

SPIRITUALITY IN MEDICINE

A lecture to Osteopathic medical students
by Rev. Dr. Reuben P. Bell

INTRODUCTION

Science and spirituality: an oxymoron for some, and for those to whom this idea applies, this promise as we start: Do not despair: You are not under fire. Do not head for the exits. What I am about to say is a "one size fits all," approach to a very slippery subject. No one is selling anything, so relax, and enjoy the ride.

This is a continuation, in a way, of An earlier lecture I gave, called *Osteopathic Tenets*. Our quest that day was an *Osteopathic Philosophy* that everyone could live by, and from which a "hologram" of sorts - of the complete human body - could be constructed, to have in mind when you examine your patients. Our goal was a usable template for your *Osteopathic Philosophy*, that will allow you to see what you were trained to see. Because that is all we can see.

First we looked at the history of medicine. We found that somewhere down the line, the "internal" got separated from the "external;" the spiritual got separated from the material. As the spiritual component was lost, mechanistic (scientific) medicine enlarged to fill the whole screen. This is the tradition we seem to have inherited. We found that there have always been two "political parties" (or conflicting philosophies) in medicine, within two basic traditions. The *parties* are 1) a

dualistic model of disease as "invader" to be driven out, and 2) a systemic model in which disease is an unwelcome guest, who must be encouraged to leave. The two *traditions* are 1) a theoretical system, based on what you were taught, and 2) a pragmatic system, based on what works in your own experience.

We discovered that A. T. Still was of the "unwelcome guest" party, and was of the pragmatic tradition. He was a synthesizer of the great philosophical and spiritual currents of his day. What currents? Heretical *scientific currents*, from Darwin and the uniformatarians. *Social currents* spinning out of the events surrounding the Civil War. Evolutionary *philosophical currents* from Herbert Spencer's *First Principles*. And powerful *spiritual currents*, driven by the Transcendentalists and the cross-pollination of the "New Thought" movements - radical ideas borrowed and adapted from Swedenborgian spirituality - that were sweeping the intellectual landscape of Still's day.

We found that A. T. Still's medical philosophy (Osteopathy) was popular, partly because it addressed the problem of disease on all these levels, and also because it worked. Like the ideas that spawned it, Osteopathy was kind of radical. It still is. It looked for health, not disease. It looked to natural laws at work, from the inside out. It looked to wellness as a harmony of these laws. And, it looked to body, mind, and spirit.

Whoa! There's the S-word again. It just keeps popping up. The thing I like best is how people throw that word around as if they knew what it meant! Now body is easy. It is anatomy, physiology, histology, and biochemistry. Body is 99.99% of medical school. Mind is not as easy, but it's still doable, as the rigorous appearing psychology and psychiatry that at least look like science. The brain as physical platform for the function of the mind. I can buy that. But spirit? Now we're in trouble... How do we study the spirit? How do we approach (as Sir William Osler said it) the ordeal of one "who tries to mix the waters of science with the oil of faith"? How does spirit interact with body and mind? How does it fit into our hologram, and how do we know that it is really there at all? Good questions.

If you read the little bit that A. T. Still left behind, you will find that for his purposes a human being had a spiritual body and a natural body, and the good physician didn't try too hard to distinguish between the two. You just treated the whole person - the natural world part you could grab - with this principle in mind, and let nature take its course. You see, he trusted Nature. To him, spirit was a given.

You as Osteopathic machinists can go not farther than to adjust the normal condition, in which you find the afflicted. Nature will do the rest. (*Philosophy of Osteopathy*, p. 21)

But you know, that was a long time ago, and modern, objective, "outcomes based" medicine has come a long way towards understanding and treating the natural body. But spirituality... It's baaaack. And it's not just back, it's everywhere! It's chic! It's trendy! It's the thing! Here are some resources that I found for this lecture, without even trying. Over the last year or so, these things came to me!

Spirituality & Medicine Connection, from the National Institute for Healthcare Research: A website I found by accident. A clearinghouse on information about spirituality and medicine.

Research News in Science and Theology: the nation's oldest science and spirituality study group.

Handbook of Religion and Health: a well written synopsis of 1200 research papers dealing with the influences of religion on health.

Annals of Internal Medicine, July, 2000: A definitive article describing the place of the spiritual history in clinical medicine.

Journal of the American Osteopathic Association, October 2000: Another comprehensive look at the role of spirituality in patient care.

American Family Physician, January 2001: An article that introduces a workable approach to the spiritual history: the HOPE questions.

And there is much more: lots of lectures, workshops and articles dealing with aspects of something unthinkable in clinical medicine only ten years ago.

So spirituality is back. But here are the questions I hope all of you are asking, as it breaks into our consciousness: So what? What in the world is it? Or is it in the world? If not,

how are we supposed to take it seriously? And what good is it, if it is? It is time to find out. We need very badly to come to some understanding of what Still, I, and (hopefully) you can agree on, in a working definition of spirituality in medicine.

DEFINITIONS

Before we forge ahead, we will need some definitions and a little history. As always, context is essential when dealing with a slippery subject, because this subject needs all the form we can give it. First we must not only define *spirituality*, but differentiate it from *religion*. The idea of spirituality makes some people nervous enough, but the word religion conjures up different images for different people (and not always positive ones at that!). These words carry a lot of emotional freight. Let's start by acknowledging that they are not the same, but that they are not that easy to differentiate, either. This is important: Confusion here will bring us plenty of confusion down the line.

Spirituality answers a call for something deeper than the natural existence around us. It is a quality; a perspective, and is more contemplative than active. It is a personal thing that is often difficult to describe. Spirituality is an axiom that says "there is a deeper level of existence than the obvious." (Incidentally, the other axiom says "There isn't." Both are self-evident core beliefs that cannot be proved.)

Religion is the active component of spirituality; it is communal, and involves rituals or prescribed behaviors. It is something that you do. Religion gives your spirituality a form. There are many forms.

But, does spirituality need a form? The things you believe manifest themselves in the way you live and the way you do the things you do. Your life is your religion. So in this regard, we all have religion. So far so good. These definitions overlap a bit, but at least we are on our way.

HISTORY

According to your course material, the title of this presentation is *Spirituality and Healing: New Medicine or Rebirth?* Now remember the quotation from *Ecclesiastes 1:9*: “...there is nothing new under the sun.” I believe that. And Sir Winston Churchill said “the farther backward you can look, the farther forward you can see.” I don’t think *Spirituality In Medicine* is a new idea. In fact I don’t think that there are very many new ideas at all. But there is nothing to stop us from seeing old ideas in new ways. And we need to, because we want spirituality understandable, and we want it useful. Because if it is not useful, it will not help up be better physicians, no matter how well we might “understand” it.

Ancient history is sketchy, but from what we know, in the most ancient systems - Egyptian and Mesopotamian (5,000 BC) - the

supernatural and the natural paradigms were mixed. We find herbal potions and incantations side by side, to drive out disease spirits. Note that at this early stage of development, the "invader" political party was in power. From the Indus Valley, Chinese and Hebrew cultures of the same period we see the same pattern: a dualistic approach of supernatural and natural medicine, side by side; the healers here might be priests, or they might be physicians.

In old (pre-Roman Empire) Persia, we find three healers: a physician, a surgeon (for trauma), and a priest for incantations (saying the words...). As always it seems, we have natural and supernatural side by side.

Finally, the Greeks came along and developed a naturalistic model of disease that was based on earthly things: the four elements (earth, air, fire, and water), the four humors (blood, bile, phlegm, and black bile), and the four organs (spleen, heart, liver, and brain). Hippocrates (460-357 BC), the quintessential Greek, was very "modern" in many ways. He saw natural causes for natural diseases, and treated them with natural remedies. So Greek medicine became more and more naturalistic, and yet spiritual "influence," by planets and spirits, was always there. No matter where you look, you find the natural and the spiritual, side by side.

With the fall of the Roman Empire the classical period ends, and in the Middle Ages religion takes a firm hold on science and

medicine alike. Well into the Renaissance, the Doctor is priest. But as the Renaissance gained momentum, and the Age of Reason dawned, religion abruptly lost its hold - almost extinguished in the discipline of medicine; and this has persisted to the present. But always - even in the last 300 years - there is mysticism and spirituality, side by side with science to some degree. Something about it will not go away.

Along with this developmental scheme there is another paradigm that follows through - the idea of a "triune human," or the notion that a person exists on three levels at once, from the lowest earthly body to the highest spiritual level, the spirit, or soul. There is lots of agreement on this, across the centuries and across traditions in the West: the *Kabbalah* of the Jewish mystics, the *Hermetic Tradition* of the Neo-Platonists, of Alexandria, the *Gnostics*, Christian and otherwise, and *Alchemy*, that curious mixture of all things mystical. There is major agreement by all these traditions on the triune nature of the human being (or something like it); most agree on the terms: *body, mind, and spirit*, but the problem is that there is little agreement on just what these things are. As I said before, people throw these words around as if they knew what they meant.

This idea of a triune existence carries right on into the modern era, in the writings of (among others) Emanuel Swedenborg (18th C.) and Rudolf Steiner (19th C.), and in A. T. Still's new

philosophy for the 20th Century and beyond. Now Steiner describes a four-part human, but one of these parts is the level of matter. So ignoring this (for the moment), he doesn't add much that's new. He is a neo-Rosicrucian, coming out of the Alchemical tradition, mixed with a heavy dose of Hinduism and a dash of Christianity; an innovation of Madame Blavatsky, actually, and the European theosophists. Steiner is fun to read, but he's all over the map, and I find him very hard to pin down.

Swedenborg simplifies things, with a model of three degrees of mind, in a natural body. His "pragmatic mysticism" comes out of a search for the soul, over a lifetime of study in anatomy and physiology, particularly of the brain.

Osteopathy's founder A. T. Still, always the philosopher and teacher, makes us think. But despite his elegant ideas, he kind of leaves the details hanging, in his rush to put his principles to work.

"Man Is triune," he says: "First there is the material body; second the spiritual being; third, a being of mind which is far superior to all vital motions and material forms, whose duty is to wisely manage this great engine of life.... The three, when united in full action, are able to exhibit the thing desired - complete." *Philosophy and Mechanical Principles of Osteopathy*, pp 16-17.

OK, the human is triune. But tell us Dr. Still, how does your system work? "You figure it out," he would say, "Swedenborg, and Steiner? They're philosophers; they can sit around all day and think. I'm busy... I've got patients..."

So, a medicine of Body, Mind, and Spirit. New medicine? Hardly. At least from the time of the Greeks, we have two axioms at work, side by side: Axiom 1: There is a deeper level of existence than the obvious. Axiom 2: There isn't. Sometimes these axioms are at war, but usually you find them slogging along, side by side, in a dualistic but uneasy kind of partnership. Is this irrational? Probably, but apparently by necessity. Look at A. T. Still. How did he see spiritual and natural? Parallel, or interactive? Causal? Directional? We shall see.

LET'S GET PRACTICAL

Enough of this talk of spirituality for now. As I said before, if it isn't useful, what good is it? How can we approach this slippery subject and be better doctors for it? A lot of people are saying that we can. Those articles and books and web sites and e-mails I showed you: This is what I find in them:

Patients want to include their own brand of spirituality in their approach to disease and treatment. They are going to do it anyway; but they expect to go it alone. You see, they don't think we are interested. Why? Because we don't seem to be: we never ask. We talked great medical histories: chief complaint, history of the chief complaint, a medical history, a surgical history, a fam history, a social history, and a detailed review of systems. What's missing? The patients (77% of them in one

study) say the "spiritual history" is missing. The what? Is there such a thing? Of course. Spiritual Assessment - a good next step.

Now don't get nervous: Osteopathic Medicine is care of the "whole person," right? And doesn't our Osteopathic Philosophy describe the "whole person" as body, mind, and spirit? Well, then the answer to the question is "Duh!" We should be doing something.

Evidence is increasing for the positive correlation between spirituality and health. What kind of evidence? As measured objectively, in double-blind clinical trials of such parameters as disease prevention, coping with disease, and recovery from it. *Scientific* evidence. Are they good studies? Some are and some aren't. You'll find both kinds reported in the *Handbook of Religion and Health*, which is from no fly-by-night publishing house, I might add. It's from the Oxford University Press.

There is lots of objective evidence for the positive effects of things like *relaxation response* described by Harvard big-shot Dr. Herbert Benson, and *meditation*, and even (God forbid) *prayer*! And what about the *placebo effect*, that novelty of modern medicine? Well, it is mind and body, doing something hidden from view, and it is powerful. Now if the spirit is mind (and I am about to make the case that it is) then this too is a method of spiritual healing. This spirituality business is not as woo-woo

as you might think. It's just more of the same thing: Fixing people, by whatever method works.

Now recall our definitions of "spirituality" and "religion." The distinction is important, because we're after the one but not the other! Spirituality is what we are going to ask our patients about because they want us to. It is open-ended and universalizing. It leaves the door open. But religion is what we must avoid in the patient interview, because it can take peoples' freedom away: it is a form for spirituality, that may not be their form. So we must learn to raise the question of spirituality, while leaving the forms to another time and place. Is this hard to do? Yes. So is asking about sexual habits, or illicit drug use, or domestic violence. But we ask about these things because it is in the best interests of our patients. And in the long run, they appreciate it. It's that "whole person" thing - there's no half-way to it. So we learn it and we do it.

What's the goal with spirituality? "Spiritual Care." (Whoa! Do we do that? Should we do that?) What is it? It is very complicated: It is compassion; it is presence; it is sitting with a patient, instead of standing; it is listening; and it is the encouragement of realistic hope. We do that... don't we? Not all the time, I'm afraid. Sometimes I'm too busy.

Now relax: Spiritual Care may not ever require discussion of God, or Religious beliefs, or any of that stuff; most often it

won't. It can be general (as above), or it can be very specific. What then? You can do the general stuff. You must, in fact, if you want to be an effective doctor. But who do you call when your patient needs brain surgery? The brain surgeon. Who do you call when your patient needs specific spiritual care? A specialist: a Chaplain in the hospital, or the patient's own minister, priest, or rabbi, if the situation calls for it. What you do is simple: Call an expert who can meet the patient's needs. "Spiritual Assessment" is determining these needs. "Spiritual Care" is meeting them, whatever they may be. It's just like physical therapy, or a surgical consultation. The model is the same: Do what you can do, and refer the rest.

As a physician who claims to treat the whole person you must be open minded. This means that you must be willing to deal with spiritual systems (and even religions) other than your own, in a non-judgmental way. And even if you don't want religion for yourself you'll have to deal with them anyway. Why? Because it's your job.

So how do we go about this Spiritual Assessment business? A good place to start is with prerequisites. 1. *Know your own beliefs.* Most people don't. People may have "spirituality," and as I said, how you live and how you do the things you do is based on this set of core beliefs. And that is religion, whether you really recognize it or not. Knowing yourself is not as easy as

it sounds. It is the oldest philosophical challenge of them all.

2. *A good patient-doctor relationship.* This takes time and commitment on your part, and there lies the problem: they don't pay. There is no code or modifier to cover compassion, the primary quality of primary care. This is your problem to solve, as the demands on your time increase. You must decide in advance to care, and then build your practice around this decision.

3. *Appropriate timing of discussions.* A spiritual history can be a "work in progress," constructed in installments over time. Your questions must be tailored to fit the circumstances and the opportunity.

OK, we've talked enough. How do I really do Spiritual Assessment, so that I can prescribe Spiritual Care? Someone has made this easy: the **HOPE** questions, formulated to get right to the point. These are good: they're open-ended, non-threatening, simple, and thorough. And they require no special skills. Here they are in summary:

- H:** Sources of **hope**, meaning, comfort, strength, peace, love, and compassion?
- O:** Organized religion?
- P:** Personal spirituality and **practices**?
- E:** Effects on medical care and **end-of-life issues**?

Imagine the questions you could ask using these guidelines; there nothing complicated about it.

So you have asked the questions. What can you expect to happen then? There are only a few possibilities: 1. Nothing: the patient is not receptive to your interest in his or her

spirituality. Case closed; you're done. No need to press it. You're a doctor, not a missionary. 2. No real action at all: sometimes just asking the questions sends a message to the patient; just opening a door is beneficial; the patient knows that you care on a deeper level, and you are therefore more effective. 3. You might use the responses to incorporate spiritual strategies into the patient's treatment plan. This might be by means of discussions with the patient at intervals; a history in installments. It might be a referral to the hospital Chaplain, just as a referral to any specialist. It might be a referral to the appropriate outpatient clergy, or community support services. 4. Modifying the treatment plan to suit the spiritual needs of the patient. This is intervention! What might it look like? It might be a discussion with a Jehovah's Witness, who has some very singular attitudes about blood and blood products. It might be a meaningful session on end-of-life issues for a terminal patient, with a hospice referral. Whatever you do, helping to meet the spiritual needs of your patients is a powerful statement of respect for the patient's beliefs. This builds the patient-doctor bond.

So what is the bottom line on Spiritual Assessment and Care? A short list of essentials: 1. *Primum non nocere* - first, do no harm. Don't screw this up! It's important. 2. Respect for the patient's autonomy. Remember, if 77% want you to ask, this means

that 23% probably don't. Don't press it; know when to bail out. You are not selling anything here, you are helping. 3. Know your own beliefs. This is a life-long project; you might as well get started now. But what's in this for me? What do I get for the extra involvement and the extra time? Happier patients who get well faster and who like you better. That's a big deal on a busy day. Learn to use these questions. You'll be glad you did.

BODY, MIND, AND SPIRIT

We're almost done. But I've left something out. I promised you that we would get to this idea of A. T. Still's (and just about every other philosopher since the dawn of time) of a triune human being: body, mind, and spirit. I said that people love to throw those terms around (especially *spirit*, and *soul*) but they never explain them very well, and Dr. Still is not much different in this regard. So we have work to do.

From the earlier discussion: Body: no problem; that's what you do all day in medical school: chemistry, hydraulics, and mechanical engineering. Mind: psychology and psychiatry: less exact (way less exact to be truthful) but nonetheless mind is doable; approachable; understandable. We like to think that, anyway, so we will continue to do so. But what about Spirit? We need a model here, and we don't have a very good one. All we have is words. And, *we need a model that does not require us to dim the lights, light a candle and speak in hushed voices.*

That's woo-woo spirituality. I think woo-woo spirituality is pretentious; and it is not the stuff of Osteopathic medicine. It isn't the way Dr. Still did it. Spirit is just there, like everything else. "Pragmatic mysticism" is what we are after here, if we are going to have a model that works.

So what shall we require of our model of the human body as a triune spiritual-natural organism?

1. It must be a rational model. NO MAGIC ALLOWED. It must not supersede the "laws" of science as we know them.
2. It must be compatible with our Osteopathic Philosophy.
3. It must describe (at least in general terms) some feasible mode of interaction between spirit, mind, and body. No more silence on this issue. We want a model of the triune human that makes sense.
4. It must fit what we observe when we treat our patients. It must be objective; it must square with our experience.
5. It must be a model that allows one doctor not to believe that there is a deeper level of existence than the obvious, and that allows another doctor to believe that there is. This is an issue of freedom: the freedom not to believe in spiritual reality is the first rule of spiritual freedom. (It's not just polite: it's the law.)
6. Lastly, it must be worth something. It must be useful to us if we are going to invest our efforts in it.

Is there a model that meets these requirements? My model seems to. Why do I like my model? It's simple, and it works for me.

HERE'S A MODEL

Note: It says "a model," not "the model." My own model is a composite of "the wisdom of the ancients," a healthy dose of A.T. Still's philosophy, a little Rudolf Steiner, and some foundational ideas from Swedenborg, who ties them all together. The model is mine, but I have no claim to it. You are welcome to it; use it as you will.

The Natural Body - This is matter: made of atoms which, according to the quantum physicists are not as durable as we would like. They keep "coming and going" as a function of the subatomic particles they are made of, which themselves sort of blink in and out of reality. Spooky stuff, this natural matter at its lowest level (or is it the highest?). Keep your eye on those quantum physicists: they are the new priesthood. This is the level - matter - that Rudolf Steiner puts at the bottom of his four-level human. That's good enough for me. It's an add-on to the classical triune human, but I like it, because there is a lot going on at the level of matter. Maybe even something spiritual. I don't have to say anything else about the structure and function of the body. This is medical school.

The mind: This is where the model gets good. Imagine the mind as a three-story house. You know all about the first two stories. The lowest level is the "mind" of the senses: the sensory system. The sensory system a "mind"? Yes. It involves receptors, sensory nerves, spinal cord, and sensory cortex of

course, but lots of other good stuff as well, like the limbic system and cerebellum (which does a lot more than just help you touch your nose). The cerebellum is also involved in sensory association. Now association is what minds do (*association* is putting data together and deciding what to do with them). So even though it might not be glamorous, the lowest level is the sensory mind.

The second level of the mind is the one that we all know and love. It is the one we are (hopefully) using right now, the rational mind, that thinks and computes, and remembers, and plans, and votes, and learns medicine and then goes off to practice it. Where is it? Associative neurons in the cerebral cortex.

But we are not done. The third story is the level of the spirit. What tells the rational mind that it wants to practice medicine, that it wants to connect with patients and make them better (and enjoys doing it). What tells the rational mind to love someone; to hate someone; and all those powerful but intangible things it does? Where do those things come from?

And how does one mind affect another? How do I know when my wife is going to call me? What is this thing that Karl Jung called the “*the unconscious*,” that seems to link people and events in a manner above the rational level; the thing that Emanuel Swedenborg called the “soul?” What does all this?

The spiritual-natural model says that this third level of mind is the spirit. Now there is obviously more to it than this, because this level has its own set of parameters. But that is a lecture for another day. But the good news is that there is nothing woo-woo about it: For all practical purposes it is just mind on a higher level.

So let's review: That makes three levels of mind, one level of body, and the level of matter on which it the whole thing rests. But that's five levels! No it isn't. If you round off, it is body, mind, and spirit.

The next big question is how are these levels linked? Each level is linked to the one next door, up and down. Each level falls down into the one beneath it (or climbs up into the one above it) until all the levels are linked in function, from the spirit right down to the subatomic particles of the atoms of the natural body (that keep blinking in and out). This is a dynamic model, that appears to be open at both ends.

Now we have forgotten something very important. Freedom. What if you don't like this third story as a spiritual level, somehow flowing down into the lower degrees to give them form and substance? What if you refuse to believe this? That's fine with me. We're still friends, and more importantly, we're still colleagues. Here's what you do if you don't like spirit: Erase the line between the "spiritual" part of the mind and the highest

rational part. This is the line that separates our ideologies, but not our cooperation. You are free to label all that goes on in the third story as nothing more than a product of all the stuff going on below it, in the associative cerebral cortex. Many people do. This is the "mind/brain problem" I'm describing here, and it is far from settled: Is the mind transcendent - is it a level of complexity above the brain, or is it merely a product of the brain's operation?

Some people believe that this third level is spirit. Some just call it the brain at work. There are compelling arguments for both opinions. You are free to believe what you will, as both systems are belief systems. How? Both based on unprovable, self-evident axioms: 1) there is a spirit, and 2) there is not. As always, two political parties.

What is important is that regardless of which party you support, our Osteopathic Philosophy should serve you well. Either way. Substitute mind for spirit, and lose the levels, and you're in business. We can get along, side by side. NO PRIVATE CLUBS.

CONCLUSION

A. T. Still treated the whole body, and let nature take its course. He believed that the spiritual body gave *life* and *form* and *function* to the natural body as a kind of "receiver" of the spiritual. And as you corrected the natural body by whatever

means available, you just helped it get better reception (like tuning a radio), so that the strength of its correspondence with the spiritual body increased, and from this it got as well as it could. Still believed that. I believe that too, and I'm happy because Swedenborg teaches the same thing, so I'm at home here and at my day job too.

This model helps me understand why disease happens and how it goes away; how mind has such power over body sometimes; how one person can be so effective in the healing of another; how things like the placebo effect and meditation and (God forbid) prayer seem to help. It's not woo-woo stuff. It is just mind... three levels of mind, plus body, and don't forget the atoms.

But if you prefer to believe that "spirit" is all just natural mind at work, that's OK by me. Your are not less highly evolved. (Your might even be right.) We may have different religions, but by means of this model we can still share the same philosophy: Body, mind, and spirit.

So what's my advice to you budding young medical students? Know your history. Know your Osteopathic Philosophy. Know your definitions of "spirituality" and "religion." Know your **HOPE** questions and don't be afraid to use them - 77% of your patients are waiting for you to do just that. And know your own beliefs (you do have them) - not so that you can convert your patients, but so that you can be comfortable with them, and so they can

appreciate you as a physician who cares more deeply about them than just their CBC and chest X-ray. (A fool can do that.) Your patients will think you care about them from the inside out, because you will. And that's what medicine is really all about. Medicine from "the inside out" is body, mind, and spirit.