleviated primarily by the meaning one attaches to one's experience. Alluding to his experience as a prisoner at Auschwitz, Viktor Frankl wrote, "Again and again we have seen that an appeal to continue living, to survive the most unfavorable conditions, can be made only when one such survival appears to have meaning. That meaning must be realized by this person alone." In terms of medical practice, spirituality must be seen as a vital component of well being for both physician and patient. Because it is an essential element of a patient's human nature, spirituality should be addressed in the practice of medicine and in medical education.

In 1977, George Engel used his model of health, the *biopsychosocial*, to counteract the Cartesian concept of the dichotomization of body and spirit. Engel's model insists that an individual's health depends on the well-being and integration of the physical, psychological, and relational, and not on any one of the systems alone.

John Carr has observed that the biopsychosocial model of understanding wellness has sensitized physicians, health care professionals, and those who understand the healing arts to the depth and variety of health-related variables. And yet, the biopsychosocial

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model does not provide an integrating framework for its components. Spirituality is the integrative force of the biopsychosocial's three-part system, not a separate system of its own. And as the integrating component in the biopsychosocial approach to patient care, spirituality deserves attention in the art of medicine, for the sake of both the patient and the physician.

As part of the faculty in the Department of Family Practice, I have had the privilege and satisfaction of supporting religiously-spiritual students at MSU as they discern and exercise their spirituality in unique and innovative ways. One particular component of this guidance is the seminar "Spirituality: A Vital Component of Well-Being," in which students spend eight class hours examining their understanding of the concept of spirituality, their own spirituality, and the role of spirituality in the physician-patient relationship. Through small group discussions, time for self-reflection, and thought-provoking study, medical students develop the necessary tools to define and to begin to understand spirituality--both as it relates to their own lives and as it relates to the lives of their patients. I was especially gratified to have a self-described atheist state that he had re-found his spirituality. Although not religious, he was vitally concerned with his spirituality and the values and meaning so central to his self-concept and well-being.

Because spirituality is an essential element of human nature, it becomes a vital component of well-being for both physician and patient. And with well-being a medical goal, it is hoped that the understanding of how the individual spirituality of patient and practitioner contributes to the healing process will result in the delivering of more precise and effective health care.