



ANDREW WEIL:

Can Spirituality Heal?



During my travels throughout the world, I've met many healers who believe that the primary causes of health and illness are not physical but spiritual. While I certainly believe that both physical and emotional factors influence health, I also believe that you can't be truly healthy if you're feeling spiritually disconnected. The root meaning of *health* is "wholeness," and health necessarily involves our bodies, minds, and spirits.

Many people consider spirit to be the province of religion, but I make a distinction between spirituality and religion. To my mind, spirituality has to do with the nonphysical, immaterial aspects of reality—our energies, essences, and our conceptions of a higher power. Religion attempts to institutionalize spirituality. While religion can be a person's main avenue for spiritual work, it doesn't have to be. I often encourage my patients to explore activities that can enhance spiritual well-being, including practicing breathwork techniques (in many languages, the words for *spirit* and *breath* are the same), meditating, spending time in nature, reading inspirational books, enjoying music and art, observing a moment of gratitude before meals, doing service work, spending more time with people who raise your spirits, and even keeping fresh flowers in your home.

That being said, most of the research studies to date on spirituality and health have examined religious factors such as church attendance or regularity of individual prayer. This is probably because personal spiritual practices are more difficult to measure, but it's my hope that future studies will consider them as well. Meanwhile, recent studies have linked

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religious involvement to lower blood pressure, better immunity, lower rates of depression, higher survival rates following cardiac surgery, and greater longevity. One large study (*American Journal of Public Health*, June 1997) followed more than 5,000 Californians for 28 years: Those who attended religious services at least once a week had a 23 percent lower risk of dying during the study period than those who attended less frequently, even after the researchers controlled for lifestyle factors and social support.

Even more intriguing are studies suggesting that praying on behalf of others (so-called intercessory prayer) may help the sick. A randomized trial newly reported in the *Archives of Internal Medicine* (October 25, 1999) examined this effect in nearly 1,000 heart patients admitted to a Kansas City, Missouri, hospital over a 12-month period. Half of the patients were prayed for daily by community volunteers for four weeks, while the other half didn't have anyone assigned to pray for them. None of the patients were aware of the study. After four weeks, the prayed-for patients had suffered 11 percent fewer complications—a small but statistically significant difference. I consider this study and a similar (though less rigorous) 1988 trial conducted in San Francisco to be noteworthy because they challenge the basic materialistic assumptions in science—such as that changes in the physical body must have physical causes.

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A New Frontier for Medicine

I'm pleased to see that this growing body of research has captured the attention of the medical community. In the mid-1990s, only three US medical schools taught courses on religious and spiritual issues; today, more than 60 (about half of medical schools) offer such courses. Duke University has its own Center for the Study of Religion, Spirituality and Health, and the University of Minnesota's Center for Spirituality and Healing has recently opened a Mind Body Spirit Clinic.

Here at the University of Arizona's Program in Integrative Medicine, we encourage the physicians in our fellowship program to explore spiritual practices in their own lives and train them to take a spiritual inventory of patients seen at our clinic. An inventory typically begins with an open-ended question such as, "What are the sources of strength in your life?" When patients express strong religious beliefs, we might ask if they would be interested in talking with a clergy member or pastoral counselor about any issues arising from their medical condition. For nonreligious patients, we might ask if they would be open to trying spiritual practices such as breathwork or meditation.

Some physicians may be hesitant to discuss spiritual issues with patients, because of a lack of training or because they consider it inappropriate to their role as a physician. If you feel comfortable broaching the subject with your doctor, you might start with a general question such as, “Do you think that spiritual practice could influence my health?” As more medical schools cover the topic of spirituality and health, I expect that physicians may become increasingly open to discussing these issues, and that the result will be more-satisfying partnerships between patients and doctors.

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