

Spirituality and Medicine

Brad Lichtenstein, ND

*Lo, I am with you always
means when you look for God,
God is in the look of your eyes,
in the thought of looking,
nearer to you than your self,
or things that have happened to you.
There's no need to go outside.
Be melting snow.
Wash yourself of yourself.
A white flower grows in the quietness.
Let your tongue become that flower.*

Rumi

*A*ttend to your spirit, attend to your soul. In order to be healed, the shaman spoke, you need to reconnect with your spirituality. That said, I was then set free to determine the precise steps to fulfill that prescription. Back in my car, I asked myself, *who wouldn't expect such advice from a shaman?* Were her words unusual or unique, or the counsel a therapist or well-intentioned naturopath could have provided (and be covered by my insurance)? I considered her words and wondered what she meant, exactly, by tending to my *spirit* and *soul*? Have I not been tending to my life? Was there a difference? Was I not here, seeking her guidance in an attempt to do just that: tend to my soul?

During the winter quarter I spoke to my first-year philosophy class about the role of spirituality in naturopathic medicine. Afterwards, surrounded by several appreciative students, I learned how these enthusiastic individuals envisioned that most of their curriculum would, in some way, reflect that day's lecture. In their minds, the education would marry reductive, objectivist, linear science with inductive, phenomenological vitalism. The fact that the topic for the week was spirituality finally gave them solace and restored their faith, I was told. I had little heart to tell them that class time given to the numinous, the intuitive, the energetic, the soulful would likely remain secondary or an afterthought in a

paradigm fixated primarily, if not exclusively, on evidence-based care.

The discomfort of discussing the role of spirituality in healthcare was reflected in several of my other first-year students, those not as pleased by the topic of my lecture. Concerns ranged from general unease with talking about the subject with patients to specific fears of being misperceived as imposing their own worldview on others. Regarding the former issue, most of the angst stemmed from lack of experience – how to adroitly navigate such conversations. To this, I said that confidence and comfort grow with frequency of practice. To the latter, I reminded them how their choice in medical discipline, naturopathy, is also an expression of personal ideology, and one with which a segment of the population may take issue. Does this deter them from moving forward with their careers and expressing their perspectives? I think not.

Mindbody medicine and the practices attached to this term are one of the healthcare trends of the day (the other being integrative medicine). It is fairly well-established that thoughts and emotions influence biological processes. With advances in technology, such as biofeedback and functional MRI, we can track and observe these changes in body and brain activity. Yet mention spirituality and soul care in medicine, and feathers ruffle. Science and spirit have been on



about the author

Calling Seattle, WA his home, Brad S. Lichtenstein, ND spends his time practicing as a naturopath, yoga and meditation therapist, and core faculty at Bastyr University in the Counseling and Health Psychology Department. His approach to care emphasizes the cultivation of mindfulness and embodiment of the present without judgement. Brad continues to facilitate yoga classes and his *PranaPlay* workshops exploring the dynamic and conscious play of energy as it manifests in body, breath, thought, intention and action (www.pranaplay.com).

opposing ends of the spectrum; but the lines are blurring. Many of the mindbody techniques acknowledged as being effective in the healing process (meditation, yoga, relaxation response) have roots in traditional spiritual practices.

While my students might acknowledge the growing body of evidence about the effect of meditation on healing, several are still wary of initiating a dialogue about it. Would asking about spiritual and religious beliefs create discomfort for their patients? And is it the practitioner's role? One of the most widely cited objections to undertaking such conversations with patients is that spirituality does not fall within the domain of medicine. However, research suggests that patients simply do not agree; that not only is it our place to inquire, patients welcome it. Studies indicate that between 50–75% of patients enthusiastically believe that spiritual issues are equally as important to health and wellbeing as physical factors, and, not surprisingly, those percentages rise to around 94% when patients are admitted to the hospital. Other studies reveal that over 75% of patients wish their providers would address their spiritual beliefs as part of routine care. Despite this, in the majority of settings — doctor's offices, nursing homes, outpatient facilities and hospitals — only 10–20% of providers ever initiate conversation about the religious or spiritual views of the patient. In a study conducted by University of Pennsylvania of 177 ambulatory patients seeking outpatient pulmonary care, 51% of those surveyed described themselves as religious. Of that group, 94% thought that physicians should ask about their religious beliefs. Even more intriguing is the fact that 45% of respondents who stated that they did not have any religious views still maintained that physicians should confront the topic with their patients.

Based on sheer statistics, inquiring about a patient's spiri-

tual and religious views seems like a pretty good idea for providers who truly wish to create rapport and establish a connection with their patients. The next stalemate comes from another commonly expressed objection on the part of healthcare providers — that spirituality is beyond their area of expertise. The problem here, I believe, rests with the notion about what one is required to do with the information gained from such discussions. If a provider believes he or she must counsel, advise, advocate or direct a patient's spiritual practices, then I agree that this is outside of their scope of practice. Without adequate training and background, such behavior is not only unwarranted, it could also be disrespectful and poor care. However, in reviewing the literature, this is not what patients are seeking. Patients report a pervasive longing to be heard, understood, respected, valued and acknowledged as whole beings. Inquiring about beliefs, and then listening, really listening, as these are shared is powerful medicine unto itself.

The word spirit, derived from the Latin, *spiritus*, has been translated to mean *breath, vitality, vigor and courage*. In the Old Testament, God is said to have created Adam, whose name comes from the Hebrew word for *earth*, and then *breathed* life into him. This breath, it is said, made Adam a *living soul*, yet another word that makes people flutter. Depending upon the cosmological, philosophical and religious framework, spirit (whether capitalized or not) and soul may be synonymous. For some, spirit is another name for God (Holy Spirit), while others see spirit as an intangible quality of consciousness shared by all, closely linked to the mind. Other cultures and traditions have similar words for spirit that evoke the term breath or vital life energy, as seen in the words *pneuma* (Greek), *prana* and *akasha* (Sanskrit), *qi* or *ki* (Chinese). On the other hand, soul may be consid-



ered the inner essence of the individual, that which exists prior to and after the physical and mental bodies. As you can see, defining these terms is, as expressed by many physicians, a highly individualized matter.

Regardless of perspective, many of these terms share a similar theme – life force, vitality, animating principle, something larger than the individual, carried through the breath. A few years ago, during my brief time in Cambridge, Massachusetts, a gentleman in his mid-fifties sought my services. Deeply introspective and desiring greater freedom and fluidity in movement, he scheduled a block of five sessions. Our first encounter lasted two hours, where I observed his posture, body movements and breathing patterns. With my help he gained a greater self-awareness of various areas of physical constrictions that inhibited free, full dynamic breathing. Within moments of contacting and entering into these sensations, tears began to flow, and he wept for ten minutes. As he softened his armoring, the chronic muscular tension preventing him from experiencing emotional struggles and internal conflicts, memories and emotions surfaced. As he calmed a bit more, we spoke about the memories of early trauma and the deep pain that shook his soul. The impact was palpable – in his tissues, muscles and movements. His relationship to his core, the very fiber of his being, had a spiral effect, and shaped his every interaction and relationship.

While I considered his reaction as a sign of healing, a movement towards wholeness and integration that took place when he tapped into and expressed those suppressed aspects of himself, he considered this a sign of weakness. He returned the following week to pronounce, *We aren't going there again! I just want to learn how to breathe.* Respecting his wishes, we spent the remaining time together practicing yoga postures and physical exercises to loosen the constriction around his rib cage, shoulders and diaphragm. As long as we kept it on the physical plane, he was relieved. Every now and then, energy would begin to surface, but he did an excellent job of keeping them at bay with more tension, contradictory to our proposed purpose. Only once did I ask whether or not he believed that the memories and emotions that arose during that initial session were related to his current state of breathing, and hence living; he said, dismissing me with a wave of his hand, *Maybe, but I can't deal with that now.* Inquiring and listening, I took my cue from the patient, and followed his lead. Yet still I asked.

Exploring something as fundamental as the breath brought us face to face with the spiritual. I find that many who fear these conversations fear compromising their authority and expertise. The world of the non-rational and unknown can be frightening. All the tricks we have for feeling secure and competent, knowledgeable and in control, fail to work. For providers trained in knowing the answers, such explorations or quests leave them uncertain, powerless and without

authority. In spite of this all, the quest continues. What we do in life, every behavior and action, has its genesis within our value system. We cannot establish motives solely from a person's actions, despite habitual attempts at auguring. Two people may meditate daily, attend yoga class three times a week and eat a vegetarian diet. However, the first person may be driven by fear of cancer, while the second enjoys how his body and mind respond to these practices. Two different motivations, two different rationales, two very different outcomes.

This distinction is crucial as it reflects an aspect of spiritual life. Several scales have been created to define this nebulous term; 'spiritual' is said to consist of:

- Belief in power greater than oneself/Transcendent
- Meaning and purpose in life
- Faith
- Trust in providence
- Prayer/worship
- Meditation
- Forgiveness
- Ability to find meaning in suffering
- Gratitude for life, which is perceived as a gift
- Appreciation

Other scales go even further to say that spirituality is a multifaceted, multi-dimensional characteristic of the human experience that consists of three specific aspects:

- Cognitive layer – core beliefs and values that shape and influence how an individual lives, as well as the quest for meaning, purpose and truth
- Experiential and emotional layer - feelings and emotions that result in how we experience the self, others, the world and the transcendent; includes feelings of trust, hope, faith, love, connection, inner peace, comfort and support; includes experiences such as the ability to give and receive love, relationships and connections
- Behavioral layer – the way a person externally manifests individual spiritual beliefs and inner spiritual state

Defined in this light, doesn't it stand to reason that all holistic providers have a vested interest in the spiritual perspectives of their patients? I personally find it perplexing, if not impossible, to venture down the healing path with another if I fail to glimpse how they construct and organize their world. Values, meanings, interpretations and beliefs are essential aspects of innate spirituality, and topics I am eager to hear discussed in healthcare and academia; not in absolute terms, of course, but as an openness to the irrational, the unknown, the subjective. If this were the launching point — inquiry into the meaning and purpose in the life of a patient — imagine

the trajectory for care. Once a door is open, the dialogue may continue. What stands to follow are questions identifying the ways in which spiritual beliefs may influence how people take care of themselves. Such a question could be sufficient in preventing potential miscommunication about care in the future. And let's face it. Research repeatedly supports that those with a self-identified spiritual worldview, including a connection with the transcendent as well as a sense of meaning and purpose in life guiding their choices, report greater health, reduced stress, improved recovery time from illness and surgeries, decreased pain, swifter adjustment time to disabilities, and decreased sense of isolation.

Perhaps my work in HIV, oncology and end of life care has shaped my point of view. For me, the fundamental questions are all spiritual, existential by nature. Studies on the attitudes of patients with recurrent cancer reveal that during the first incident or bout of cancer, the focus is primarily a physical one — combat the cancer. If or when there is a recurrence, patients often shift focus to the “bigger questions.” The Latin root of the word *question*, by the way, is the same for the word *quest* — *to seek and search*. Our questions reveal our quest, our search, to find ourselves and our place in the world.

I remember when Randy's partner of eight years, Seth, died at the age of 40 of a sudden and unsuspected heart attack. Randy felt lost, betrayed and alone. For the last three years together their sole focus had been on Randy's health. With high viral load, negligible T count and resistance to most medications available at that time, Randy had been confronting his own mortality. While Seth worked to pay the bills and maintain insurance for both of them, he also was chauffeur, cook, cleaner, nurse, best friend and lover, a common story for those caring for one severely ill. As a couple, they were still engaged and present for one another, spending hours musing about their lives, what gave them value,

the meaning of their relationship and genuinely striving to appreciate each moment. With Seth's death, Randy's world turned upside down. *How could this happen?* was followed by *This wasn't supposed to happen*, and then, *What am I to do now?*

Randy's story left all of his healthcare team shocked and ungrounded as well. How do we make sense of the world, too? All of his care, his treatment protocols and plans were able to be executed because of Sam's loving attention. Randy's care had just entered a new phase, one for which no one had been prepared. In an attempt to be supportive, I like to believe, one doctor consoled Randy by saying, *You have to go on. You have to be strong for yourself. Sam would have wanted that.* Randy told me that had he had the strength to, he would have slapped that doctor. Instead he enjoyed the fantasy.

I had no answers for Randy, nor was he expecting any. What he did yearn for was a place to grieve, to question, to ponder and to dream. Given the room to breathe, he could be inspired to find his own answers. This quest, and the subsequent answers, became the compass for the remainder of his journey in this life — they guided his choices and his course. Only by attending to his spirit, to his soul, was he able to plot his direction. Before that, nothing else mattered, and he was adrift.

As I pour my water into my mug, I glance at the saying on the teabag. *Uplift everybody and uplift yourself.* A shudder runs down my spine, followed by an immediate smile. Those are the words of the shaman. My gift, she told me, is *upliftment*. Coincidence? Synchronicity? On the day I write these words, I find that teabag. All I know is I give it meaning and significance, recognizing these five words are my prescription, part of my path to attending to my soul. Time to get to work.

Products & Services Spotlight (to advertise in Unified Health, visit www.unifiedhealthjournal.com)



Great tasting and easy mixing, NanoGreens¹⁰, Fruits and Vegetables to the Power of 10, has an ORAC of 8256 per serving! Solvent free, non GMO, vegan, and made with certified organic ingredients, a recent study at Logan College showed NanoGreens¹⁰ had significantly lowered blood pressure. NanoGreens¹⁰ has also been tested safe for athletes by NSF. And of all greens products only NanoGreens¹⁰ has the patented NanoSorb™ liposomal delivery to allow for the absorption of fat soluble phytonutrients, like the carotenoids, tocopherols, limonoids, and saponins, even when enjoyed away from a fat containing meal.

Taste and feel the difference for yourself!

Order a FREE WEEK'S SUPPLY.

Call 1-877-772-4362, 8 AM – 4 PM, M-F, Pacific.

Or visit www.nanogreens.com and order online.

Available through qualified health professionals only.