Spirituality and Health: A Psychological Inquiry

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Abstract

In recent years spirituality has emerged as a central focus in the field of health sciences. A strong body of studies bring out the potential of spirituality/religiosity to promote and maintain physical and mental health and ameliorate the deleterious effects of psychosocial stress on health. Rresearchers and clinicians now believe in the important connection of spirituality with health and wellness of an individual's life. Researches in the area of behavioral medicine have also shown that the spirituality generates insightful effects on the bodily conditions. Studies indicate that enhancement of one's spirituality affect medical and health condition in terms of positive outcomes of patients' health care. The present review deals the theoretical as well as empirical findings that include the influence of spirituality on health and well-being and its significance for patients suffering from various health problems. The findings indicate that spiritual need in medical care may create great encouraging results on a patient's health and well-being.

Introduction

The notions of spirituality and health have been the major issues of discussion and research among scholars for decades. Since the beginning of the intellectual history of mankind, scholars have been continuously trying to explore the relationship of spirituality/religiosity/faith with health conditions and outcomes of illnesses. A pioneer of modern scientific medicine, Osler (1910), wrote about "the faith that heals" (p. 1471). Meta analyses and systematic reviews support that spirituality generates a positive effect on physical and mental health conditions. Spirituality has been shown to promote health-related behavior and life styles that enhance health and decrease disease risk which in turn reduces stress and improves coping (Levin, Larson, & Puchalski, 1997). Maintaining overall psychosocial health and wellbeing in illnesses and other adversities of life has become a very serious concern of health professionals. The notions of well-being have been identified in the World Health Organization's (WHO) (1982) conceptualization of health as "a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity". WHO definition suggests that health and wellbeing are inseparable, and that health cannot exist without wellbeing.

The purpose of studying the significance of spirituality emerged with the classic biopsychosocial conceptualization of health formulated by Engel (1980). This theoretical

framework requires taking into account a variety of factors, such as spiritual beliefs and practices, when investigating the interpretations of both mental and physical health. The concept of spirituality is now integrated in current definitions of health such as of Marks et al (2005, p. 4) who consider health as "…a state of wellbeing with physical, cultural, psychosocial, economic and spiritual attributes, not simply the absence of an illness". Such definitions consider health as a dimension ranging from "illness to wellness" in which health is not viewed only as "absence of illness" but also as "the presence wellness" and spirituality is identified as one of the most important guiding principles in a people's existence. As a consequences researchers and clinicians have started testing the models proposed by WHO, Engel, Marks and many others and a strong body of studies bring out the potential of spirituality to promote and maintain physical and mental health, and ameliorate the deleterious effects of psychosocial stress on health. On the basis of theoretical as well as empirical findings researchers and clinicians now believe in the important connection of spirituality with health and wellness of an individual's life.

The present review deals the research findings related to the outcomes of spirituality, influencing the general health and well being of patients suffering from chronic illnesses. Researchers expect that obtaining the spiritual need in medical care may create a great encouraging result on patient's well being. As is has become clear from previous findings given in various sources of literature that one should not presume that spirituality is either identical, or common, with religion, and adopting this restraining view is unhelpful in the provision of individualized care (Gordon & Mitchell, 2004). Evidences indicate that the self, others and some type of belief in "God" or a higher being are key elements of spirituality; and that meaning, hope, relatedness/connectiveness, beliefs/belief systems and expressions of spirituality can be viewed in the context of these elements. It has also been proposed that the nature of "God" may have many forms and, essentially, is whatever an individual takes to be of the highest value in his/her life (McSherry, et al, 2004).

Current researches in the area behavioral medicine indicate that the spirituality creates insightful effects on the body and influence health conditions of an individual in terms of positive outcomes. Health documents describing the self-management procedures highlight spirituality as one of the important holistic styles that address the needs of the whole person rather than isolated parts. Holistic health care processes promote the body's natural healing ability, and this wide-ranging approach to wellness enhances patient care efforts (American Diabetes Association, 2009).

Eastern and Western Notions of Spirituality and Health

Several portrayals of spirituality and health promotion have been explained from the eastern and western traditions. The emphasis on harmonious balance among biological,

psychological, social, and spiritual aspects is very close to the given notions of health and well- being in a range of Indian transcripts. Some related examples include *Ayurveda, focuses on* sama or balance; *Atisarvatra varjayet* or avoidance of extremes; Budhistic philosophy (*madhyama* or the middle path) which means balance between extremes; *sankhya philosophy*- state of *samyavastha* or equilibrium of three gunas or qualities namely *sattva* (the element of illumination); *rajas* (activity, dynamism) and *tamas* (passivity, inertia, darkness). Such a balanced state of functioning is repeatedly considered in Bhagvadagita to be the chief characteristics of Psychological well-being of a person (Palsane et al., 1986; Sinha, 1990).

The positive effects of spirituality in enhancing the mental and physical conditions of individuals have been recognized in Ayurveda. It is recognized as India's traditional, natural classification of medicine, being practiced by the people of entire world as a form of unconventional medicine for more than 5,000 years. The most basic narrative of Ayurveda namely Sushruta Samhita and Charaka Samhita come into view during the Vedic period in India. Ayurvedic practitioners have identified a number of medicinal preparations, surgical procedures, spiritual and yogic practices for curing various ailments and diseases. Ayurveda defines mental health as a state of mental, intellectual and spiritual well-being. It inspects every detail of the mind's attributes including spirituality with fair triumph and weights on prevention of disease, rejuvenation of our mental and somatic systems, and longevity of life.

In Ayurveda, symptoms and illness are categorized as mental thoughts or feelings that are just as important as symptoms and diseases of the physical body. Ayurveda seeks to remove the root causes of illness in a holistic way. Its focus is on prevention through correct diet, exercise, meditation and cultivation of the right attitude by being spiritual. It offers a complex array of therapeutic techniques and natural medicines to restore balance and harmony. The mind is functionally divided into ahankara (ego), ichha (desire, will) and buddhi. Ichha, directed by ahankara, controls the mind. Buddhi, or the intellect, takes the decisions. The three gunas (sattva, rajas, tamas) are connected to tridosha in ayurveda (www.Disabled-World.com).

The Indian perspective distinguishes between three gunas, three components, which underlie both mind and matter. Satva, rajas, and tamas symbolize the principles of enlightenment, energy, and inertia. The principle that is accountable for energy, dynamism, and action is called *rajas.* The principle that is accountable for brightness, illumination, transparency, and such like is named *satva*. These principles function in various combinations in the entire universe, in the structure and function of everything including human beings. Thus people are distinguished as *sātvic*, *rājasic* and *tāmasic* depending on the predominance of one of the three over the other two. A *sātvic* person is illustrated as one who has discriminative intellect; who is self-controlled, serene, equanimous, and steadfast;

who is virtuous, generous and gentle; and who is detached and duty bound without expectations, a seeker of self and aware of the unity underlying all diversities. A *rājasic* person is one who is driven into act by passion, is agitated, is under stress; who has additional needs, strong likes and dislikes, and chase sensory pleasures; who is attached to one's social roles; who lacks clear injustice and has distorted understanding; and who is egocentric. A *tāmasic* person is unhappy, lethargic, and unenthusiastic to work, inattentive, unmanageable, egotistical, aggressive, vacillating, unaware, inadvertent, uncertain and dull. All the three *guna*s are present in all the individuals and it is the predominance of one over the other which leads to the category of persons as *satvic*, *rājasic* and *tāmasic* type. The human growth involves increasing *sātvic* characteristics (Kumar, 2003). Our mental faculties create barriers in the expressions of happiness (anada). Experience of happiness requires clean mental faculties that enhances the levels of happiness and creates a satvik person inside our body. *Bhagawad Geeta*, teaches us to stay in *satva*, i.e., to be predominated by the belief of enlightenment and simplicity in order to be in touch with the blissful experience of our personality.

Bhagavad-Gita is the one of most vital and spiritual texts of Hindus which holds the preaching's of Lord Krishna. A popular verse of Bhagvad Gita , holds the teachings of lord Krishna advises "detachment" from the fruits or results of actions performed in the course of one's duty (Goyanka, 2006, p. 30). Modern researches on well-being and stress have found that the main source of our stress and anxiety is fear of failure or negative consequences of our actions. When we concentrate only on our work without the anxiety of future failure or success, and utilize our signature strengths to perform the task, then we experience “flow” in the work. This flow experience generates excellence and satisfaction. Therefore detachment from the fruits of our action, and flow experience in the work generate true happiness and that in turn lead to sound health and positive psycho-physiological functioning.

Studies of the western parts of the world indicate that as a psychological process, spiritual integration takes place within the self, between the self and others and the natural world, and beyond the limits of “self-hood,” in connection with the transcendent (McFadden & Gerl, 1990). This self-motivated integration underlies “belief/faith, the cognitive/emotional synthesis of a sense of meaningfulness and purpose in life”. They stated that spirituality includes the secular world of experience as well as the sacred realm of the transcendent. Spirituality is the continuing process of integrating memory, experience and anticipation within the self and it involves ongoing efforts to relate to others with altruism. Additionally, spirituality is experienced in an active sense of relatedness to the natural world's reminders of the exigencies of life and death. It functions to draw persons into a sense of connection with a power greater than and transcending themselves. This last aspect of spiritual integration is most often associated with religion, which describes the nature of the divine and prescribes ways of relating to the sacred realm. Like spirituality, faith does not need to be

linked with religious creeds, symbols, and rituals. Some people experience religion as an obstacle to faith and spiritual integration. Foley, Wagner, and Waskel (1998) consider spirituality as a multidimensional concept that has a definition specific to the individual's own lived experience. The individual's spiritual facet is a distinct reality with its own meaning, which goes beyond and brings together social, biological, and the psychological domains. Therefore spirituality is linked with an eternal state of human being.

Some theories of spirituality are extensively conversed by McFadden and Gerl (1990) namely 1. mechanistic, 2. organismic, and 3. contextual. The mechanistic model explains that complex phenomena are reducible to simple phenomena; the complex is only qualitatively different from the simple. This viewpoint appreciates human actions to be the product of environmental incentive that control actions. As a result the living being is looked at as relatively passive in the face of the active influence of the environment. In distinction to the mechanistic model, the organismic model refuses reductionism, weights an active rather than passive organism, and affirms that higher levels of organization represent qualitative changes. A third model, which unites components of the first two, is increasingly influencing theory and research on life-span development, especially that which occurs in the second half of life. Contextualism stresses the continuous mutual transactions that occur between individuals and their surroundings that may be understood socio-culturally and historically. The developmental, life-span perspective that has emerged from the contextual model presents ways to deal with issues of enduring spiritual integration without assuming a stage theory with its attendant intricacies.

Life-span perspective describes two key related functions of human development- "embeddedness and "dynamic interactionism". Embeddedness proposes that the nearly all significant facets of human life are experienced at many different levels in terms of biological, psychological, historical, cultural, and social aspects. These levels function in dynamic interaction with each other. According to the life-span perspective, spirituality can influence and be influenced by the individual's physical condition, psychological well-being, interactions with others, and cultural beliefs about illness, disability, aging and spirituality. Spirituality, which is often associated with religious participation, can also be viewed as a force that motivates us to search for meaning and purpose in life, seek the supernatural or some meaning that transcends us, wonder about our origins and our identities, and require mortality and equity (Manheimer, 1994).

It aims at unifying the self and others, along with the natural world of experience, providing us with a sense of connection to a power greater than ourselves. Spirituality in this sense is most compatible with contextual theory, and is often associated with positive influences on behavior and health. As individuals pass through the life span, they face role transformations, death of loved ones, physical changes, illnesses, disabling conditions, and

the numerous other inevitable outcomes of aging. They are inspired to reassess and restructure priorities. This reassessment and restructuring can occur because of the cognitive and affective growth that help people think abstractly, tolerate ambiguity and paradox, experience emotional flexibility, and commit themselves to a value system that goes beyond the conventional to encompass the more general dimensions of the human condition (McFadden et al., 1990).

Human being have an advantage over other species in that they have the capability to exceed, if not alter, the environment (Blazer, 1991). In adulthood, cognitive and affective development produces the wisdom of aging persons, who accept their own mortality and view the world with objectivity and perspective while maintaining empathy and concerned involvement. All of these changes, representing both losses and gains, produce opportunities for the deepening and widening of spiritual integration. This dynamic integration within the self, with others and with the natural world in connection with the transcendent underlies "belief/faith, the cognitive/emotional synthesis of a sense of meaningfulness and purpose in life" (McFadden et al., 1990).

Further, Sherman and Webb (1994), indicated spirituality to be a complex process of continuing interpretive activity, including perceiving, thinking, evaluating, choosing, and accruing a structure of self conceptions. Many scholars view self-transcendence as one of the disciplines most used by older persons and persons with disabilities (Krause, 2004). The deprivations and losses of advancing age are opportunities to divest the self of the illusionary ambitions and false securities of life which often serve as distractions from the life of the spirit. By letting go of these distractions, the individual can live more independently in the present and see life as it is. Self transcendence can also be used by people who live with chronic illness (Newlin, et al, 2008). Many people have fear of death that obviously gives massive disruption to life. It seems that spiritual person facing different facets of the realities of life may live a happier and healthier life because of not having the fear of death than those who do not accept the realities of life as universal truths and live in delusions.

Achieving Spirituality and Health

When we look into the spiritual concepts given by Indian seer and sages we find that they believed in the functional aspects (action oriented) of human growth by stating that men could make mindful and purposeful endeavour to evolve further from whatever level/group they are born to by incorporating right action in personality. Consequently they conceived the main purpose of human subsistence as one of continuous self refinement, the culmination of which is the ability to step aside from the cycle of birth and death, called *moksha* (liberation). They could make out liberation as transcending all kinds of limitations,

which involve liberating oneself from various types of attachments, identifications and psychological conditioning not only to outside objects and events, but even to one's own psychological states and body as well. Boundary of this dis-identification from body is expressed in *Bhagawad Geeta* (Chapter, II Verse, 22) as follows. "Just as a person throws his tattered clothes and puts on a new dress, *Ātman* the owner of this body, when it wears out and dies, will take on a new body". Thus, Indian prophets believed more on *ānandamaya kosha* than on *annamaya kosha* (Kumar, 2003).

Therefore, spiritual wellbeing and good life were to be obtained more in terms of minimisation, self-control, and detachment from bodily need fulfilment rather than maximization, excess, and striving for need fulfilment. Such accepted wisdom involved giving up and letting go rather than controlling, identifying and holding on. *Tusti*, contentment, was believed more important than *trpti*, pleasure, and *sukha,* happiness. The eventual or supreme contentment espoused was to be contented within self, with the comprehension of transcendent self. Thus, Self-realization was accorded greater eminence than self-actualization. Practises, which included strategy of experiencing the transcendent self, acknowledged as yoga. Thus we have different systems of yoga suited to individuals at different levels of growth (Kumar, 2006). Yoga set down yogic principle and methods to assist to attain a high level of awareness and consciousness that takes an individual ahead of the edges of usual human experience. Strategies suggested by Patanjali, yoga sutra is the methodological training whereby one learns to control his thoughts through moral discipline and spiritual exercises. Its principal goal is called "*kaivalya*" which means, "independence", "freedom", and "isolation". Yoga practice produces surprising self-control such as super normal knowledge, extraordinary strength, and magical capacities. The psychological training techniques summarized by Patanjali are sometimes called "Raja" (or "royal") yoga. Yoga is the control of the ideas in mind and consists of body-conditioning, self-study, and attentiveness to God. It has the purposes of promoting contemplation, spiritual health and causing reduction in the source of trouble. The sources of trouble are ignorance, self-personality, desire, aversion, possessiveness (William et al., 1967).

Researchers in the field of humanities have build up broad descriptions of spiritual (or faith) development (Moody & Carroll, 1998). One of the most acknowledged explanations of Western world is given by Fowler (1981), explaining faith as a person's way of seeing him or herself in relation to others against a backdrop of shared meaning and purpose. Fowler (1981) and McFadden et al. (1990) give a logical approach to the development of spirituality, by comprehensible progressive divisions. Six stages were created to corresponding Piaget's cognitive-development stages. Progression during every stage is not chronologically assured. As no definite higher control is the defining factor of whether one can apply these stages to one's life, a link to incredible superior than self is a must. The six stages are summarized here:

As McFadden et al. (1990) states that first stage begins around age three to seven years, an infant has an undifferentiated faith and begins to interact with adults and learn about the surroundings, including social behaviors. A child leads his/her inner world, filled with imagination, fantasy, and without logic. After some time as a child understands processes comes to know about life's mysteries, such as death, sexuality and cultural taboos, he/she holds intuitive-projective faith. Nurturing this simple self-actualization is one aspect of spiritual development. With the development of these processes a child acquires the ability to think concretely, and stage one comes to end. We may observe that the image of a higher being as a parent is symbolic of the child's limited experience.

With the development of cognitive abilities child comes into concrete operational thinking, or the second stage. This is called mythic literal faith stage. In this stage a child is able to perceive the world in terms of contrary like good and bad. They perceive their authorities to have unquestionable knowledge. They acquire a great deal of knowledge through simple from of stories as consequence they form their core belief, value of faith systems. Through these interactive processes they develop their relationship with others. Third stage may be interpreted in terms of synthetic-conventional faith stage that is influenced by the external environment strengths such as school, work, friends and the media. A child makes balance in the external forces. They have desire to conform the causes of internal conflict, since conformity can mean going against core belief, faith or values systems. With the establishment of relationship with others, the important facet of spirituality is addressed in this stage is relationship to others.

As children develop critical thinking, the conflicts between self and newly introduced relationships lead to the end of third stage. They try to break away from authority; their desire to think alone creates a search for other's similar views to validate their own faith system. Self-schema and increased relationships with others help them deciding the connection between self and other members of the world.

Fourth stage is considered as individualized-reflective faith or highly intellectual stage. This spots the commencement of a unique and original worldview. As soon as children develop independent thinking, their desire to get powered by other lessened. They evolve themselves as abstract figures and drop their mythical meanings that guide them understanding the complexities of life. This processes leads to end of this stage. They make balance amongst self, others, and super power.

Fifth stage denotes a level of understanding that is observed as conjunctive faith. Individuals' admiration of the power of symbols and myths extends with the processes of growth and development. Individual starts valuing their direct experience at the same time they also confirm others' beliefs and it is indicative of conjunctive faith. Their level of faith

gets motivation as they obtain the rewards for personal dedication and submission to the spiritual rules. This leads to motion of black-and-white thinking, and the smooth progress of a perception of peace, the acknowledgment that being true does not mean others must be incorrect and the recognition of belief that there is no such thing like complete controlling agent exists in the world. The uniqueness that a person holds at this level of spiritual maturity is similar to the type of maturity that approach with age. For instance, the beginning half of years is most influenced by development of biological processes while the rest half of life is most controlled by the cultural parameters that aim at the creation of a world of peace, justice, and beauty, a world the best suits the future generation, that can't be created until the spiritual maturity is achieved.

Sixth stage denotes to the acknowledgment of meaning of life that motivates the learning processes of an individual. Relatively very few individuals reach the higher level of consciousness. It is the phase of social justice and loss of egocentric focus that is the utmost essential to achieve the spiritual progress or universalizing faith. Scholars consider that stages first to sixth are too cognitive in orientation. They hold up an approach that weights on emotion and awareness. Relational consciousness portrays the real meaning of spirituality. Relational consciousness is a type of metacognitive activity that reflects an ever increasing consciousness of growth and opportunity consequences for human beings. In this framework, development is considered to move from simple to complex, from naive to sophisticated, from insecurity to confidence in terms of the relational aspects of self, others, nature, God or universally unidentified elements (McFadden et al., 1990).

Spirituality in Mental and Physical Illness

A number of reviews and meta-analyses of epidemiological, medical and psychological studies have provided important contributions to the study of spirituality/religiosity and health outcomes (Matthews et al., 1998; McCullough et al., 2000). If we throw light in the scriptures of all religions we will find that people of entire world believe in some kind of spirituality suggesting the best ways to make adjustments in life threatening situations that may give positive results of all sufferings. Spirituality is used as a coping mechanism in order to get better outcomes of the different phases of life which requires knowledge, extraordinary mental strength, and capacities that needs immense level of temperance (Cederblad, et al., 1995; Pettersson, 1991).

Researchers have examined the relationship between spirituality and/or religious practices and a wide variety of medical conditions. A partial list includes the following: AIDS (Avants, et al., 2001); addiction (Galanter, 2008); adolescent illnesses including mental illness (Hendricks-Ferguson, 2008; Dew et al., 2008); amyotrophic lateral sclerosis, (Murphy, et al., 2000); arthritis (Cronan, et al., 1989); cancer (Lyon, et al, 1994; Schnoll, et

al., 2000; Vachon, 2008); chronic pain (Keefe, et al., 2001); cystic fibrosis (Stern, et al., 1992); dementia (Giem, et al., 1993); depression (Hurts, et al., 2008); diabetes (Samuel-Hodge, et al., 2000); epilepsy (Devinsky & Lai, 2008); haemodialysis (Ko, et al., 2007); heart disease (Ai, et al., 1998); hypertension (Larson, et al., 1989); kidney disease (Tix & Frazier, 1998); lung disease (Matthees, et al., 2001); migraine headache (Wachholtz & Pargament, 2008); myocardial infarctions (Lyon et al., 1994); pregnancy (Jesse, et al., 2007; Hamilton & Lobel, 2008); rheumatoid arthritis (Bartlett, et al., 2003); sickle cell disease (Cooper-Effa, et al., 2001); spinal cord injury (Brillhart, 2005; Anderson, et al., 2008); suicide (Huguelet, et al., 2007). Additionally, spirituality has proven to be essential to rehabilitation outcomes (Faull & Hills, 2006; Yohannes, et al., 2008).

Spirituality and Health Behavior in Life Threatening Conditions

A number of studies have examined an extensive multiplicity of health conditions and behaviors and revealed that spirituality can be used effectively as a coping mechanism (Silber & Reilly, 1985; Greenstreet, 2006; Wachholtz & Pearce, 2009). Spirituality as expressed by religious participation is profoundly embedded in western society. In a recent national survey, 95 per cent of Americans indicated a belief in God or a higher being, 95 per cent said that religious or spiritual values were important in their lives, 68 per cent indicated that they attend church services at least once a month, and 54 per cent indicated that religious or spiritual values were having an escalating impact in people's lives (Koenig et al., 2001). The relationship between spirituality and health has extensive implications. Spiritual participation has been associated with decreased missed medical appointments (Koenig, 2002), an increase in accommodations (Pargament, et al., 2004), greater compliance with recommended treatment regimens (Fox, et al., 1998; Harris, et al., 1995; Koenig, et al., 1998), and better health outcomes (Oxman, et al., 1995; Pressman, et al., 1990). Several studies have found that persons who are more spiritual have lower blood pressure (Steffen, et al., 2001), fewer cardiac events (Goldbourt, et al., 1993), fewer coronary artery obstructions (Morris, 2001), better cardiac surgery outcomes (Oxman et al., 1995), and greater longevity (Hummer, et al., 1999; McCullough & et al., 2000; Strawbridge, et al., 1997).

Spirituality is observed as probably having healing power on an individual's health. It can be a functional addition to the management of chronic illnesses. A methodical review of research conducted during the 20th century documented 724 studies of which 478 (66%) found statistically significant relationships of spirituality with less substance abuse, greater social support, or better mental health (Koenig et al., 2001). Studies from the mental health field have found that those who are less spiritual may experience more depression and appear to recover from depression more slowly (Braam, et al., 1997; Braam, et al., 2001). Early studies also found that lack of church attendance was a significant predictor of suicide

(Stack, 1983); and that there was a strong protective relationship between higher levels of religious commitment and lower suicide rates (Gartner, et al., 1991).

A study conducted at Duke University, a nurse used interviews to assess spirituality in 838 consecutively admitted patients (>=50 years of age) to a general medical service. The measures of spirituality included self-rated spirituality, observer rated spirituality (ORS), and daily spiritual experiences. Results revealed that religious activities, attitudes, and spiritual beliefs were prevalent more strongly in older hospitalized patients and were positively associated with greater perception of social support, better psychological and physical health than younger hospitalized patients. Furthermore, patients who categorized themselves as neither spiritual nor religious tended to have greater medical co morbidities (Koenig, et al., 2004).

Findings also reveal that spiritual/religious beliefs influence medical decisions in seriously or terminally ill patients. One study, using a cross-sectional design, surveyed 177 outpatients seen in a university-based pulmonary clinic and found that 45 per cent of the patients specified that spiritual beliefs influenced medical decisions if they were seriously or terminally ill. Others have also found that end-of-life decisions are influenced by spiritual beliefs (Ehman, et al., 999; Kaldjian, et al., 1998; Lo, et al., 2002; Balboni, et al., 2007). Studies suggest that patients experience religious struggle, have poorer mental and physical health outcomes following discharge from the hospital than those who do not experience such struggle (Pargament et al., 2004). In a study of 595 hospitalized patients, 19 per cent to 28 per cent of the patients who believed that God was punishing them, did not love them, had abandoned them or did not have the power to help them or felt the church had forsaken them, experienced significantly higher mortality in the following two years after being discharged. The study discovered this to be true independent of social support and physical and mental health. These individuals may refuse to talk and/or associate with ministers because they were angry with God and subsequently excluded themselves from social support network available in their society (Pargament, et al., 2001).

Some studies indicate that spiritual involvement delays one's perception of physical disability development later in life (Koenig et al., 2004). People, who are chronically ill, believing in spirituality, consider themselves less disabled than they actually are (Idler, 1987, 1995). A study examining religious coping and health status in medically ill hospitalized older adults revealed that coping without God's help was correlated with greater depression and poorer quality of life (Koenig et al., 1998). A study of 106 older patients who received services at a university-based clinic also found that, for the majority (52%), at least 80% of their closest friends were from their church congregations (Koenig, et al., 1988). A cross-sectional study of 50 medical-surgical hospitalized patients and 51 psychiatric hospitalized patients revealed that 76 per cent of the medical surgical and 88 per

cent of psychiatric patients had at least three spiritual requests while they were in the hospital (Fitchett, et al., 1997).

Spiritual/Religious Practices and Health

Researchers have indicated that prayer puts a person in a deep state of relaxation, which decreases muscle tension and improves functionality of the muscles (Galvin, et al., 2006). Indeed, spiritual activities such as prayer or meditation may be used by some individuals instead of traditional medical treatment. For example, spirituality and religious commitment has been correlated with lower use of physician services by individuals with Type 2 diabetes (Tull, Taylor, & Hatcher, 2001). Spirituality and religious commitment has also been correlated with lower use of antiretroviral medications in HIV patients (Meredith, et al, 2001). Nevertheless, the replacement of spiritual activities for medical care may or may not be constructive depending on the patient's health and well-being. A number of studies have investigated how spiritual values and practices like prayer can affect physical and mental health. Nerve tracks, both sympathetic and parasympathetic connect thoughts and emotions in the brain to other organs and systems, such as the circulatory system, coronary arteries, lymph nodes, bone marrow, and spleen (McEwen, 2002). It seems that spiritual beliefs help people in coping with health problems in terms of reducing stress and depression. In such situations stress born somatic changes that harmfully influence curative aspects of treatment may be counteracted by health professionals through assisting spiritual interventions to patients.

Findings reveal that religious participation may be connected with better immune function and lower cortisone levels (Ironson et al., 2002; Woods, et al., 1999). Spiritual commitment has also been connected to decreased substance abuse and cigarette smoking and increased exercise which increases the health effects of social and cognitive factors (Koenig et al., 2001). Positive impact of spirituality/religiousity has also been observed in some studies conducted in Indian settings. In a study on 465 Hindu adults aged 30-50 years, Naidu and Panda (1990) revealed that those who scored low on the Hindu spiritual concept of non-attachment (*anasakti*) obtained higher scores on tests measuring stress and strain indicating that non-attachment reduces stress by eliminating negative emotions. A study by Mohan (1999) also observed the effects of the spiritual experiences of 200 respondents (20-70 years) belonging to 13 various spiritual organizations based on Hindu Philosophy. The findings indicated that the subjects having spiritual experiences were generally happy, cheerful and at peace most of the time, and were rarely depressed. Among the values and motivations which give them meaning in life, they reported that the need to achieve personal growth and maintaining close relationships with loved ones who are important gave them a purpose in life. The majorities of the respondents reported having excellent health, and were satisfied with the meaning and purpose they found in their lives. A significant number of

respondents said that the spiritual experiences they had were valuable or beneficial to them. It was also found that most of the experiences contained, God and a "Higher power". Further they have reported an increase in areas reflecting humanistic and spiritual concerns, and a decrease in negative feelings and beliefs.

With respect to the attribution of causes of health problems to metaphysical and internal factors, a study by Dalal and Pande (1988) interviewed accident victims during their hospitalization, and found that people attributed the causes of their accident more to spiritual factors and self than to external situations. Attribution of accident to *karma* was positively correlated with the psychological recovery of patients. Such type of attribution was more characteristic of permanently than of temporarily disabled patients. Agrawal and Dalal (1993) studied patients who had been diagnosed as suffering from myocardial infarction (MI) a week earlier. They observed that the patients of different ages, education and income levels believed in *karma*, God, and a "just world". Those who believed in *karma* as a cause of MI also showed high expectation for recovery.

Broota (1997) assessed the effect of surgical stress on belief in God and superstition by comparing the major surgery patients, minor surgery patients and a matched group of patients from the normal population. The findings revealed that major surgery patients not only had greater belief in God, but they were also more superstitious than the other two groups. An interesting finding of this study was a reduction in the level of belief in God and superstition among major surgery patients after operation, which did not happen in the case of minor surgery patients. These findings bring out the functional importance of beliefs in the sense that they provide great relief to individuals suffering from anxiety, which is quite a common experience of major surgery patients prior to operation.

Implications of Spirituality in Health Care Settings

Strong bodies of studies indicate the spiritual activities to be linked with enhanced patient coping skills, decreased depression, increased social support and better health outcomes, these positive outcomes of health promote the acceptance of spirituality in health care settings. Spirituality and religion contains profound subjective well-being in people's lives. While it is unlikely that there will ever be enough such evidence to validate imposing spiritual and/or religious beliefs on individuals, the recommendation by clinicians to consider spiritual practices has not been proven harmful (Larimore, et al., 2002; Sloan, et al., 2000). Also, because spirituality has little or no meaning to many physicians, they may consider it unimportant to patient care (Curlin, et al., 2005; Levin et al., 1997).

A recent study found that physicians with high levels of religiosity are more likely to report patients' religious or spiritual issues during their course of treatment (Curlin, et al., 2007).

Supporting physicians and other health care providers to actively promote a particular type of spiritual or religious practice may raise ethical concerns. For instance, there is a power differential in the physician-patient relationship, and some physicians might, either deliberately or unwillingly, pressure patients to conform to a particular spiritual or religious viewpoint. Alternatively, physicians or other care providers may feel ethically compromised at a personal level because of a patient's belief system, particularly in those instances where the care provider feels that the belief system is harmful to the patient's health (Winslow & Wehtje-Winslow, 2006). Because of these concerns, some healthcare providers are not convinced that discussion of spirituality or religion issues with their patients is appropriate. However, if a patient makes a comment such as, "I pray it is God's will for me to recover from this cancer," an overtly negative reaction from a physician or other healthcare provider may not be helpful to the patient. Such a statement by a patient may indicate the presence of spiritual distress or pain (Mako, et al., 2006).

Acknowledgement and/or support of the importance of patient's spiritual belief system, particularly when that belief system is felt to be either supporting or hindering the ability of the patient to cope with his/her illness, would be more empathetic than outright avoidance of the issue (Graber & Johnson, 2001; MacClean, et al., 2003; Sulmasy, 2009).

Obtaining a patient's spiritual history is found to be one of the most frequently recommended actions that health professionals are asked to undertake in certain circumstances (McClung, et al., 2006). There are indications that less than 10 per cent of physicians routinely take a spiritual history from their patients; and that 26 per cent of physicians felt that they do not have adequate time to address spiritual issues or concerns with their patients (Chibnall & Brooks, 2001). However, some scholars consider that taking a spiritual history and/or discussion of spiritual issues in certain circumstances (e.g., sudden traumatic illness, end of life care) should be undertaken as part of a holistic, comprehensive approach to competently tending to the medical concerns of the individual (Astrow et al., 2001; Koenig, 2004; Larocca-Pitts, 2008).

It would be helpful for health professionals to obtain knowledge about patient's beliefs to deal with patient's health problems where patients give importance to spirituality. A survey also reveals that patients generally feel comfortable when their physicians talk about religious or spiritual beliefs with them (King & Bushwick, 1994). Even though some physicians may not personally attend to spiritual needs of their patients, it is their obligation to become aware of such needs and ensure that someone does attend to them (Koenig, 2002). For most patients, physicians' spiritual values are less important to them than the patient-physician relationship and the support and respect that the physician shows for the patient's beliefs (Hebert, et al., 2001).

However, it seems that health professional in India do not have the guidance to attend to spiritual issues in health care settings. Nevertheless, health care settings in the developed nations now started giving courses on spirituality/religion and medicine. These courses introduce students to these types of issues as part of an overall emphasis on cultural sensitivity and holistic patient care (Puchalski & Larson, 1998; Puchalski, et al., 2006).

This literature review has focused on theoretical as well as empirical findings for the consideration of patients' spirituality as one of the important components of a holistic health care approach that may be useful for the management of health problems and promotion of health behavior as these are the major goals of health sciences.

It has also thrown light on how these findings may be transformed into supporting patients' belief systems and coping skills that may create positive impact on health outcomes for patients with various health problems.

The review supports spirituality as one of the important components of a patient's health and well-being. With the help of spiritual resources patients may be able to adjust to the heath-related incidents of human existence in a meaning full way by overcoming their health related anxiety and fears. They may be able to accept their potentials and restraints and place themselves into a new context related perspectives of life.

The review appreciates the added concept of spiritual attributes in the current definition of health. This reminds to Plato's (Jowett, 1952, p3) statement "as you ought not to attempt to cure the eyes without the head or the head without the body, so neither are you to attempt to cure the body without the soul. For the part can never be well unless the whole is well." Thus, to promote and maintain positive health among people, health care providers must give attention to physical, cultural, psychosocial, and spiritual attributes of patients while treating them in formal or informal ways. It becomes their moral obligation to conduct empirical research, examining the impact of spirituality on various psychosocial processes and health behaviour of individuals in Indian settings. The positive aspects of health behaviours governed by spirituality may be performed by people when confronted with health problems as well as life threatening events. Health care providers must suggest spiritual interventions to make people appreciate the meaning and values of their lives even in toughest circumstances.

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