

## **INFLUENCE OF SPIRITUALITY IN THE HEALTH CARE SYSTEM OF TRAUMA PATIENTS**

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### **ABSTRACT**

The World Health Organization recognition of spirituality as the fourth dimension in the definition of health and its consideration in the preparation and development of primary care program has profound influence on physical, mental and social well-being of the people. Although technology has led to phenomenological advances in medicine and has prolonged life span of an individual, but spiritual vacuum has led to wide spread psychological insecurities, with consequent dangerous effect on mental and physical health. In this context in the past few decade's physicians and doctors have attempted to balance care by integrating medicine with spiritual factors that involves serving the trauma patients physically, emotionally, socially and spiritually.

In this paper we would discuss how compassionate care helps patients find meaning in their sufferings and would address their spirituality. Furthermore, the paper would also highlight advantages of spirituality in maintenance of wellness feelings amongst people. It also addresses the question how an awareness of spirituality among professional caregivers at health care services focus positive attitude and encourage calmness and hope amongst the patients undergone any type of trauma.

**Key Words:** spirituality, well-being, care givers, trauma, spiritual vacuum.

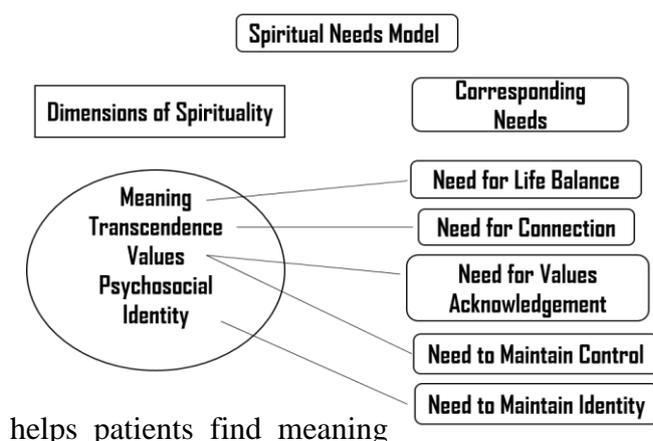
### **INTRODUCTION**

Health is a relative state in which one is able to function well physically, mentally, socially and spiritually in order to express the full range of one's unique potentialities within the environment in which one is living. Body and mind are inseparable the balance between the two is not only a sufficient but also a necessary condition for health and meaningful life. The WHO Way Back in 1958, defined health not merely the absence of illness but as physical, mental and social well-being as well. All these dimensions have to operate in harmony. Because life is a journey that begins with trauma and pain. Since time immemorial, trauma has played a constant distressing role in the human experience. Whether by war, natural disasters or man-made afflictions, trauma has been a reality that remains inescapable.

It is experienced as a result of neglect, abuse (sexual, emotional, and physical) torture, criminal assaults, accidents, droughts, famine, death or terminal illness, trauma has been and continues to be an inevitable part of life. Trauma is a word whose origins come from the late 17th century Greek, meaning literally to “wound.” Every trauma case is different, and varies depending on a person’s personality, life perspective, culture, socio-economic status and spiritual or religious beliefs.

Therefore, there is craving for peace and freedom from agonies of the life. In spite of the glaring progress on all fronts, is it medicine, surgery, science and technology, infrastructure and economic prosperity, access to tremendous material comforts, there exist a lag. That is why the technological advances of the past century tended to change the focus of medicine from a caring, service oriented model to a technological cure-oriented model. Technology has led to phenomenal advances in medicine and has given us the ability to prolong life. However, in the past few decades physicians have attempted to balance their care by reclaiming medicine's more spiritual roots, recognizing that until modern time’s spirituality was often linked with health care. While as science depends on objectivity, spirituality delves on inner self, consciousness, intuition and subjective factors, have a direct impact on physical as well as psychological health. “Science gets us physical comforts, spirituality brings us mental calm” (Dalai Lama, 2006).

As given below Figure-1 shows “Spiritual Needs Model” in which we can clearly see how different dimensions of spirituality are important for fulfilling each need to balance the life cycle for a happy life and peaceful mind. Therefor relation between spirituality and the concept of health has become a major challenge not only for physicians but also for psychologist.



**Figure-1:** Shows Spiritual Needs Model

helps patients find meaning their spirituality. Furthermore, the paper would also highlight advantages of spirituality in maintenance of wellness feelings amongst people. It also addresses the question how an awareness of spirituality among professional caregivers at health care services focus positive attitude and encourage calmness and hope amongst the patients undergone any type of trauma

Thus, in order to highlight the significance and relevance of spirituality in the preservation of disease and promotion of health. In this paper we would discuss how compassionate care in their sufferings and would address

in the light of theoretical and empirical evidence to support the inclusion of spirituality in global health and well-being of individuals.

## **SPIRITUALITY AND ITS INFLUENCE ON HEALTH**

The concept of spirituality is rooted in the Latin word “spiritus” meaning “breath of life”. Where there is breath, there is movement and there is spirit. The word spirituality goes further and describes an awareness of relationships with all creation, an appreciation of presence and purpose that includes a sense of meaning. Spiritual practices tend to improve coping skills and social support, foster feelings of optimism and hope, promote healthy behavior, reduce feelings of depression and anxiety and encourage a sense of relaxation.

Many researchers believe that certain beliefs, attitudes and practices associated with being a spiritual person can positively influence immune system, cardiovascular (heart and blood vessels) hormonal and nervous systems. In a recent study of people with acquired immune deficiency syndrome (AIDS), those who had faith in God, compassion toward others, a sense of inner peace and were religious had a better chance of surviving for a long time than those who did not live with such belief systems. Koenig et al. (2001) findings shows that spiritual beliefs and practices help prevent many physical and mental illnesses, reducing both symptom severity and relapse rate, speeding up and enhancing recovery, as well as reducing distress and disability easier to endure. Furthermore, psychiatric patients have consistently identified spiritual needs as an important issue and spiritual care as contributing to symptom relief and general well-being (Culliford, 2002; Greasley et al 2001; Nathan, 1997). Qualities like faith, hope, forgiveness and the use of social support and prayer seem to offer a number of benefits to people both emotionally and physically who engage themselves in it.

## **WHAT’S THE ROLE OF SPIRITUALITY IN HEALTH CARE?**

Research and experience show that people often become stronger emotionally, more resilient and more mature (Whiteside, 2001). Indeed such maturity is difficult to develop without trials to undergo and obstacles to overcome. The health care system tries to foster a positive attitude even in the most heart-rending situations. By focusing on both inner and external sources of strength, spiritual awareness encourages calm in the place of anxiety and hope in place of despair. Also through spiritual assessment the health care providers can identify a patient's spiritual needs pertaining to their mental health care. The determination of spiritual needs and resources, evaluation of the impact of beliefs on healthcare outcomes and decisions and discovery of barriers to using spiritual resources is all outcomes of a thorough spiritual assessment. There are so many resources which not only help in developing but also enhance our spiritual beliefs such as belonging to a faith tradition and

community, practicing meditation, having stable family relationships and friendships are some type of regular co-operative group or team activity.

**i) How Spiritual Coping and Meaning in Life Influence Health Outcomes:**

Spirituality is instrumental for coping through its generation of hope, sense of purpose for even seemingly incomprehensible events and provision of support through connection to something larger than self (Ganje-Fling and McCarthy, 1996). Available research evidence also indicates that spirituality plays an important role in the prevention of illness of the patients. Larson and Milano (1995) found that spirituality is clinically relevant in both the prevention of physical and mental illness. Racklin (1998) indicates spirituality benefits traumatized individuals by reducing traumatic distress and reinforcing a sense of coherence. Similarly, Waldfogel and Wolpe (1993) findings shows that spiritual coping is particularly relevant for adjusting to illness. Aldridge (1991) suggests that spirituality is a potential, and in his perspective, essential coping mechanism in dealing with the specific stressors of significant illness. For example, patients with advanced cancer who found comfort from their religious and spiritual beliefs were more satisfied with their lives were happier and had less pain (Yates JW, Chalmer BJ, St James P, Follansbee M, McKegey FP, 1981).

Some studies have also looked at the role of spirituality regarding pain. One study showed that spiritual well-being was related to the ability to enjoy life even in the midst of symptoms including pain. This suggests that spirituality may be an important clinical target (Brady MJ, Peterman AH, Fitchett G, Mo M, Cella D, 1999). Results of a pain questionnaire distributed by the American Pain Society to hospitalized patients showed that personal prayer was the most commonly used nondrug method of controlling pain: 76% of the patients made use of it (McNeill JA, Sherwood GD, Starck PL, 1998). In this study, prayer as a method of pain management was used more frequently than intravenous pain medication (66%), pain injections (62%), relaxation (33%), touch (19%) and massage (9%). Pain medication is very important and should be used, but it is worthwhile to consider other ways to deal with pain as well. Spiritual beliefs can help patients cope with disease and face death. In a study when patients were asked what helped them cope with their gynecologic cancer, 93% of 108 women cited spiritual beliefs (Roberts JA, Brown D, Elkins T, Larson DB, 1997). Among 90 HIV-positive patients, those who were spiritually active had less fear of death and less guilt (Kaldjian LC, Jekel JF, Friedland G., 1998).

Similarly, many studies of meaning in life have shown that meaning is related to higher level of psychological well-being and to some dimensions of physical health as well, including health-related quality of life (e.g. Krause, 2004; Zika S, Chamberlain K., 1992).

Indeed several studies have reported a link between meaning in life and self-actualization (Ebersole & Hermphries, 1991; Phillips, Warkins & Noll, 1974). Researches also indicates that meaning in life is inversely related to negative affect and emotions (e.g. Chamberlain & Zika, 1988), stress (Flannery, Perry, Penk & Flannery, 1994), neuroticism ( Addad, 1987; Mascaro & Rosen, 2005; Pearson & Sheffield, 1989; Steger et.al; 2006), post-traumatic stress disorder (PTSD) symptoms severity (Edmonds & Hooker, 1992) and general psychological distress among breast cancer survivors (Vickbery, Bovbjerg, Du Hamel, Currie, Redd, 2000). Finally meaning in life is also positively correlated with quality of life among cancer patients (Brady, Peterman, Fitchett, Mo, & Cella, 1999) leads to good psychological health outcomes.

## **ii) How Spirituality Help in Recovery:**

Spiritual commitment tends to enhance recovery from illness and surgery. For example, a study of heart transplant patients showed that those who participated in religious activities and said their beliefs were important complied better with follow-up treatment, had improved physical functioning at the 12-month follow-up visit, had higher levels of self-esteem and had less anxiety and fewer health worries (Harris RC, et.al., 1995). In general, people who don't worry as much tend to have better health outcomes. Maybe spirituality enables people to worry less, to let go and live in the present moment.

Evidence showed that spirituality is a power of hope, their belief system and positive thinking, but it depends on the way people express it. Beecher H. K. (1955) study findings showed that between 16% and 60% of patients an average of 35% benefited from receiving a placebo for pain, cough, drug-induced mood change, headaches, seasickness or the common cold when told that the placebo was a drug for their condition. This study of the "placebo effect" has led to the conclusions that our beliefs are powerful and can influence our health outcomes. It is an ability to tap into one's inner resources to heal. Benson suggests that there are three components that contribute to the placebo effect of the patient-physician relationship: First: positive beliefs and expectations on the part of the patients, second: positive beliefs and expectations on the part of the physician or health care professional and third: component is a good relationship between the patient and physician.

Again Benson (1960) research on the effect of spiritual practices on health and found that 10 to 20 minutes of meditation twice a day leads to decreased metabolism, decreased heart rate, decreased respiratory rate, and slower brain waves. Further, the practice was beneficial for the treatment of chronic pain, insomnia, anxiety, hostility, depression, premenstrual syndrome and infertility and was a useful adjunct to treatment for patients with

cancer or HIV. He concluded that any disease caused or made worse by stress and meditation emerged as an effective therapy (Benson, H., 1990).

### **iii) Relation between Spirituality and Health Care Services:**

Spiritual needs are among an individual's essential needs in all places and times. With his physical and spiritual dimensions and the mutual effect of these two dimensions, human has spiritual needs as well. These needs are an intrinsic need throughout the life. Therefore, now days it remain as a major element of holistic nursing care in health services. In a study Phelps et.al. (2008) reported that negative cognitive processing significantly predicted depressive symptoms, PTSD and higher distress. On the other hand positive cognitive processing predicts post-traumatic growth and lower symptom severity.

Sustaining the spiritual needs of hospitalized trauma patients, requires forming trust and sympathy with patients, providing desirable environment, appropriate communication of medical team with patient and respecting the patient's dignity and beliefs. These issues can receive sufficient attention from nursery team and be provided according to the patient's demand. Therefore, it is suggested that in addition to general evaluation of trauma patients, their spiritual needs in hospital would also be taken into consideration and for that training of manpower in acute care and pre-hospital services should be a priority. Proper organization and administration of trauma services along with legislative backup will go a long way in strengthening India's essential trauma care services. Node out spirituality plays an important role in enhancing the healing, recovery and developing resilience of trauma survivors. Because spiritual beliefs is the power of hope and positive thinking which not only help patients to cope with disease but also help patients to face death. So, one of the greatest challenge for nurses in health care services is to satisfy patient's spiritual needs.

### **iv) Aspects of Spiritual Care in Health Services:**

This is an elementary question that what should be involved in serving traumatic patients and providing compassionate care? So, physicians can begin with the following:

- Practicing compassionate presence- i.e., being fully present and attentive to their patients and being supportive to them in all of their suffering includes physical, emotional and spiritual.
- Listening to patient's fears, hopes, pain and dreams.
- Obtaining a spiritual history of the patient.
- Being attentive to all dimensions of patient and their families: body, mind and spirit.
- Incorporating spiritual practices as appropriate.

- Involving government leaders as members of the interdisciplinary health care team for traumatic patients.

But throughout these activities, it is important to understand professional boundaries. And in-depth spiritual counselling should occur under the direction of Psychologist / Counsellor or spiritual leaders as they are the experts.

## **CONCLUSION:**

In recent years with scientific advances in health care society, belief in the significance of human spiritual nature has increasingly become more complex especially regarding health and disease. Researchers have also recently come to the point that the real and complete health care is possible through being sensitive to traumatic patient's spiritual needs. Because psychological trauma experiences are ubiquitous in today's world and significantly impact people of all ages. This indicates a need for more efforts at research and training related to religious and spiritual interventions. Hence, besides being studied by physicians, it is also studied by psychologists and other professionals. Spirituality may also act as a protective factor against trauma experiences and thereby contribute to resilience.

Therefore, on the basis of the above discussion we can conclude that spiritual life can give people strength and enhances self-confidence, better quality of life, cooperativeness, positive health outcomes and fewer symptoms of anxiety and depression, ultimately leads to good health and well-being. Because spirituality demonstrates that persons are not merely physical bodies that require mechanical care. WHO (1998) also states that patients and physicians have begun to realize the value of elements such as faith, hope and compassion in the healing process. This may be because of the realization in people that medical science does not have answers to every question about health and wellness.

## **REFERENCES**

- Addad, M. (1986). Neuroticism, extraversion, and meaning of life: A comparative study of criminals and non-criminals. *Personality and Individual Differences*, 8, 879-883.
- Aldridge, D. (1991). Spirituality healing and medicine. *British Journal of General Practice*, 41, 425-427.
- Beecher, H.K. (1955). The powerful placebo. *JAMA*. 159, 1602-1606.
- Benson, H. (1990). *The Relaxation Response*. Reissue Ed. New York: Avon.
- Brady, M.J., Peterman, A.H., Fitchett, G., Mo M., Cella D. (1999). A case for including spirituality in quality of life measurement in oncology. *Journal of Psychooncology*. 8, 417-428.

- Culliford, L. (2002). Spiritual care and psychiatric treatment: An introduction. *Journal of Advances in psychiatric treatment*, 8, 249-261.
- Dalai Lama (2006). Science and Spirituality. *The Times of India*, 13, February.
- Ebersole, P., & Humpherys, P. (1991). The short index of self-actualization and purpose in life. *Journal of Psychological Reports*, 69, 550.
- Edmonds, S., & Hooker, K. (1992). Perceived changes in life meaning following bereavement. *OMEGA*, 25, 307-318.
- Flannery, R. B., Perry, J. C., Penk, W. E., & Flannery, G. J. (1974). Validating Antonovsky's Sense of Coherence Scale. *Journal of Clinical Psychology*, 50, 575-577.
- Ganje-Fling, M.A., & McCarthy, P. (1996). Impact of childhood sexual abuse on client spiritual development: Counseling implications. *Journal of Counseling and Development*, 74, 253-258.
- Garfiels, C. (1973). A psychometric and clinical investigation of Frankl's concept of existential vacuum and anomie. *Journal of Psychiatry*, 36, 396-408.
- Greasley, P., Chiu, L.F., & Gartland, Rev. M. (2001). The concept of spiritual care in mental health nursing. *Journal of advanced nursing*, 33 (5), 629-637.
- Harris R. C., Dew M. A., Lee A, Amaya M, Buches L, Reetz D, & Coleman C. (1995). The role of religion in heart-transplant recipients' long-term health and well-being. *Journal of Religion and Health*. 34(1), 17-32.
- Kaldjian L. C., Jekel J. F., & Friedland G. (1998). End-of-life decisions in HIV-positive patients: the role of spiritual beliefs. *AIDS*. 12, 103-107.
- Koenig, McCullough M, & Larson D. (2001). *Handbook of Religion and Health*. Oxford: Oxford University Press.
- Krause, N. (2004). Stressors arising in highly valued roles, meaning in life, and the physical health status of older adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 59, S287-S297.
- Mascaro, N., & Rosen, D. H. (2005). Existential meanings role in the enhancement of hope and prevention of depressive symptoms. *Journal of Personality*, 73, 985-1014.
- McNeill JA, Sherwood GD, Starck PL, & Thompson CJ. (1998). Assessing clinical outcomes: patient satisfaction with pain management. *Journal of Pain Symptom Manage*. 16, 29-40.
- Nathan, M. M. (1997). A study of spiritual care in mental health practice: Patients and nurses perceptions. *M. Sc. Thesis*. Enfield: Middlesex University.

- Pearson, P. R., & Sheffield, B. F. (1989). Psychoticism and purpose in life. *Journal of Personality and Individual Differences, 10*, 1321-1322.
- Phelps, L, R. Williams, K. Raichle, A. Turner, and D. Ehde. 2008. The importance of cognitive processing to adjustment in the 1st year following amputation. *Rehabilitation Psychology 53*(1), 28-38.
- Racklin, J. M. (1998). The roles of sense of coherence, spirituality, and religion in responses to trauma. *Doctoral Thesis*. California School of Professional Psychology,
- Roberts JA, Brown D, Elkins T, & Larson DB. (1997). Factors influencing views of patients with gynecologic cancer about end-of-life decisions. *Am J Obstet Gynecol. 176*, 166-172.
- Vickberg, S. M. J., Bovbjerg, D. H., DuHamel, K. N., Currie, V., & Redd. W. H. (2000). Intrusive thoughts and psychological distress among breast cancer survivors: global meaning as a possible protective factor. *Journal of Behavioural Medicine, 25*, 152-161.
- Waldfoegel, S., & Wolpe, P.R. (1993). *Using awareness of religious factors to Psychiatry, 44*(5), 473-477.
- Whiteside, P. (2001). *Happiness: The 30-day Guide*. London: Rider Books.
- World Health Organization (1998). *WHOQOL and Spirituality, Religiousness and Personal Beliefs: Report on W.H.O. Consultation*. Geneva, WHO.
- World Health Organization (1998). *WHOQOL and Spirituality, Religiousness and Personal Beliefs: Report on W.H.O. Consultation*. Geneva, WHO.