

**William Bloom**

**HOW TO TEACH  
THE HEALTH AND WELLBEING BENEFITS  
OF SPIRITUALITY**

**William's Personal Notes from the 22 March 2015 London Training**

**STRUCTURE**

The structure of the training:

**Historical context** — Medicine emerging from religious communities and individual practitioners. Monasteries, temples, medicine men and women. The Enlightenment and rise of modern science. Religion as organisation. Spirituality as individual practice.

**Authoritative assertions of good practice** — WHO, Ofsted, NHS, Royal College of Psychiatrists

**Evidence** — The evidence base for the benefits of spirituality. Koenig, McCullough.

**Science** — Religious culture guides beneficial practices such as fasting, temperance, self-discipline – ie life style. Spirituality guides self-managed practices. The physiological mechanism is via PNI psychoneuroimmunology resulting in: lower stress (cortisol); hormonal balance (endorphins, serotonin, oxytocin); vagal nerve calming; heart rate coherence; less inflammation; gut calming and PH balance.

**Practices** — The body language and kinaesthetic/felt sensations of empathy and compassion; centring down; muscle relaxation, breath, *deckchair moments*; conscious self-care using inner smile; auditing and consciously placing oneself in situations to feel connected (safe and belonging); developing a sense of meaning – that life is about the development of heart and mind, compassion and consciousness.

Good practice relieves suffering *and* midwife's the patient's consciousness to reflect and self-manage. (Professor Margaret Newman, *Health as Expanding Consciousness*, Sage Publications, 1992.)

**Teaching the Practices** — Enabling and encouraging students/patients/clients into adopting these practices requires a person-centred and holistic approach; always work with the client's own terms of reference; don't suggest that you're presenting new information; these practices are innate human tendencies and need only to be externalised and made conscious.

**Risks** — Can intensify mental health problems; narcissism; fundamentalism; extreme asceticism.

## AUTHORITATIVE STATEMENTS OF GOOD PRACTICE

The following statements are from authoritative bodies and demonstrate how 'spirituality' is an established part of our cultural currency.

### **WHO — World Health Organisation**

*In 1998, fourteen years after publishing its original Constitution and following a lengthy discussion, the WHO Executive modified its prelude to include:*

Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.

For a useful paper on the history of this addition see M.H. Khayat, "Spirituality in the Definition of Health The World Health Organization's Point of View", 1998 - [http://www.medizin-ethik.ch/publik/spirituality\\_definition\\_health.htm](http://www.medizin-ethik.ch/publik/spirituality_definition_health.htm)

### **UNESCO — United Nations Educational, Scientific and Cultural Organization**

*1994 Declaration of the Role of Religion in the Promotion of a Culture of Peace*

We must be at peace with ourselves; we strive to achieve inner peace through personal reflection and spiritual growth, and to cultivate a spirituality which manifests itself in action.

## HEALTHCARE

### **Nursing and Midwifery Council**

*From their Glossary*

#### ***Holistic***

Considering the whole person; taking physical, social, economic, psychological, spiritual and all other relevant factors into consideration when assessing, planning and delivering care.

#### ***2007 Essential Skills***

Undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities

### **General Medical Council**

*Personal Beliefs and Medical Practice, 2013, p.1*

A doctor must adequately assess the patient's conditions, taking account of their history (including the symptoms and psychological, spiritual, social and cultural factors), their views and values.

## 2010 Care of People with Mental Health Problems

### Key Message:

An exploration of physical, psychological, social, cultural and spiritual issues should be integrated into both the consultation and the management of illness; cultural issues can impact on how mental health issues present and the acceptability of diagnosis

## Scottish Executive Health Department

### Spiritual Care and Chaplaincy 2009

Download here: <http://www.nes.scot.nhs.uk/media/3688/Spiritual-Car-%20and-Chaplaincy.pdf>

### Action

Chief Executives are asked to ensure that this guidance is brought to the attention of all appropriate staff and, in particular, to ensure that:

They have appointed a senior lead manager for spiritual care

**Spiritual care is usually given in a one-to-one relationship, is completely person-centred and makes no assumptions about personal conviction or life orientation .... Spiritual care is not necessarily religious. Religious care, at its best, should always be spiritual.** <my bold>

The daily activity of healthcare are:

- the need to give and receive love
- the need to be understood
- the need to be valued as a human being
- the need for forgiveness, hope and trust
- the need to explore beliefs and values
- the need to express feelings honestly
- the need to find meaning and purpose in life.

**The need for spiritual care demonstrates that people are not merely physical bodies requiring mechanical fixing. People find that their spirituality helps them maintain health and cope with illnesses, traumas, losses and life transitions by integrating body, mind and spirit. People, whether religious or not, share deep existential needs and concerns as they strive to make their lives meaningful and to maintain hope when illness or injury affects their life.** <my bold>

## Royal College of Psychiatrists

*Spirituality and Mental Health Leaflet 2014*

<http://www.rcpsych.ac.uk/mentalhealthinformation/therapies/spiritualityandmentalhealth.aspx>

### **What is spirituality?**

There is no one definition, but in general, spirituality:

- is something everyone can experience
- helps us to find meaning and purpose in the things we value
- can bring hope and healing in times of suffering and loss
- encourages us to seek the best relationship with ourselves, others and what lies beyond.

These experiences are part of being human - they are just as important to people with intellectual disability or other conditions, such as dementia and head injury, as they are in anybody else. Spirituality often becomes more important in times of emotional stress, physical and mental illness, loss, bereavement and the approach of death.

All health care tries to relieve pain and to cure - but good health care tries to do more. **Spirituality emphasises the healing of the person, not just the disease. It views life as a journey, where good and bad experiences can help you to learn, develop and mature.** *<my bold>*

Spirituality is not necessarily tied to any particular religious belief or tradition. Although culture and beliefs can play a part in spirituality, every person has their own unique experience of spirituality - it can be a personal experience for anyone, with or without a religious belief. It's there for everyone. Spirituality also highlights how connected we are to other people and the world.

### **The American College of Graduate Medical Education**

*now states in its 'Special Requirements for Residency Training for Psychiatry' that*

all programs must provide training on religious or spiritual factors that influence psychological development.

*Part of this change has been driven by scientific research over the past two decades that suggests religious influences need not always be pathological, but can actually represent resources for health and well-being.*

*Accreditation Council on Graduate Medical Education. Special requirements for residency training in psychiatry. Chicago: Accreditation Council on Graduate Medical Education (ACGME), March, 1994*

## Royal College of Nurses

*Spirituality in nursing care: a pocket guide 2012*

### **See the whole leaflet**

[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0008/372995/003887.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0008/372995/003887.pdf)

*Quotes Professor John Swinton of Aberdeen (2005):*

Illnesses are deeply meaningful events within people's lives, events that often challenge people to think about their lives quite differently. Spirituality sits at the heart of such experiences. A person's spirituality, whether religious or non-religious, provides belief structures and ways of coping through which people begin to rebuild and make sense of their lives in times of trauma and distress. It offers ways in which people can explain and cope with their illness experiences and in so doing discover and maintain a sense of hope, inner harmony and peacefulness in the midst of the existential challenges illness inevitably brings. These experiences are not secondary to the 'real' process of clinical diagnosis and technical care. Rather they are crucial to the complex dynamics of a person's movement towards health and fullness of life even in the face of the most traumatic illness.

*Swinton J in Cobb M (Ed) (2005) The Hospital Chaplain's Handbook, Canterbury Press: Norwich*

## **EDUCATION**

### **Education Reform Act of 1988**

*The opening sentence begins*

The curriculum for a maintained school (must be) a balanced and broadly based curriculum which — a) promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society

### **Education (Schools) Act 1992**

*states that*

'The Chief Inspector for England shall have the general duty of keeping the Secretary of State informed about ... (d) the spiritual, moral, social and cultural development of pupils at those schools.'

### **Ofsted Handbook for the Inspection of Schools**

*Part 4. Inspection Schedule Guidance. Consolidated Edition, 1994. HMSO, 1994.*

*Page 86*

Spiritual' is not synonymous with 'religious'

*And went on to state explicitly that*

All areas of the curriculum may contribute to pupils' spiritual development.

### **Ofsted School inspection handbook**

*Handbook for inspecting schools in England under section 5 of the Education Act 2005 (as amended by the Education Act 2011) Published: January 2015 Reference no: 120101 Download here:*

*[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/391531/School\\_inspection\\_handbook.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/391531/School_inspection_handbook.pdf)*

#### ***The word "spiritual" appears 20 times***

*Para 128*

Before making the final judgement on the overall effectiveness, inspectors must also evaluate:  
the effectiveness and impact of the provision for pupils' spiritual, moral, social and cultural development....

#### *Defining spiritual, moral, social and cultural development*

The spiritual development of pupils is shown by their:

- Ability to be reflective about their own beliefs, religious or otherwise, that inform their perspective on life and their interest in and respect for different people's faiths, feelings and values
- Sense of enjoyment and fascination in learning about themselves, others and the world around them
- Use of imagination and creativity in their learning
- Willingness to reflect on their experiences.

### **British Association of Social Workers**

*The Code of Ethics for Social Work January 2012*

*Upholding and promoting human dignity and well-being*

Social workers should respect, uphold and defend each person's physical, psychological, emotional and spiritual integrity and well-being. They should work towards promoting the best interests of individuals and groups in society and the avoidance of harm.

## EVIDENCE FOR BENEFITS

Analysing eight decades of rigorous research and entitled 'Religion, Self-Regulation, and Self-Control', this paper concluded that believers performed better, had better health and greater happiness, and lived longer than non-believers.

Michael E. McCullough and Brian L. B. Willoughby, 'Religion, Self-Regulation, and Self-Control: Associations, Explanations and Implications', *Psychological Bulletin*, January 2009

[http://www.psy.miami.edu/faculty/mmccullough/Papers/Relig\\_self\\_control\\_bulletin.pdf](http://www.psy.miami.edu/faculty/mmccullough/Papers/Relig_self_control_bulletin.pdf)

People who were highly religious were, on average, 29% more likely to be alive at any given follow-up point than were less religious people . . . 25% reduction in mortality....

These latter studies have also revealed 25% to 30% reductions in mortality for religiously active people . . .

Relatedly, youths and adults (including Christians, Jews, and Muslims) who score higher on measures of religiousness are less likely to drink and smoke and are more likely to wear their seatbelts, see their dentists, and take their vitamins than are their less religious counterparts . . .

*This is just behavioral self-regulation, so the paper continues*

To be sure, all of these explanations are important, but the list is incomplete. George, Larson, Koenig, and McCullough (2000) surmised that only 35% to 50% of the relationship between religiousness and various measures of health and well-being could be explained on the basis of the explanatory variables such as social support, health behaviors, and coping. If George et al.'s 35% to 50% estimate comes close, then **social scientists have only gone one third to one half of the way in explaining scientifically how religion affects health, well-being, and social behavior. Clearly, there is room for conceptual innovation in this research domain.**

The major academic source for the health benefits of spirituality is the Duke University Center for the Study of Religion, Spirituality and Health led by Harold G. Koenig. See in particular

Harold G. Koenig, *Spirituality & Health Research: Methods, Measurements, Statistics, and Resources*, Templeton Foundation Press, 2009

Harold G. Koenig, Michael E. McCullough & David B. Larson, *Handbook of Religion and Health*, Oxford University Press, 2001.

## SCIENCE OF THE BENEFITS

In general we need to be aware of

- Psychoneuroimmunology PNI
- Polyvagal Theory
- Heart Rate Variability

Carolyn Aldwin's important paper published last year attempts to summarize the current state of play in relation to the science. Essentially it looks at the mechanics of PNI psychoneuroimmunology and how self-regulating practices affect physiology, in particular inflammation. You can download the full paper here:

<http://ir.library.oregonstate.edu/xmlui/bitstream/handle/1957/46940/aldwin-carolynpublichealthhumansciencesdifferingpathwaysbetween.pdf?sequence=3>

### **“Differing Pathways between Religiousness, Spirituality, and Health: A Self-Regulation Perspective”**

Carolyn Aldwin, Oregon State University, Crystal Park University of Connecticut, Yu-Jin Jeong & Ritwik Nath Oregon State University, Psychology of Religion and Spirituality, 2014, Vol. 6, No. 1, 9–21.

That religiousness and spirituality are associated with both mental and physical health is firmly established within the scientific literature (see Koenig, 2008; Levin, Chatters, & Joseph, 2011). In general, the effects tend to be positive, including lower levels of psychological distress and depressive symptoms, better health-related quality of life, and decreased morbidity and mortality . . .

We propose that the effects of religiousness (such as that assessed through religious attendance and affiliation) on health reflect behavioral regulation of health habits. In contrast, the effects of spirituality (e.g., feelings of closeness to God or self-transcendence) on health are primarily mediated via the effect of emotion regulation on physiological processes, including the hypothalamic–pituitary–adrenal (HPA) and sympathetic adrenal medullary (SAM) axes, and their influence on inflammatory processes. . . .

Several excellent reviews have been published regarding relationship between religious and spirituality and physiological processes, including cortisol and immune factors (Koenig, 2002; Koenig, McCullough, & Larson, 2012; Seeman, 2003), as well as cardiovascular factors (Masters, 2008). In this paper, we focus on the physiological pathways of inflammatory processes. Inflammatory processes can be seen as “downstream” effects, as they are influenced by a host of immune, cardiovascular, neuroendocrine, and cellular-level factors. Further, inflammatory processes are thought to underlie a host of diseases, including heart disease, cancer, and Alzheimer's disease, and may be a major



source of many age-related processes. Thus, focusing on inflammatory processes rather than specific predictors (such as HPA activation) may provide a broader understanding of the relationship between religiousness, spirituality, and health. . . .

Koenig: Religiousness/spirituality (R/S) increases positive outcomes, including meaning, connectedness, and well-being, and decreases negative psychological states, including depression, anxiety, suicidality, and addictions. These, in turn, affect psychoneuroimmunological (PNI) factors, resulting in lower levels of cardiovascular disease, cancer, and mortality. . . .

intrinsic religious orientation leads to less stress and depression, which in turn is related to decreased cardiovascular reactivity, which in turn can result in lower levels of hypertension. . . .

Interestingly, some preliminary work suggests that having high levels of religiousness and spirituality is more strongly related to better health and well-being than having high levels of either alone. Further, having high levels of religiousness in the absence of spirituality may be related to poorer well-being. . . .

Spirituality, concerned with the more personal path of transcendence, facilitates emotional self-regulation (Watts, 2007) by helping individuals reduce their negative arousal (e.g., cardiac reactivity), leading to lower inflammatory processes and thus reducing morbidity. . . .

**NB**

**THE BOTTOM LINE IS THAT SPIRITUAL PRACTICES REDUCE STRESS.**

**Stress is implicated in many severe illnesses**

*In 2013 38% of NHS staff reported stress related sickness*

### **10 Health Problems Related to Stress**

*From 'Cause for Concern', Nuffield Trust, Oct, 2014*

What are some of the most significant health problems related to stress? Here's a sampling.

**Heart disease.** Researchers have long suspected that the stressed-out, type A personality has a higher risk of high blood pressure and heart problems. We don't know why, exactly. Stress can directly increase heart rate and blood flow, and causes the release of cholesterol and triglycerides into the blood stream. It's also possible that stress is related to other problems -- an increased likelihood of smoking or obesity -- that indirectly increase the heart risks.

Doctors do know that sudden emotional stress can be a trigger for serious cardiac problems, including heart attacks. People who have chronic heart problems need to avoid acute stress -- and learn how to successfully manage life's unavoidable stresses -- as much as they can.

**Asthma.** Many studies have shown that stress can worsen asthma. Some evidence suggests that a parent's chronic stress might even increase the risk of developing asthma in their children. One study looked at how parental stress affected the asthma rates of young children who were also exposed to air pollution or whose mothers smoked during pregnancy. The kids with stressed out parents had a substantially higher risk of developing asthma.

**Obesity.** Excess fat in the belly seems to pose greater health risks than fat on the legs or hips -- and unfortunately, that's just where people with high stress seem to store it. "Stress causes higher levels of the hormone cortisol," says Winner, "and that seems to increase the amount of fat that's deposited in the abdomen."

**Diabetes.** Stress can worsen diabetes in two ways. First, it increases the likelihood of bad behaviors, such as unhealthy eating and excessive drinking. Second, stress seems to raise the glucose levels of people with type 2 diabetes directly.

**Headaches.** Stress is considered one of the most common triggers for headaches -- not just tension headaches, but migraines as well.

**Depression and anxiety.** It's probably no surprise that chronic stress is connected with higher rates of depression and anxiety. One survey of recent studies found that people who had stress related to their jobs -- like demanding work with few rewards -- had an 80% higher risk of developing depression within a few years than people with lower stress.

**Gastrointestinal problems.** Here's one thing that stress doesn't do -- it doesn't cause ulcers. However, it can make them worse. Stress is also a common factor in many other GI conditions, such as chronic heartburn (or gastroesophageal reflux disease, GERD) and irritable bowel syndrome (IBS), Winner says.

**Alzheimer's disease.** One animal study found that stress might worsen Alzheimer's disease, causing its brain lesions to form more quickly. Some researchers speculate that reducing stress has the potential to slow down the progression of the disease.

**Accelerated aging.** There's actually evidence that stress can affect how you age. One study compared the DNA of mothers who were under high stress -- they were caring for a chronically ill child -- with women who were not. Researchers found that a particular region of the chromosomes showed the effects of accelerated aging. Stress seemed to accelerate aging about 9 to 17 additional years.

**Premature death.** A study looked at the health effects of stress by studying elderly caregivers looking after their spouses -- people who are naturally under a great deal of stress. It found that caregivers had a 63% higher rate of death than people their age who were not caregivers.

## CYTOKINES

*Cytokines are proteins similar to hormones and are deeply involved in the healing process; they are produced in all cells with a nucleus.*

“Positive Affect and Markers of Inflammation: Discrete Positive Emotions Predict Lower Levels of Inflammatory Cytokines” By Stellar, Jennifer E.; John-Henderson, Neha; Anderson, Craig L.; Gordon, Amie M.; McNeil, Galen D.; Keltner, Dacher; Emotion, Jan 19 , 2015

In two separate experiments, more than 200 young adults reported on a given day the extent to which they had experienced such positive emotions as amusement, awe, compassion, contentment, joy, love and pride. Samples of gum and cheek tissue, known as oral mucosal transudate, taken that same day showed that those who experienced more of these positive emotions, especially awe, wonder and amazement, had the lowest levels of the cytokine, Interleukin 6, a marker of inflammation.

### “Does compassion mediate the intrinsic religion-health relationship?”

Patrick R. Steffen Ph.D., Kevin S. Masters Ph.D., Annals of Behavioral Medicine, December 2005, Volume 30, Issue 3, pp 217-224

This study found compassionate attitude to be an important factor in the religion–health relationship and related to positive psychosocial outcomes, including reduced depressive symptoms and reduced perceived stress....

#### CONCLUSIONS

Compassionate attitude was related to positive psycho-social health outcomes and mediated the majority of the relationships between IR and positive psychosocial health outcomes. Among the predictor variables studied (i.e., IR, compassionate attitude, and compassionate behavior), compassionate attitude showed the strongest and most consistent relationships with psychosocial health outcome variables.

Read “**Measuring Compassion in the Body**”, Emiliana R. Simon-Thomas, March 9, 2015 — It points to important research in measuring vagal nerve activity.  
[http://greatergood.berkeley.edu/article/item/measuring\\_compassion\\_in\\_the\\_body](http://greatergood.berkeley.edu/article/item/measuring_compassion_in_the_body)

## HEART RATE VARIABILITY

Be aware of the important research summarised by the HeartMath Organization. Heart rate variability, best measured using ECG, is crucially implicated in many health issues. Heart rate variability is related to measures of stress, which are influenced and can be controlled by spiritual practices.

See an overview of their early research here:

<http://www.heartmath.org/research/science-of-the-heart/introduction.html>

- Men who complain of high anxiety are up to six times more likely than calmer men to suffer sudden cardiac death.
- Over one-half of heart disease cases are not explained by the standard risk factors – such as high cholesterol, smoking or

sedentary lifestyle.

- An international study of 2,829 people between the ages of 55 and 85 found that individuals who reported the highest levels of personal "mastery" – feelings of control over life events – had a nearly 60% lower risk of death compared with those who felt relatively helpless in the face of life's challenges.
- According to a Mayo Clinic study of individuals with heart disease, psychological stress was the strongest predictor of future cardiac events, such as cardiac death, cardiac arrest and heart attacks.
- Three 10-year studies concluded that emotional stress was more predictive of death from cancer and cardiovascular disease than smoking; people who were unable to effectively manage their stress had a 40% higher death rate than non-stressed individuals.
- A recent study of heart attack survivors showed that patients' emotional state and relationships in the period after myocardial infarction are as important as the disease severity in determining their prognosis.
- In a study of 5,716 middle-aged people, those with the highest self-regulation abilities were over 50 times more likely to be alive and without chronic disease 15 years later than those with the lowest self-regulation scores.

For PNI: Candace Pert, *Molecules of Emotion*, Simon & Schuster, 1999; William Bloom, *The Endorphin Effect*, Piatkus, 2011.

For Polyvagal Theory: Stephen W Porges, *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation*, Norton Series on Interpersonal Neurobiology, 2011  
Useful video here: <https://www.youtube.com/watch?v=1C9k5bdgq5g>

## **PRACTICES**

The practices are summarized in my *The Power of Modern Spirituality*, Piatkus, 2011. See also all trainings in mindfulness, meditation, body-based such as Tai Chi and Yoga. See the parallel 12pp course book for the Everyone Cares programme.