EDITORIAL

Inclusive Spirituality

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In his memoir, the journalist Max Lerner[1] wrote, "One might agree with Durkheim that 'the contrast between sacred and profane is the widest and deepest the human mind can make.' Yet for myself, I find all sorts of things to be sacred." Bridging sacred and secular world views has been at the heart of a movement in medicine to attend to the spiritual lives of both patients and their healers, as reflected in this issue of *The Journal of Family Practice.* We will learn the most from these new developments in family medicine, and best serve our patients, if we are careful to attend to the distinctions between spirituality and religion.

Spirituality may be thought of as that which gives meaning to life and draws one to transcendence, to whatever is larger than or goes beyond the limits of the individual human lifetime. Spirituality is a broader concept than religion. Other expressions of spirituality may include prayer, meditation, being in community with others, involvement with the natural world, or relationship with a transcendent reality.[2] Religion may be one expression of spirituality, but certainly not all spiritual persons are religious. One need look only to the nearest 12-step program to meet persons for whom a profoundly healing spiritual life need not be expressed in the language or symbols of religious tradition. Rachel Naomi Remen, MD, suggests that the spiritual is that realm of human experience to which religion attempts to connect us through doctrine, ritual, and practice. "Sometimes it succeeds and sometimes it fails," she observes. "Religion is a bridge to the spiritual, but the spiritual lies beyond religion."[3]

The neglect of spirituality in medicine is based partly on a mistaken notion that spirituality is synonymous with religion. A physician may be well trained to treat diseases, but may be less comfortable when confronted with a whole person who has values, spiritual feelings, and religious faith. The problem is compounded when spirituality is conflated with religion. Physicians may feel that they cannot properly attend to this dimension of patient care unless they study and master the beliefs and practices of each individual religious tradition whose members they might someday encounter. Or physicians may fear that this new turn toward spirituality is a thinly disguised permission for their colleagues to proselytize patients based on the colleagues' own personal faith commitments.

Engel's biopsychosocial model of health and illness[4] has become a prevailing paradigm in medicine since its introduction in 1977. A decade later, others had recognized the need to broaden this model to include a spiritual dimension of the human experience.[5,6] While the practice of family medicine has been notably receptive to the integration of spirituality as part of the health and healing of the whole person, it was still noteworthy a decade ago when the *Journal* published a pair of articles about religion in the practice of family medicine.[7] The appearance in this issue of another pair of studies that examine the beliefs and practices of family physicians marks a certain level of maturity in the growing literature relating spirituality to family practice.[8,9]

Given the proliferation and development of a body of empirical literature on the topic, it is time to expect a more nuanced definition of spirituality to apply both to research and to clinical practice. There is no longer a lack of research about religion and spirituality in medicine, but there is a need for increasing clarity and precision about the subject of that research. In particular, we need to distinguish between religion and spirituality if we are to recognize the spiritual dimension of life for all persons, and not just for those whose spirituality is expressed in the language and symbolism of religious belief.

In a recent review of the research literature on religious commitment and health in family medicine, Matthews and colleagues[10] noted that available empirical data suggests that religious commitment may be beneficial in prevention, coping, and facilitating recovery from illness. In it, they are careful to say that they chose to focus their review on religious commitment rather than spirituality because (1) there is a lack of consensus on how to define spirituality; (2) instruments to measure spirituality are only beginning to be developed; and (3) there is limited empirical data on spirituality and health indexes. The authors of one of the studies in this issue look to this perspective as justification for using the terms spirituality and religion interchangeably in their work.[11] Rather than avoid a focus on spirituality, these observations would seem to be challenges for further research to seek shared definitions of spirituality, to develop new instruments to measure spiritual values, and to use them to measure health outcomes.

We might start by broadening the scope of our search for an inclusive definition of spirituality. The sociologist Robert Wuthnow[12] has recently written of the state of spirituality in America:

> At its core, spirituality consists of all the beliefs and activities by which individuals attempt to relate their lives to God or to a divine being or some other con-

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ception of a transcendent reality. In a society as complex as that of the United States, spirituality is expressed in many different ways. But spirituality is not just the creation of individuals; it is shaped by larger social circumstances and by the beliefs and values present in the wider culture.

Wuthnow describes a trend in American life in the latter half of this century in which a traditional spirituality of inhabiting sacred places has given way to a spirituality of seeking, in which people "increasingly negotiate among competing glimpses of the sacred, seeking partial knowledge and practical wisdom."[12] Here is what Lerner noticed in himself: We may find all sorts of things sacred. Both within and between us we may find many sources of spiritual inspiration, direction, meaning, and transcendence. Out of respect for this spiritual seeking in each other's lives we need to be sure that our attempts to define spirituality are inclusive of all persons, whether religious or not.

While definitive scales to measure spirituality are still being developed, measures do exist, and two of the most common, the Ellison Spiritual Well Being Scale[13] and the Index of Core Spiritual Experiences,[14] are used in the studies in this issue. At issue in some of the available instruments, however, has been the conflation of spirituality and religiosity, a perceived focus within a Judeo-Christian religious perspective, or a focus only on religious beliefs and behaviors. At least one new instrument, the Spiritual Involvement and Beliefs Scale, has attempted to respond to some of these criticisms by broadening the scope of spiritual inquiry, avoiding cultural or religious bias in its language, and assessing both beliefs and actions.[15]

As Matthews and colleagues suggest, further research is certainly needed to develop and test the validity of scales that measure spirituality independent of religiosity or religious practice. Such instruments need to assess spiritual needs in patients in language and concepts that are inclusive of the spiritual lives of nonreligious persons, as well as those for whom religious faith is at the core of their spirituality. As such instruments continue to be developed and used, more information about health outcomes associated with spirituality beyond those inherent to religiosity will follow. Finally, these methods will yield new ways to determine whether specific interventions (such as referral to pastoral care or increased attentiveness to a patient's spirituality) improve a patient's spiritual well-being, increase hopefulness, and enhance meaning in life. Moreover, if this is true for patients, then it is also true for their physicians and all those who seek to heal.

If we are willing to take seriously the biopsychosocial and spiritual reality of the human person, then to advance medical practice and medical education it is necessary to acknowledge and put into practice this dynamic relationship. If health is truly viewed as wholeness, then we must incorporate spirit with body, mind, and community into what it is to be a whole person.

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