The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 10, Issue 3, July- September, 2022
DIP: 18.01.122.20221003, DOI: 10.25215/1003.122
https://www.ijip.in

Research Paper

Spirituality in Healthcare

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ABSTRACT

Aims: This discussion will focus on the challenges of identifying spirituality and religion in the context of therapeutic settings. **Background:** The challenge of trying to conceptualize spirituality has emerged as an important next step in the growing field of spirituality in healthcare due to the elusive nature of spirituality, the fluctuating understandings of spirituality among individuals, and the diverse globalized society in which this task is taking place. As a result of its complexity, the link between spirituality and faith is often avoided. **Design:** Evaluation and Criticism. **Conclusions:** Current conceptions of spirituality and religion can be traced to three social and historical conditions rooted in western thought: the decline of religion's social authority due to the Enlightenment movement's emphasis on reason, the rise of a postmodern spirituality that emphasizes spiritual experience and present-day tensions over the ideological and political roles of religion in society. The western inclination to dismiss religion's effect on society overlooks the worldwide revival of religion. Recent definitions of spirituality have been criticized for lacking historical context, emerging as elitist and emphasizing individualism, all of which diminish societal critique and reform while opening the way to commercial and political self-interest. To create adequate spirituality and religion conceptualizations for clinical practice, one must ensure they are representative of the diverse society nursing serves and founded in a moral perspective on nursing.

Keywords: *Religion, College Students, Income Gap, Mental Health*

Spirituality and Religion

If someone who claims to have studied everything written on spirituality is a liar and a boaster, then whoever defines spirituality must be an imbecile. (2000).

"Spiritual" means several meanings depending on context. Spirituality has no commonly recognised definition. Kenneth Pargament, a religion, health, and stress specialist, defines spirituality as "a search for the sacred" (Pargament 1999, p. 12). "Search" implies that spirituality entails active pursuit of the divine. "Sacred" refers to something that transcends an individual or community. Many individuals rephrase when they say "God" or "religion." Some don't link it to any faith.

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Received: July 20, 2022; Revision Received: September 13, 2022; Accepted: September 21, 2022

Today's culture seems to have rediscovered spirituality. Spirituality-related Web of Science and Academic Search Premier citations have doubled in the previous six years. Spirituality-in-healthcare literature is comparable (Mills 2002). Given the public's varied and developing notions of spirituality, conceptualising this new facet of human existence has caused much disagreement and confusion. Health care academics sometimes become buried in philosophical or theological works, while practitioners are urged to include spirituality into treatment (Romanow 2002, National Health Services 2003, Joint Commission on the Accreditation of Healthcare Organizations 2004).

Spirituality may teach us how to avoid materialism's pitfalls. If our needs are met within the physical cosmos, we have no use for God or anything beyond this life. As we weary of the tangible world, we may seek metaphysical meaning. This notion is comparable to Maslow's "self-actualization" According to a random sample of adults in the U.S. and Singapore (Swinyard et al., 2001), happiness is inversely related to materialism, suggesting that in both nations, people's assessment of their inner life, not their worldly goods, is the key to fulfilment.

A group of nursing researchers with training in spirituality, social ethics, and cultural studies examined how these themes are applied in healthcare. In this research, we analyse several critiques of developing conceptualizations of religion and spirituality and their consequences for healthcare practise, and we evaluate many current western conceptualizations of religion and spirituality. The statements in this study must be assessed through the perspective of our positions as academics and citizens in Canada, the US, and New Zealand. Social discourses around spirituality and religion have similarities and variations across foreign settings (Bibby 2006, Paley 2007).

Anandarajah (2008) argues that spirituality is commonly equated with a metaphysical perspective of existence. Knowing this comes from having a greater appreciation for the cosmos and for one’s own place in it. It’s the process of forming bonds with one’s surroundings and other people. It reveals the hidden laws that govern existence. This illuminating perspective allows us to conceptualise our vast potential and take steps toward conceptualising it, making us more capable of taking effective and fruitful actions. The “standard of living” increases with material wealth and affluence, while the “quality of life” improves with deeper contemplation. Aligning one’s thoughts, words, and deeds is the primary challenge of a spiritual life. When one’s thoughts and actions are in harmony, one may solve many, if not all, of life’s challenges. A spiritual person is whole and complete, using their superior intellect to take charge of their lives. A person with a discerning intelligence does not behave rashly because of this. As a result, his or her actions will be precise and deft.

Despite several empirical research showing a positive correlation between religious participation and improved health outcomes, the exact mechanisms by which this is occurring remain unclear (Hill and Pargament 2008). Global indices of religion and spirituality (such as the number of times a person attends church or how religiously they evaluate themselves) have been used for quite some time, but these measurements never really explain the mechanisms by which religion and spirituality impact health. Theoretically and practically related to health, Hill and Pargament (2008) emphasise recent improvements in the delineation of religious and spirituality ideas and metrics. As such, they also highlight room for improvement in the way religion and spirituality are conceptualized and quantified. Psychologist are learning more about the unique contributions of religiousness and

spirituality to health and well-being through measures of religion and spirituality that are more conceptually related to physical and mental health, such as closeness to God, religious orientation and motivation, religious support, and religious struggle (Hill and Pargament 2008).

Recent Developments in the Medical Literature on the Conceptualization of Spirituality and Religion

Nursing has released a large number of spirituality concept evaluations (Goddard 1995, Cawley 1997, Tanyi 2002, Buck 2006, McBrien 2006). Meaning, purpose, hope, unity, relationship, transcendence, existential experiences, and power/force/energy are common themes in healthcare spirituality (Chiu et al. 2004, McCarroll et al. 2005). Spirituality is a path of lived experience characterised by tranquilly, meaning, purpose, and connectivity with oneself and others (Burkhardt 1989, Ross 1994). Spirituality is a uniquely personalised experience, even when shared with others. This is one of its defining traits (McCarroll et al. 2005). Some argue contemporary conceptualizations render the idea worthless and irrelevant since they contain anything from a relationship with a higher entity to the lived experience of being human to a link with a cosmic energy of consciousness. Conceptual limits include these and more (McSherry & Cash 2004). One of the principles of these definitions is that everyone has a spiritual nature, whether they recognise it or not. Spirituality demands a body. This inclusive spiritual experience recognises that even atheists have spiritual needs (Thomason & Brody 1999). (Burnard 1988).

Spirituality and religion's separation in contemporary times has been crucial to their growth. Spirituality was formerly firmly rooted in religion (Bradshaw 1994), but now it's a separate yet related phrase. In nursing, this is especially true (Emblen 1992, Buck 2006, McBrien 2006). Religion is often considered part of spirituality or culture (Hollins 2005). Religion was previously considered as a "wide band" construct that includes both substantive ideas and practises and a functional component of human desire; however, some current constructions of religion are concerned solely with institutional beliefs and rituals. This differs from the typical "wide band" conception of religion (Zinnbauer et al. 1999). More people believe religion is a destructive ideology (Pargament 1999).

Current trends in spirituality and religion in healthcare characterise spirituality as a personal journey marked by meaning, purpose, transcendence, connectedness, and vitality. Religion, with its institutionalised ideas and practises, is sometimes considered a subcategory of spirituality or culture. To analyse the importance of these concepts for healthcare practise, it's important to comprehend their social and historical settings.

Mental Health

Today's culture doesn't acknowledge or understand mental health. Euphemistically, "mental illness" has long been called "mental wellness" (Manwell et al., 2015). In today's culture, mental health and mental sickness are distinct. Literature distinguishes mental health and illness from two perspectives. Mental health and mental sickness are at opposite ends of a continuum, or scale. Most people are somewhere in between these two extremes of health and sickness. The categorical technique dichotomizes mental health and illness. People who display mental disease symptoms would be categorised as members of that group and given the proper label, while those who don't would be considered mentally well (Scheid and Brown, 2010).

Mental or emotional health is vital to overall health. University administrators and mental health professionals across the world are worried about university students' mental health. Many students deal with despair and mental illness (Ceyhan et al. 2009; Vazquez and Blanco 2008). Goebert et al. (2009) reported that 10–85% of students were depressed (Vazquez and Blanco 2006). Estimates vary due to variances in demographics, socio-demographic factors, metrics, and methodology used to study student depression (Steptoe et al. 2007). Academic stress, heightened performance expectations, and perfectionist attitudes are psychosocial factors linked to depression (Hysenbegasi et al. 2005). (Christensson et al. 2011). (Khawaja, Armstrong, 2005)

Although challenging, academic stress may be addressed. Studies show that pupils with low self-efficacy, poor problem-solving skills, and disengagement as a coping technique are more likely to develop depressive symptoms (Dyson and Renk 2006; Jalal 2013; Sun et al. 2011). According to Western studies, non-western students tend to feel stress and engage in self-defeating thinking, which is predictive of depression (Eremsoy et al. 2005). Maladaptive perfectionism can cause depression (Der Bing 2011; Nakano 2009). Depression among non-Western pupils is associated to low resourcefulness. Low self-efficacy and bad coping are linked to depression. Poor problem solving, ruminations, and pessimism and helplessness were symptoms (Kausar 2010; Takagishi et al. 2013).

Considerations of the Past and the Present in Shaping Current Ideas

Current conceptualizations of spirituality and religion can be traced back to a confluence of three social and historical conditions, all rooted in western thought: the decline in religious authority as a result of the Enlightenment's emphasis on reason; the rise of a postmodern spirituality that places an emphasis on religious experience; and the current tensions over the ideological and political roles of religion in society, despite a worldwide revival of faith.

Spirituality's Impact on Medical Treatments

Burris et al. (2009) studied the demographic, individual, and behavioural features of college students' psychological health in light of the incidence and severity of mental illness in this population. Several protective and harmful factors affect college students' mental health and stress levels. The authors urge health promotion specialists to promote students' personality qualities and mental well-being. Aghili and Kumar (2008) surveyed 1491 Indian individuals on their religious views and how they influenced their happiness and Iranian college graduates. Despite not using student samples, researchers discovered a religious viewpoint was linked to happiness. Positive psychology describes the link between positive and negative affect (Lyubomirsky et al. 2005, Singh and Jha 2008, Tversky and Griffin 2009). (1991). Grit and positive psychology have also been linked (Singh and Jha 2008). Goldfarb et al. (1996) compared medical students' and addicts' perceptions on spirituality in addiction therapy. Medical students who treat drug abuse are less devout and spiritual than their patients. Medical students don't think patients' faith is important. Lopez et al. (2014) studied spirituality, religiosity, and personal belief among Australian nursing students (SRPB). Male and female nursing students had similar SRPB results, however there were variances between freshmen, sophomores, and seniors and among religions. Spirituality has numerous faces and degrees and is linked to religion and personal belief, say the authors. Nurses must evaluate their personal beliefs and values before introducing spirituality into patient care. Spiritual and religious practices are being included into psychotherapy, especially with dedicated patients.

Martinez et al. analysed client attitudes of religious treatments in psychotherapy. LDS University counselling clients assessed the appropriateness, helpfulness, and prevalence of religious therapy. 152 clients answered the survey. Religious therapies outside of therapy sessions were more suitable, but therapy-based religious interventions were more helpful. Latter-day Saint participants highlighted scripture, teaching in spiritual concepts, encouragement of forgiveness, referral to religious community members, and spirituality evaluations as acceptable and beneficial therapies. Some clients thought religious interventions were unsuitable or unproductive in psychotherapy.

Spirituality and nursing presence are difficult for nursing students to understand, according to Rankin and Delashmutt (2006). Holistic nursing requires that nurse educators teach vague concepts to future nurses. The authors describe how one nursing school helps baccalaureate students explore spirituality and nursing presence in clinical practice. Students conduct a clinical placement at a faith-based community crisis centre for the impoverished and homeless as part of a semester-long psychiatric/mental health clinical course. Students (N = 188) volunteer at a crisis center's day shelter, where they encounter "spiritual care" and "nurse presence." Seminar-driven, topic-focused dialogues stimulate reflective thinking and practical application. All the students say that this has been an eye-opening and formative journey toward a greater understanding of spirituality and nursing presence.

Religion or spirituality may affect mental health in uncertain and contested ways. Religious and spiritual practises range from personal to community. Koenig et al. (2001) found that consistently attending religious services improves mental health. Zullig et al. (2006) explored the link between self-perceived health, spirituality, religion, and life satisfaction among stratified, random college students of both genders. Spiritual (or religious) students reported improved self-perceived health, which was linked to higher life satisfaction for both sexes. Studies in various areas reveal that a person's level of religion and spiritual activity affects their physical and mental health. These data suggest a link between spirituality and mental health.

Christianity, Humanism, and the Age of Enlightenment

Religion, and especially Christianity, played an outsized influence in shaping Western culture before the Enlightenment. The concepts of the Enlightenment, with their focus on the primacy of reason, however, had a considerable effect on the social status of religion and its claims to authority and truth (Hart 1997). Rational authority was elevated and contrasted with revelation-based religious understanding. Since then, religion in the West has largely been consigned to the realm of private life and has lost much of its social and political power (Bell, 2006). (Carrette & King 2005). Reason's ascendancy meant that faith in things like miracles and the Trinity, which could be rationally explained but not demonstrated, became a matter of individual faith rather than public policy. Religion and reason were effectively switched places. As a result, religion, which had previously served as the arbiter of righteous thought, has shifted its attention to other areas of interest. The pushback from religious thinkers on the Enlightenment's embrace of reason was inevitable. Religious philosophers, who were already impacted by culture, increasingly looked to reason, as reflected in certain doctrines and beliefs, to define the nature of a religious life (Hart 1997).

Attempting to build a rigorous epistemology was a major result of the Enlightenment. Science, as the pinnacle of rational inquiry, imposed an epistemology that was neutral, empirical, and verifiable via repeated experiments. This approach was founded on the idea that the universe followed universal rules and that these laws were discoverable,

linguistically describable, and measurable (Shuman & Meador 2003). There was a movement within theological circles toward becoming the "science of God," which was consistent with the prevailing epistemology of the time. To scientists, God was just another "problem" to be solved (Pannenberg 1976). The issue with this line of thinking was that it was impossible to use scientific methods to verify issues involving God. That made theology, the study of God via reason, an ideologically questionable source of divine revelation (Armstrong 2000). Negative effects on the persuasiveness of religious stories resulted from religion's embrace of a scientific epistemology (Tillich 1999). Insightful stories (such as those found in religious books) about the difficulties and rewards of the human experience and the purported influence of the invisible spiritual realm were reduced to the dry jargon of science and practicality (Arm- strong 2000). To paraphrase the secularisation theorists of the nineteenth century—people like Auguste Comte, Emile Durkheim, Max Weber, Karl Marx, and Sigmund Freud—religion would lose ground and eventually disappear as industrialization took hold.

Postmodern Spirituality Rise

Postmodernism, feminism and anti-foundationalism were fueling a revolt against the Enlightenment's emphasis on reason. Because of history and culture, reason's power to build a meaningful worldview was limited (Hart 1997). The 20th century's highly advanced and obscenely destructive conflicts, the rise of mass media that localised global concerns, and other factors all contributed to a rising disenchantment with reason. Due to social circumstances, privatised religion has a postmodern spirituality. To move beyond Enlightenment's reductionist, rationalistic empiricism and deal with social ambiguity, people sought embodied spiritual experiences (Hart 1997). Western Christian traditions have learned to tolerate and integrate Eastern non-Christian spiritualities once considered heretical (Boykin 2003, Cowen 2004).

Transpersonal psychology, which divides the human mind into "normal" and "abnormal" qualities, and philosophic romanticism, which prioritizes emotional experience, are two of spirituality's most important academic revolutions (Shuman & Meador, 2003). Carette & King 2005 As a counterweight to logic, spirituality arose and became a personal, uplifting, emotionally rewarding experience. The pendulum may have swung too far in the direction of an individualistic and emotive spirituality, as evidenced by Wheen's (2004) complaint that we have entered the "age of unenlightenment," in which "deconstructionists, mystics, and

fundamentalists" have displaced "reason, secularism, and empiricism," resulting in cults, quackery, gurus, irrational panic and moral confusion (p. A11). Such objections underscore postmodern spiritualities' contentious roots.

Postmodern Religion

Emerging countries, according to the prevailing academic discourse on religion, will adopt the secularism and religious privatisation practiced in the North (Thomas 2005). Scholars who once had a firm belief in secularisation theory are being forced to reevaluate their positions in light of the global resurrection of religion in the 21st century, as noted by Thomas (2005), Berger (2003), and others. Nearly eighty-seven percent of the world's population adheres to one of these major religions: Judaism, Christianity, Islam, Confucianism, Buddhism, Sikhism, Jainism, Taoism, or Shinto. As a result, nations are embracing globalisation while maintaining their cultural traditions. With the realisation that the theological foundations of many Muslim republics are not Western, religion has once again been a focus of academics as a global aspect of social life (Thomas 2005).

There is no standard pattern to the spread of religion over the world. Christianity is losing followers in the North, particularly in the United Kingdom, the United States, and Canada, while Islam, Hinduism, and Buddhism are growing. The decline of traditional institutional religion in modern Northern nations is sometimes attributed to the widespread belief that religion treats people like commodities while doing little to address population needs (Peterson 2005) or social justice concerns (Thomas 2000, Wallis 2003). Conflicts between religious groups have been exacerbated by the mixing of religious doctrine and politics, especially in forms of violent fundamentalism (Armstrong, 2000). (Montgomery 2004). Spirituality and religious ideas in healthcare have been shaped by historical and cultural factors, such as exposure to personal, physical, or societal hazards, which is especially true in impoverished nations and failed regimes (Norris & Inglehart, 2004). A society that has lost faith in religious doctrine and politics is more likely to place importance on institutionalisation, ritual, and tradition. Spirituality replaces religion as the preferred umbrella phrase for people's positive interpretations of their own experiences in life (Walter 2002). This tendency in medical writing to downplay religion reflects a stubborn adherence to the secularisation "myth" of Western civilization that ignores religion's resurgence across the world.

Theory Evaluations

This article does not explore the huge amount of literature arguing spirituality is a broad band, experienced journey whereas religion is a limited band construct concerned with institutionalised concepts and rituals. Instead, we'll look at some neglected arguments against religion and spirituality shifts. Our synthesis of these criticisms suggests that current conceptualizations are ungrounded in a rich history of theological and philosophical thought, that an emerging elitist spirituality is at play, and that the individualistic emphasis in contemporary conceptualizations of spirituality reduces the potential for societal critique and transformation while opening the door to economic and political self-interest.

Unfounded thoughts cause problems

Defining spirituality independent from religion implies generating inclusive and meaningful meanings without relating to one tradition. This could lead to implicit spiritual assumptions in universal definitions. Goddard (1995), Meraviglia (1999), Burkhardt (1989), and Pargament (1999) each conceptualise spirituality as "integrative energy," "prayer and purpose in life," and "the unfolding of mystery and harmonious connectivity" (Pesut 2005).

Some have contended that contemporary notions of spirituality lack theological, philosophical, or epistemological underpinnings (Pargament 1999, Swinton 2006). According to Henery (2003), the spirituality debate has mostly recycled concerns from scientific and theological traditions. Science's authority is undermined when it's utilised to depict the metaphysical realm. The religious terminology has been co-opted to diminish religious symbols and stories that once connected people.

Spirituality's ontological basis and qualities have been the subject of a complex philosophical tradition (Smith 1988). If we try to universalize a religious or philosophical term, we may exclude persons with diverse ideas (Fawcett & Noble 2004). Those coming from philosophic humanism may find success with a universalized spirituality, with a loss or rejection of the sacred (Pargament, 1999). Those with theistic or non-theistic religious ideas may have less success. To oppose this trend toward universalism, researchers have constructed typologies of spirituality that highlight areas of distinction, such as those between Buddhism and Christianity.

The philosophical categories of humanism, theism, and monism, as well as empiricism, interpretivism, and post-structuralism (see Tinley & Kinney 2007). (see Pesut 2005). Each of these typologies attempts to shed light on the various meanings, values, and beliefs that are inherently connected to understandings of the spiritual world, as well as how these understandings, in the end, shape both theory and research, as well as the way nurses conduct their profession.

Examination of the Claim that there is Spirituality Reserved for the Elite

One of the 'new' kinds of spirituality that have emerged in the twenty-first century is one that has been dubbed the' religion of high modernity' because to its emphasis on the individual's therapeutic journey toward a more balanced and fulfilled existence (Rieff 1966, Lasch 1979, Shuman & Meador 2003). Some people have referred to the popular use of spirituality (and religion) as a route to health as a type of "idolatry." This is because it transfers emphasis from what is beyond one's self to the self as the object of worship, which is contrary to the goal of health (Shuman & Meador 2003). Strategies of spiritual self-help, which are gaining credibility via wisdom traditions, promise to strengthen personal power and health as a self-centered antidote to the sorrows of human existence. These techniques are gaining legitimacy through wisdom traditions (Drobin 1999, Peterson 2005). One of the arguments against this approach to spirituality is that it is considered as having a continuum that pertains to the degree to which a certain spiritual condition has been attained (Thomas 2000). This concept may be seen to some degree in the several instruments that are now being created for the purpose of measuring spiritual experience. As a direct consequence of this, an exclusive kind of spirituality has emerged, in which some people are regarded as being more "spiritual" than others based on where they fall along a continuum of spiritual development. According to Walter (2002), this is a peculiarly Anglo-American attitude to spirituality that has been covertly instilled into the medical field. As individuals strive to achieve a desired level of increased spiritual welfare, this approach may have the paradoxical effect of objectifying and isolating others rather than humanising them (Henery 2003).

However, there are certain groups of people, particularly those coming from non-western countries and those who are facing great hardship, for whom this method of approaching spirituality may be very harmful. Even within the variety of western civilizations, we cannot make the assumption that our western creations would have the same level of significance in

other cultures (Sheridan 1986, Gilliat-Ray 2003, Traphagan 2005). For example, individuals who originate from cultures that place a strong emphasis on the spirituality of their communities may not find much value in inner spiritual endeavours that are centred on the individual. Within Eastern philosophies (Chan et al. 2006), tribal or clanship societies, and cultural groups for whom day-to-day survival is a primary social concern, the emphasis on discovering one's own personal meaning and purpose in life, which is a key component of spirituality in the Euro-Western world, may not receive as much attention (Thomas 2000). Spirituality and religion are so linked with life and death, cosmology, ethics, logic, and aesthetics, and the nature and destiny of mankind that any generic approach to spirituality would be inadequate.

Individualistic spirituality that relies largely on Western religious and scientific concepts (Henery 2003, Engler & Miller 2006) risks disguising itself as a neutral perspective that imposes particular ideals in a way comparable to colonising and proselytising religious history (Slife & Richards 2001). Cultural religion may become a stereotyped approach to variety (Gilliat-Ray 2001, Hollins 2005), in which people are assumed to fall into set categories of religious affiliation, beliefs, and practices based on their ethnocultural identities.

One may also question what spirituality as a road to health and mental wellness has to offer miserable individuals, the population nurses interact with most often. Many of today's beliefs about spirituality assume that spiritual health means transcending, feeling connected, having hope, and experiencing power or energy, as well as existential concerns like seeking meaning and purpose in life. This premise underpins many modern spiritual concepts (Chiu et al. 2004, McCarroll et al. 2005). These spirituality interpretations have been criticised for not accommodating unpleasant feelings like despondence, wrath, fear, or brokenness (Willis 2003). Some say recently devised devices for evaluating spirituality were confused with mental health assessments. (Moreira-Almeida & Koenig, 2006). This understanding may lessen the complexity of human misery and the personal growth chances it offers. Most concepts of spirituality at this stage in the conversation lack theological and philosophical depth. Both Christian and Buddhist traditions realise that pain is an inescapable component of being human and necessitates certain responses from individuals. Despite variations, both traditions consider pain as unavoidable.

Social critique of socio-historical impacts on individual experience (Shuman & Meador 2003). A emphasis on individual spiritual wellbeing without community influences is like personal health promotion. In those days, nurses focused on individual health and overlooked socioeconomic factors (Lalonde 1981). Spirituality definitions that blame people for spiritual disease without acknowledging cultural causes are flawed.

Spirituality may be used without cultural critique. Carrette and King (2005) say capitalism has co-opted religion. Spirituality is used to sell products and drive employees to seek personal fulfilment, not corporate gain (Carrette & King 2005). Increasing managerialism and bureaucracy in healthcare annoy nurses, impeding their caring behaviours (Rogers 2001, Wong 2004). Some nursing theories believe incorporating spirituality is crucial for long-term health and renewal (Carson & Koenig 2004, Watson 2005). Considering nurses' spirituality might derail healthcare reform.

Corporate Healthcare Problems and Spirituality

Marx's renowned anti-religious sentiments apply here: Religious anguish is a protest against real suffering. Religion is the downtrodden's cry and a heartless society's heart. (1970) Religion isn't condemned; it's called the "heart of a cruel world" Marx says that religion may bring solace, but it doesn't solve social issues. Worse, the oppressors can offer the narcotic. Marx is right that relying solely on spiritual well-being is an opiate.

Spirituality in healthcare may also benefit submissive or marginalised professions. Spiritually-based treatments are the foundation of autonomous nursing practise (Salladay 2000, Pesut 2005). Some claim nursing's incorporation of spirituality is a not-so-subtle kind of indoctrination (Walter 2002, Gilliat-Ray 2003, Paley 2007). (Swinton 2006).

Religion and spirituality in healthcare are criticised. Ungrounded concepts of spirituality undermine ontological presuppositions, distorting spiritual viewpoints and marginalising individuals. Individualized spirituality as a means to health and enjoyment may marginalise communal cultures, familial societies, non-western civilizations, and sufferers while making suffering-causing institutions invisible. Spirituality is co-modified for economic and political gain.

Spirituality/Religion Conception

What's next after analysing religion and spirituality in healthcare literature? How do you create significant, practical ideas? How can (un)spiritual and (un)religious be meaningful? Three suggestions:

First, conceptualizations should contain spiritual and religious terminology and methods of knowing. Metaphor and narrative may convey spiritual depths and secrets. Resist ideas that are culturally confined, serve special interests, or ignore the global religious revival. Religion and spirituality involve beliefs and experiences. Positivity and negativity are possible.

REFERENCES

A. Peplau & D. Perlman (Eds.), Loneliness: A sourcebook of current theory, research, and therapy. New York: Wiley.

Aghili, M., & Kumar, G. V. (2008). Relationship between religious attitude and happiness among professional employees. Journal of the Indian academy of applied psychology, 34(4), 66-69.

Anandarajah, G. (2008). The 3 H and BMSEST models for spirituality in multicultural whole-person medicine. The Annals of Family Medicine, 6(5), 448-458.

Armstrong K (2000) The Battle for God: A History of Fundamentalism. Ballantine, New York.

Bass, San Francisco. Bradshaw A (1994) Lighting the Lamp: The Spiritual Dimension of

Bell C (2006) Paradigms behind (and before) the modern concept of religion. History and Theory 45, 27–46.

Berger P (2003) Conceptions of religion: on distinguishing scientific, theological and 'official' meanings. Social Compass 50, 141–160. Bibby RW (2006) The Boomer Factor: What Canada's Most Famous Berkeley.

Browne AJ (2001) The influence of liberal political ideology on nursing science. Nursing Inquiry 8, 118–129.

Buck HG (2006) Spirituality: concept analysis and model development. Holistic Nursing Practice 20, 288–292.

Burkhardt MA (1989) Spirituality: an analysis of the concept.

Burnard P (1988) The spiritual needs of atheists and agnostics. The Professional Nurse 4, 130–132.

Burris, J. L., Brechting, E. H., Salsman, J., & Carlson, C. R. (2009). Factors associated with the psychological well-being and distress of university students. Journal of American college health, 57(5), 536-544.

Carrette J & King R (2005) Selling Spirituality: The Silent Takeover of Religion. Routledge, London.

Carson VB & Koenig HG (2004) Spiritual Caregiving: Healthcare as a Ministry. Templeton Foundation Press, Philadelphia.

Cawley N (1997) An exploration of the concept of spirituality. International Journal of Palliative Nursing 3, 31–36.

Ceyhan, A., Ceyhan, E., & Kurty, Y. (2009). Investigation of university students' depression. Eurasian

Chan CLW, Ng SM, Rainbow THH & Chow AYM (2006) East meets West: applying Eastern spirituality in clinical practice. Journal of Clinical Nursing 15, 822–832.

Chiu L, Emblen JD, Van Hofwegen L, Sawatzky R & Meyerhoff H (2004) An integrative review of the concept of spirituality in the health sciences. Western Journal of Nursing Research 26, 405–428.

Chodorow, N. (1978). The reproduction of motherhood. Psychoanalysis and the Sociology of Gender.

Christensson, A., Vaez, M., Dickman, D., & Runeson, B. (2011). Self-reported depression Social Psychiatry and Psychiatric Epidemiology, 46(94), 299–310.

Cowen J (2004) Taking Jesus Seriously: Buddhist Meditation for Christians. Liturgical Press, Collegeville.

Der Bing, C. M. (2011). The Influences of General Perfectionism, Chinese Cultural Values and Accultur- ation on Depression among Chinese-American College Students. Alliant International University, San Francisco Bay.

Dhar, N. E. E. R. A., Datta, U., & Nandan, D. E. O. K. I. (2008). Importance of spiritual health in public health systems of India. Health and Population-Perspectives and Issue, 31(3), 204–209.

Drobin FA (1999) Spirituality, the new opiate. Journal of Religion and Health 38, 229–239.

Dyson, R., & Renk, K. (2006). Freshmen adaptation to university life: depressive symptoms, stress, and coping. Journal of Clinical Psychology, 62, 1231–1244.

Eire CMN (1990) Major problems in the definition of spirituality as an academic discipline. In Modern Christian spirituality: Method- ological and Historical Essays (Hanson BC ed). Scholars Press, Atlanta, pp. 53–61.

Emblen J (1992) Religion and spirituality defined according to cur- rent use in nursing literature. Journal of Professional Nursing 8, 41–47.

Engler S & Miller D (2006) Daniel Dubuisson, The 'Western Con- struction of Religion'. Religion 36, 119–178.

Eremsoy, C., Celimli, S., & Gencoz, T. (2005). Students under academic stress in a Turkish University: Variables associated with symptoms of depression and anxiety. Current Psychology, 24(2), 123–133.

Fawcett T & Noble A (2004) The challenge of spiritual care in a multi-faith society experienced as a Christian nurse. Journal of Clinical Nursing 13, 136–142.

Fenwick TJ & English LM (2004) Dimensions of spirituality: a framework for adult educators. Journal of Adult Theological Education 1, 49–64.

Generation is Leaving Behind. Bastian Books, Toronto. Boykin K (2003) Zen for Christians: A Beginner's Guide. Jossey-

Gilliat-Ray S (2001) Sociological perspectives on the pastoral care of minority faiths in hospital. In Spirituality in health care contexts (Orchard H ed). Jessica Kingsley, London, pp. 135–146.

Gilliat-Ray S (2003) Nursing, professionalism and spirituality. Journal of Contemporary Religion 18, 335–349.

Goddard NC (1995) Spirituality as integrative energy: a philosophical analysis as requisite precursor to holistic nursing practice. Journal of Advanced Nursing 22, 808–815.

Goebert, D., Thompson, D., Takeshita, J., & Bryson, P. (2009). Depressive symptoms in medical students and residents: A multi-school study. Academic Medicine, 84, 236–241.

Goldfarb, M., Galanter, M., McDowell, D., Lifshutz, H., & Dermatis, H. (1996). Medical student and patient attitudes toward religion and spirituality in the recovery process. American Journal of Drug and Alcohol Abuse, 22(4), 549–561.

Goleman, D. (1996). Vital lies, simple truths: The psychology of self deception. Simon and Schuster. Gordon, L. (2012). Women, the state, and welfare. Madison, WI: University of Wisconsin Press.

Hammermeister, J., Flint, M., El-Alayli, A., Ridnour, H., & Peterson, M. (2005). Gender differences in spiritual well-being: Are females more spiritually-well than males? American Journal of Health Studies, 20(1/2), 80.

Hart H (1997) Conceptual understanding and knowing other-wise: reflections on rationality and spirituality in philosophy. In Knowing Other-wise: Philosophy at the Threshold of Spirituality (Olthuis JH ed.). Fordham University Press, New York, pp. 19–53.

Henery N (2003) Constructions of spirituality in contemporary nursing theory. Journal of Advanced Nursing 42, 550–557.

Hill, P., & Pargament, K. I. (2008). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. Psychology of Religion and Spiri- tuality, 58(1), 64–74. doi:10.1037/1941-1022.S.1. 3.

Holistic Nursing Practice 3, 69–77.

Hollins S (2005) Spirituality and religion: exploring the relationship. Nursing Management 12, 22–26.

Hysenbegasi, A., Hass, S., & Rowland, C. (2005). The impact of depression on the academic productivity of university students. Journal of Mental Health Policy and Economics, 8(3), 145.

International Review of Psychiatry, 13(2), 67–78.

Jafari, E., Dehshiri, G. R., Eskandari, H., Najafi, M., Heshmati, R., & Hoseinifar, J. (2010). Spiritual well- being and mental health in university students. Procedia-Social and Behavioral Sciences, 5, 1477–1481.

Jaggar AM (2002) Vulnerable women and neo-liberal globalization: debt burdens undermine women's health in the global south. Theoretical Medicine and Bioethics 23, 425–440.

Jalal, F. S. (2013). Use of student support services among university students: Associations with problem- focused coping, experience of personal difficulty and psychological distress. British Journal of Guidance and Counselling, 41(4), 414–425.

Joint Commission on the Accreditation of Healthcare Organizations (2004) Available at http://www.jointcommission.org (accessed 22 February 2008).

Journal of Behavioural Sciences, 20(1), 31–45.

Journal of Educational Research, 36, 75–90.

Journal of Holistic Nursing, 24(4), 282–288.

Kausar, R. (2010). Perceived stress, academic workloads and use of coping strategies by university students.

Khawaja, N., & Armstrong, K. (2005). Factor structure and psychometric properties of the frost multidi- mensional perfectionism scale: Developing shorter versions using an Australian sample. Australian Journal of Psychology, 57(2), 129–138.

Koenig, G., David, B., & Larson, H. (2001). Religion and mental health: Evidence for an association.

Koening, H. G., Meador, K. G., & Parkerson, G. R. (1997). Religion index for psychiatric research: A 5-item measure for use in health outcome studies. American Journal of Psychiatry, 154, 885–886.

Lalonde M (1981) A New Perspective on the Health of Canadians: A Working Document. Minister of Supply and Services Canada, Ottawa.

Lasch C (1979) Culture of narcissism. WW Norton, New York. McBrien B (2006) A concept analysis of spirituality. British Journal

Lopez, V., Fischer, I., Leigh, M. C., Larkin, D., & Webster, S. (2014). Spirituality, religiosity, and personal beliefs of Australian undergraduate nursing students. Journal of Transcultural Nursing, 1043659614523469.

Lyubomirsky, S., King, L., & Diener, E. (2005). The benefits of frequent positive affect: does happiness leadto success? Psychological Bulletin, 131(6), 803.

Manwell, L. A., Barbic, S. P., Roberts, K., Durisko, Z., Lee, C., Ware, E., & McKenzie, K. (2015). What is mental health? Evidence towards a new definition from a mixed methods multidisciplinary international survey. BMJ Open, 5(6), e007079. https://doi.org/10.1136/bmjopen-2014-007079

Martinez, J. S., Smith, T. B., & Barlow, S. H. (2007). Spiritual interventions in psychotherapy: Evaluations by highly religious clients. Journal of Clinical Psychology, 63(10), 943–960.

McCarroll P, O'Connor T, Meakes E, Meier A, O'Connor TSJ & Paley J (2007) Spirituality and secularization: nursing and the soci- ology of religion. Journal of Clinical Nursing, available on-line early at http://www.blackwell-synergy.com/toc/jcn/0/0.

McSherry W & Cash K (2004) The language of spirituality: an emerging taxonomy. International Journal of Nursing Studies 41, 151–161.

Meraviglia MG (1999) Critical analysis of spirituality and its empirical indicators: prayer and meaning in life. Journal of Holistic Nursing 17, 18–33.

Mills PJ (2002) Spirituality, religiousness and health: from research to clinical practice. Annals of Behavioural Medicine 24, 1–2.

Montgomery S(2004) Religion Replaces Language as Canadian's Sore Spot. The Vancouver Sun, Vancouver, BC.

Moreira-Almeida A & Koenig HG(2006) Retaining the meaning of words religiousness and spirituality: a commentary on the WHPQOL SRPB group's 'A cross cultural study of spirituality, religion and personal beliefs as components of quality of life'. Social Science and Medicine 63, 843–845.

Nakano, K. (2009). Perfectionism, self-efficacy, and depression: Preliminary analysis of the Japanese ver- sion of the almost perfect scale–revised 1. Psychological Reports, 104(3), 896–908.

National Health Services (2003) NHS Chaplaincy: Meeting the Religious and Spiritual Needs of Patients and Staff. HMSO, Norwich.

Nolen-Hoeksema, S., Larson, J., & Grayson, C. (1999). Explaining the gender difference in depressive symptoms. Journal of Personality and Social Psychology, 77(5), 1061–1072.

Norris P & Inglehart R (2004) Sacred and Secular: Religion and Politics Worldwide. Cambridge University Press, New York.

Nursing Care. Scutari Press, Middlesex.

O'Malley J (1970) K Marx's Critique of Hegel's 'Philosophy of Right'. Cambridge University Press, Cambridge. of Nursing 15, 42–45

Paloutzian, R. F., & Ellison, C. W. (1982). Loneliness, spiritual well-being and the quality of life. In L.

Pannenberg W (1976) Theology and the Philosophy of Science. The Westminster Press, Philadelphia.

Pargament KI (1999) The psychology of religion and spirituality? Yes and no The International Journal for the Psychology of Religion 9, 3–16.

Pargament, K. I. (1999). The psychology of religion and spirituality? Yes and No. International Journal forthe Psychology of Religion, 9, 3–16.

Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. Journal for the Scientific Study of Religion, 37, 710–724.

Pearce, M. J., Jones, S. M., Schwab-stone, M. E., & Ruchkin, V. (2003). The protective effects of reli- giousness and parent involvement on the development of conduct problems among youth exposed to violence. Child Development, 74(6), 1682–1696.

Pesut B (2005) A Philosophic Analysis of the Spiritual in Nursing Literature. Unpublished Doctoral Dissertation. University of British Columbia, Vancouver.

Peterson EH (2005) Christ Plays in Ten Thousand Places: A Conver- sation in Spiritual Theology. William B. Eerdmans, Grand Rapids.

Rankin, E., & Delashmutt, M. (2006). Finding spirituality and nursing presence: The student's Challenge.

Rathi, N., & Rastogi, R. (2007). Meaning in life and psychological well-being in pre-adolescents and adolescents. Journal of the Indian Academy of Applied Psychology, 33(1), 31–38.

Regnerus, M., Smith, C., & Fritsch, M. (2003). Religion in the lives of American adolescents: A review of the literature. A research report of the National Study of Youth and Religion.

Rieff P (1966) The Triumph of the Therapeutic. University of Chicago Press, Chicago.

Rogers AM (2001) Nurture, bureaucracy and re-balancing the mind and heart. Journal of Social Work Practice 15, 181–191.

Romanow RJ (2002) Building on Values: The Future of Health Care in Canada. Government of Canada, Ottawa.

Ross L (1994) Spiritual aspects of nursing. Journal of Advanced Nursing 19, 439–447.

Salladay SA (2000) Healing is believing: postmodernism impacts nursing. The Scientific Review of Alternative Medicine 4, 39– 47.

Scheid, T. L., & Wright, E. R. (Eds.). (2017). A handbook for the study of mental health. Cambridge University Press.

Sheridan DP (1986) Discerning difference: a taxonomy of culture, spirituality and religion. The Journal of Religion 66, 37–45.

Shuman JJ & Meador KG (2003) Heal Thyself: Spirituality, Medicine and The Distortion of Christianity. Oxford University Press, Oxford.

Singh, K., & Jha, S. D. (2008). Positive and negative affect and grit as predictors of happiness and life satisfaction. Journal of the Indian Academy of Applied Psychology, 34(2), 40–45.

Slife BD & Richards PS (2001) How separable are spirituality and theology in psychotherapy? Counseling and Values 45, 190– 207.

Smith SG (1988) The Concept of the Spiritual: An Essay in First Philosophy. Temple University Press, Philadelphia.

Steptoe, A., Tsuda, A., Tanaka, Y., & Wardle, J. (2007). Depressive symptoms, socio-economic back- ground, sense of control, and cultural factors in university students from 23 countries. International Journal of Behavioral Medicine, 14, 97–107.

Sun, J., Buys, N., Stewart, D., & Shum, D. (2011). Mediating effects of coping, personal belief, and social support on the relationship among stress, depression, and smoking behaviour in university students. Health Education, 111(2), 133–146.

Swinton J (2006) Identity and resistance: why spiritual care needs 'enemies'. Journal of Clinical Nursing 15, 918–928.

Swinyard, W. R., Kau, A. K., & Phua, H. Y. (2001). Happiness, materialism, and religious experience in the US and Singapore. Journal of Happiness Studies, 2(1), 13–32.

Takagishi, Y., Sakata, M., & Kitamura, T. (2013). Influence of rumination and self-efficacy on depression in Japanese undergraduate nursing students. Asian Journal of Social Psychology, 16(3), 163–168.

Tanyi RA (2002) Toward clarification of the meaning of spirituality. Journal of Advanced Nursing 39, 500–509.

Thomas OC (2000) Some problems in contemporary Christian spirituality. Anglican Theological Review 82, 267–281.

Thomas S (2005) The Global Resurgence of Religion and the Transformation of International Politics: The Struggle for the Soul of the Twenty-first Century. Palgrave Macmillan, New York.

Thomason C & Brody H (1999) Inclusive spirituality: editorial. The Journal of Family Practice 48, 96–97.

Tillich P (1999) The Essential Tillich: An Anthology of the Writings of Paul Tillich. University of Chicago Press, Chicago.

Tinley S & Kinney A (2007) Three philosophic approaches to the study of spirituality. Advances in Nursing Science 30, 71–80.

Traphagan JW (2005) Multidimensional measurement of religious- ness/spirituality for use in health research in cross cultural per- spective. Research on Aging 27, 387–419.

Tversky, A., & Griffin, D. (1991). Endowment and contrast in judgments of Well-Being. In Strategy and Choice, p. 297.

VanKatwyk PL (2005) Assessing plurality in spirituality defini- tions. In Spirituality and Health: Multi-Disciplinary Explorations (Meier A, O'Connor TSJ & VanKatwyk PL eds). Wilfrid Laurier University Press, Waterloo, pp. 43–59.

Vazquez, F., & Blanco, V. (2006). Symptoms of depression and related factors among Spanish university students. Psychological Reports, 99, 583–590.

Vazquez, F., & Blanco, V. (2008). Prevalence of DSM-IV major depression among Spanish Universitys- tudents. Journal of American College Health, 57, 165–171.

Wallis J (2003) Dangerous religion: George W. Bush's theology of empire. Sojourners Magazine 32, 20–26.

Wallston, K. A., Wallston, B. S., & DeVellis, R. (1978). Development of the multidimensional health locus of control (MHLC) scales. Health Education and Behavior, 6(1), 160–170.

Walter T (2002) Spirituality in palliative care: opportunity or burden? Palliative Medicine 16, 133–139.

Watson J (2005) Caring Science as Sacred Science. FA Davis, Philadelphia.

Wheen F (2004) Age of Unenlightenment. The Vancouver Sun, Vancouver, BC.

Willis P (2003) Book Review: exploring spirituality and culture in adult and higher education. Australian Journal of Adult Learning 43, 311–318.

Wong WH (2004) Caring holistically within the new managerialism. Nursing Inquiry 11, 2–13.

World Health Organization. (2012). WHO quality of life-bref (WHOQOL-BREF). 2004 [2009–09–10]. http://www.who.int/substance-abuse/researchtools/whoqolbref/en.

Zinnbauer BJ, Pargamen KI & Scott AB (1999) The emerging meanings of religiousness and spirituality: problems and prospects. Journal of Personality 69, 889–919.

Zullig, K. J., Ward, R. M., & Horn, T. (2006). The association between perceived spirituality, religiosity, and life satisfaction: The mediating role of self-rated health. Social Indicators Research, 79(2), 255–274.

Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Saha, M. & Basawaraj (2022). Spirituality in Healthcare. *International Journal of Indian Psychology, 10(3),* 1111-1126. DIP:18.01.122.20221003, DOI:10.25215/1003.122