

Final Reflection for Bush Grant Research Project on Health and Spirituality

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This project originally aimed at providing an assessment of current practices in regards to health and spirituality, as they pertain to the contributing members of the Coalition of Spirituality and Healing. In order for my contributed knowledge to be greater, I served as representative to the Metanexus Institute's Summer Conference on Religion and Science. Within these files you will find my reflections and notes on the presentations I attended. As you consider the comments offered, please pay particular attention to my notes on the presentation, "Spiritual Transformation and Health," in which David Hufford reflects a 1994 study that surveyed Americans on the importance of religion in their lives. This is a great entryway into discussion on the difference between religion and spirituality, what I consider to be perhaps the most important factor in assessing a patient's needs beyond entry-level inventories of religion.

Additionally from this conference, I attained information on a new project offered by MI on Spiritual Transformation. I have included the complete brochure on this project and its opportunities.

Upon returning from the conference, my research continued, taking the form of exploration of different Internet resources dedicated to the integration of spiritual teaching into medical school curriculums. Of those found, the Institute for the Study of Health and Illness at Commonweal offered the most fruitful suggestions. Through two programs, Finding Meaning in Medicine and

The Healer's Art, their suggestions should be considered with serious intent. You will find web references for these two projects in the pages that follow.

I regret that I was unable to spend more time discussing health and spirituality with Rebecca Blue, who is currently heading a project called "Five Wishes for the End-of-Life Project." She provides great training for Parish Nurses and has much to contribute to research such as that found here. I have included the project request she made as well as the project description. I believe projects such as these should definitely be supported by the Coalition.

You will also find included various sources that I turned to in my acquiring of knowledge on this topic. They vary from web resources to materials gained from different ethics meetings.

Additionally, I spent time with Culhane-Pera et al's *Healing by Heart*, which utilizes the Hmong community's integration of spirituality into healing and the struggles they have undergone in adjusting to a new society and framework for understanding health. With this, I think it impossible to not include Fadiman's *The Spirit Catches You and You Fall Down*, which provides a narrative approach to the same Hmong-related issues.

In spending time on the USDSM website, it became clear through careful looking at the curriculum, that the only training that medical students would have in spirituality and healing would come by chance of their faculty's personal interest in the matter. It is precisely at this point where projects such as Finding Meaning in Medicine could contribute by offering a group that discusses the issues at no cost. It is imperative for the future of medicine that medical students learn to differentiate between their own view of what health is and that of their patients.

It is only in this intentional way of practice that walls between physician and patient can begin to break down. Health is not a universal. I suppose this should be my thesis, backed by evidence that my perception of health is different from yours. How do we break through this?

Intentionally.

Because I lacked broad knowledge of different cultures and spiritualities, as well as religions, I was benefited greatly by the chance to spend time at South Dakota State Penitentiary in the office of Cultural Activities. Through training on dealing with people (inmates), and through being specifically bombarded with the Native American culture as SDSP, I formed the opinion that the operation of the prison was not all that different than the operation of a hospital. Bold, I know, but not altogether inaccurate. The “people” are restricted to a small area, staff is responsible for making sure they are obedient, they would rather not be there, often times there is little contact made with the people in charge, rather they are communicated with through messengers, and it seems to not matter what their own view of life/health is. This cannot matter, or the system would not be efficient. Again, I realize this is a bold statement/analogy with many holes. I simply want to reiterate that until “staff” can know what its “patients” regard as “health” there is little hope for growth and improvement.

Suggestions:

1. We live in a community that is growing in its diversity. This cannot be ignored. The systems need to ask themselves whether their idea of care/health is appropriate to all: Will the Bosnian woman feel she is being adequately cared for if there is no regard for her perception of “health”?
2. How is staff being trained in the difference between being and healed and being healthy, between religion and spirituality, between their way and my way? Are their incentives for those who are willing to undergo extra training on these topics? Are their networks of support for this integrative approach?
3. What does the system look for in its selection of staff? What does it value? What does it matter how patients will be treated?
4. How is the staff learning? I am aware of Sioux Valley's attempts at making information available to all in regards to the religion of their patients. How is this material being made available to staff? Is it accurate? Is it flexible? Is it contributing to understanding or to stereotypes?
5. What research is being supported by the Coalition? By making this opportunity available to me, what difference has it made to you? I know it has benefited my outlook on life, healing, spirituality, and learning exponentially. How can you continue to support such learning: in others and in yourselves?

This project initially aimed at the formation of a survey that would address the needs of the community as they pertain to health and spirituality. This did not occur. Specific direction needs to occur in order that the desired information can be acquired. I would be happy to continue with this component of the research and may apply it to my Theology and Medicine class this next semester. Please let me know what additional material/reflection you may need. I can compile a narrative reflection on my research that may present more of the personal understanding attained through my exploration.