Spirituality, healing and medicine

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SUMMARY. The natural science base of modern medicine influences the way in which medicine is delivered and may ignore the spiritual factors associated with illness. The history of spirituality in healing presented here reflects the growth of scientific knowledge, demands for religious renewal, and the shift in the understanding of the concept of health within a broader cultural context. General practitioners have been willing to entertain the idea of spiritual healing and include it in their daily practice, or referral network. Recognizing patients' beliefs in the face of suffering is an important factor in health care practice.

Introduction

> 'On our own, or in our most intimate groups, we devise more personal and idiosyncratic beliefs, rituals and protocols to ward off the potential storms or deserts of uncertainty.'[1]

In modern medicine the overriding concern of medical decisions is for correct diagnosis. Health becomes defined in anatomical or physiological terms, and problems of living are translated into physical descriptions, and more importantly submitted to physical interventions. Rarely do we find a diagnosis which includes the relationship between the patient and his or her god. Patience, grace, prayer, meditation, forgiveness and fellowship are as important in many of our health initiatives as medication, hospitalization or surgery. In the face of suffering our spirituality may help us to find purpose, meaning and hope.[2]

Christian healing survived under Roman persecution by inspiring followers with acts of healing. As christianity became accepted and established, christian healing, which depended upon individuals being inspired by the spirit as opposed to being licensed by law, was seen as a threat to the hierarchy of the church. Furthermore, physicians began to organize themselves into guilds, and medicine began to form itself into a body of knowledge replicable in universities throughout Europe. Metaphysics became increasingly idiosyncratic and open to individual interpretation. Christianity surrendered its sole authority to speak of life, birth and death to a materialistic science which verified human life in the same way in which it verified the physical universe.[3] The belief that the human body could be organized by subtle forces which represented the presence of a higher intelligence in the universe was abandoned.[4]

In spite of the growth of scientific knowledge in medicine, spiritual healing has survived throughout western Europe, and continues to flourish. During this century some church groups have called for a revival of spiritual healing. Within the last decade this has culminated in a recognition of the christian churches' healing ministry, albeit contentiously. Spiritual healing is often associated with an holistic approach and with a general interest in complementary medicine. There are also spiritual healing groups who have no church or religious affiliation who only exist to pursue spiritual healing. In the United Kingdom these spiritual healing organizations and some religious groups, have formed themselves into the Confederation of Healing Organizations, to practise in hospitals and take referrals from physicians. This confederation issues strict guidelines for practice and conduct which have been worked out with the British Medical Association and various royal colleges (Confederation of Healing Organizations, personal communication, 1990). The code of conduct covers legal obligations and emphasizes full cooperation with medical authorities. Healers must disclaim any ability to cure but offer to attempt to heal in some measure. The confederation has several clinical controlled trials in progress including a randomized double blind trial protocol (Benor D, personal communication, 1990).

Explanations of healing

There are various explanations for how spiritual healing works, including metaphysical, magnetic, psychological and social processes. Most spiritual healers maintain that there are divine energies which are transformed from the spiritual level by the healer and which produce a beneficial effect upon the energy field of the patient. The notion of the energy field is a source of disagreement between orthodox researchers[5,6] and spiritual healers, since researchers argue that if such a field exists then it should be possible to measure by physical means. However, the explanation of the energy field is as yet unsubstantiated by scientific research.

Spiritual healing exists throughout western Europe,[7,8] and occurs in two different ways. The first involves hands on contact, or near contact, between the healer and the patient, similar to the church ritual of the laying on of hands. The second is distant healing, where a healer or group of healers pray or meditate for the absent patient. Healers emphasize that a special state of mind is required by them for this influence to occur. An altered state of mind in the healer is a feature common to spiritual healing and prehistoric forms of healing.

Older shamanistic techniques of healing have mainly died out in Europe except for remote rural areas in northern Europe.[9] Shamans, present in most tribal cultures throughout the world, were an elite who used techniques of ecstasy (dream and trance) to cure people, to guard the soul of the community and to direct its religious life.[10] While trances were used to cure, they were also a means of transporting souls to other worlds and mediating between humans and gods. The recruitment of such healers was by inheritance or spiritual vocation, entailing an arduous apprenticeship, and an initiatory crisis which involved the novice shaman being cured of a sickness.

While the state of mind necessary for healing has been elusive to scientific research, there has been extensive research into the physical sequelae of spiritual healing, which has included investigations using controlled trials.[11] The effect of spiritual healing on cells and lower organisms, including bacteria, fungus and yeasts; on human cells *in vitro*; on the motility of simple organisms and plants; on animals; and on human illnesses have been investigated.[11,12] While spiritual healing is often dismissed as a placebo response, the evidence from studies of lower organisms and cells would indicate that there is direct influence.[11,12] Even if we introduce the idea of expectancy effects as an influence on experimental data we still have a body of

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knowledge which begs understanding. The explanations of placebo and expectancy are no less metaphysical than those given for healing phenomena.

Clinical experience

General practitioners have been willing to entertain the idea of spiritual healing and incorporate it into their daily practice, or as part of their referral network.[13-15] The demand for an holistic approach to care has been adopted by some nursing groups who remind us that in caring for the patient there is a need to include spiritual needs and to allow for the expression of those needs.[16-18] Within these approaches there is a core of opinion which accepts that suffering and pain are part of a larger life experience, and that they can have meaning for the patient and for the carers.[19] The counselling methods incorporated in these medical approaches place emphasis upon the person's concept of god, his or her sources of strength and hope, and the significance of religious practices and rituals for that person.[17]

Doctors, nurses and the clergy have worked together in caring for the dying,[20-22] and a community approach which includes the family of the patient and his or her friends appears to be beneficial.[23,24] The principal benefits for the patient include a lessening of anxiety, feelings of well-being and an increasing spiritual awareness, regardless of sex, marital status, age or diagnosis.[25] Comprehensive treatment programmes for people with the acquired immune deficiency syndrome (AIDS), recommend that the spiritual welfare of the patient is acknowledged.[26-29]

Prayer may be a valuable part of care for the elderly across several cultures.[30,31] Seeking medical help and prayer are not mutually exclusive actions, as prayer is considered to be an active coping response in the face of stressful medical problems.[32] A study of 160 physicians found that physicians believe that religion has a positive effect on physical health, that religious issues should be addressed and that older patients may ask the physician to pray with them.[33] The belief system of the practitioner may influence the willingness of the patient to talk about their religious beliefs.

Although initial clinical research into the benefits of prayer was inconclusive,[34-36] more recent studies from a broader medical perspective and with larger study populations have shown that intercessory prayer is beneficial. In one study in a coronary care unit, patients in the prayer group had an overall better outcome, requiring less antibiotics, less diuretics and had a lower incidence of intubation/ventilation than the control group.[37] For renal patients, prayer and looking at the problem objectively were used most in coping with stress.[38] It is interesting to see that for the patient, prayer and looking at the problem objectively are not exclusive but complementary activities in a patient's belief system.

The treatment of alcoholism has historically included spiritual considerations.[39] Such treatments for alcohol abuse were often composite packages using physical methods of relaxation, psychological methods of suggestion and autosuggestion, social methods of group support and service to the community, and spiritual techniques of prayer. Such procedures are still in use today and have been extended into the realm of chemical dependency[40] and substance abuse.[41]

Health beliefs

While the number of people claiming active membership of a religious institution in the UK is very low, many people report that they have had a religious experience at some time or another.[42] While it may not be usual to bring the sacred into the medical consultation, secular knowledge is found to be wanting at particular critical moments in those consultations. For the patient it is vital to make sense of experience. There is a need to search for meaning in the face of chaos, loss, hopelessness and suffering. New efforts for lay involvement in medicine and in the church, and a call for spiritual (or holistic) understanding of illness are the expressions of individual calls for such meaning according to patient beliefs.

It is at the level of health beliefs that perhaps the most acceptable explanations of healing take place. In one research study of black American women with AIDS,[27] prevention and prayer were included in a treatment programme which incorporated womens' traditional beliefs. This incorporation of modern and traditional health beliefs has been used in treating patients throughout the world.[43-46] Patients are concerned about the origin and meaning of symptoms and about the way in which they may be healed.

For patients, symbolic meaning plays a part in disease classification, in the cognitive management of illness and in therapy.[47] It provides a bridge between cultural and physiological phenomena. Symbolic meanings are the loci of power whereby illness is explained and controlled. Griffith and Mahy[48] describe a church-based healing clinic which had both orthodox modern medicine and spiritual healing. Not only were there differences in what counted as evidence of healing, but also differences in rituals and in hierarchies of practitioners. While different rituals may exist in parallel, it may be difficult for them to work together. Some authors see such a unity as diluting the richness of the culture, in that marginal practices will be medicalized and lose some of their vitality.[49]

It is the change in an individual's meaning of life which appears to characterize many healing rituals. Marginalized individuals — the sick, the poor, the lonely and the elderly — are brought into a group. For some participants, this offers a way of self expression and fulfilment within a social context, thereby ritually affirming the social worth of the individual.[50] Thus, some church-based healing groups are more concerned with lifestyle approaches than physical pathologies. Sickness, when placed in the hands of a divine authority, releases the patients to a new form of living and integration within a community. This is the significance of the sacrament of the laying on of hands as a sacred reality[51] which should not be equated with the therapeutic touch of the doctor as a secular reality.

Discussion

Important changes have been taking place both within the church and within medicine. Issues relating to health and well-being have questioned the fundamental practices of these two institutions. Principally, these issues are about the definition of health and who is to be involved in healing. It is the contention of this paper that such issues are raised at times of transformation when the old order, whether it be in the church or in medicine, is being challenged.

From the community there is a growing demand for involvement in health issues and for initiatives promoting a healthy lifestyle. Within the church too there are demands by the laity to be actively involved in the life of the church, and for lay ministries to be recognized. Communities are eager to make decisions about matters which affect their daily lives and are no longer willing to abdicate decision making to licensed and expert professionals who may be far removed from them in terms of educational background, social class and experience. This does not mean that there is a revolt by individuals against care by health professionals or clergy men; it is proposed that these

health experts become facilitators and informed advisers.

Both medicine and spiritual healing can bring about the conditions under which healing can occur. While we know of the social implications of healing such as an individual's integration into the community, and the maintainance of a pool of labour, and the psychological implications of healing such as happier, contented patients[52] relieved of distress,[53] it is far more difficult in modern society to articulate the spiritual implications of healing. While doctors may be initially sceptical of the claims of spiritual healers, it is possible to include the spiritual healer in patient management,[13,54] given that registered spiritual healers in the UK acknowledge the central position of the medical practitioner in patient care, and that there are existing models for teamwork in primary health care[23,55] and the church.[56] Spiritual healing appears to be of particular benefit when it is at the request of the patient and family, and for the elderly, the chronically ill and the dying. Recognizing a patient's beliefs, and facilitating health care practice which takes into account those beliefs appears to be an important initiative in the management of suffering and loss.

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