CHAPTER II

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The research study emphasized the role of spirituality in the treatment and prevention of disease. Therefore in this chapter an overview of the theoretical concepts of spirituality is provided. The mind’s effect on health along with the healing methodologies over the decades is also discussed. The various culturally related views on spirituality and health provide an insight as how to use spiritual methods and practices, specifically pertinent to various cultures in the understanding and treatment of disease and prevention of illness. In addition, the subject of miracles and illness as viewed by saints and mystics is discussed to gather insight into this rich and enigmatic construct – spirituality and to use its applications in the psychotherapy practice for enhancing positive well-being in the individuals and helping them to lead meaningful happy lives.

1. SPIRITUALITY

Spiritual and religious beliefs and practices are common to humanity and are connected to health, sickness and healing in most cultures of the world. Over the past two decades there has been a growing interest in the potential use of meditative practices in psychotherapy. Spirituality is conceptualized in terms of goals or strivings, called by Emmons and colleagues as “ultimate concerns” (Emmons, 1999). A more inclusive role of religion and spirituality, within personality and motivational psychology has been emphasized (Emmons, 1999). Apart from “ultimate concerns”, spiritual transcendence has been introduced as a unit of analyses for empirically examining religiousness and spirituality in
people's lives. Spiritual transcendence is "the capacity of individuals to stand outside of their immediate sense of time and place to view life from a larger, more objective perspective. This transcendent perspective is one in which a person sees a fundamental unity underlying the diverse strivings of nature" (Piedmont, 1999).

1A. OVERVIEW

From a historical perspective, psychology and counseling in particular, has had an 'ebb and flow' relationship with spirituality. Early in the field's development, spirituality and religion were seen as constituting an important component in an individual's experience; discussion of spirituality was included in the works of William James, Frank Parsons, and Gordon Allport (Kelly, 1995). William James in his book 'Varieties of Religious Experiences' (1902), contended that the mystic and ascetic could not be explained merely by attributing to some form of psychopathology to them. According to James, all of us have the spiritual self, which has the person's psychic faculties and disposition, his conscience or morality and his will. In contrast, Freud regarded mystical experiences as regression to infantile states of mind. Freud (cited in Meissner, 1996, p.241) took the position that religious beliefs are 'illusions, fulfillments of the oldest, strongest and most urgent wishes of mankind'. In short, he felt that belief in religion holds negative consequences for the development of a person. Although many of his ideas do not hold up today, Freud was one of the first in the psychotherapeutic community to see that religion has the potential to be a negative force in an individual's development.
In contrast, one of Carl Jung’s basic assertions was that all or most psychological problems involve some aspect of religion or spirituality and that addressing spirituality, or matters of the soul, can aid in human development. Adler also addressed religion from a psychological perspective and proposed that religious belief could advance personal development. Maslow and other humanistic writers have written on self-actualization and the fully functioning human being, which includes aspects of transcendence and the meaning of life (Kelly, 1995). Maslow suggested that religious metaphors are as appropriate as scientific ones for understanding ‘peak experiences’. Roy, 1981 and Murphy (1976) report that we seem to be in the midst of a spiritual consciousness, wholly different from the revolution in sexual consciousness brought by Freud. In the 1960s, a transpersonal psychology movement emerged from humanistic psychology. This movement focused upon the self beyond the socially constricted self. This expanded sense of consciousness and presence influenced both the psychotherapy process and conceptualizations of problems of living (Cortright, 1997; Scotton, Chinen & Battista, 1996). Elkins, et al. (1988) have attempted to define and measure spiritual experience. In more recent times, Jacobs (1993) has addressed spiritual issues and constructed a psychology of religious belief from theories of developmental stages. Elkins (1995), further has portrayed religion in ways that eliminate the ‘otherness’ aspect of conventional religious encounter, principally through the feminine side of the personality, the arts, the body, psychology, mythology, nature, relationships, and the dark nights of the soul. In contrast, Richards and Bergin (1997) prescribe a confined spiritual strategy for counseling, which is wholly theistic – ‘God exists’ and has created humans and spiritual forces exert

Recently, there has been a reawakening in multiple fields of research and practice in psychology, spirituality and health. Some of the manifestations can be found in areas such as addictions recovery, wellness, holistic health, and transpersonal growth and development, and some have been in psychotherapy in general (e.g., Bullis, 1996; Kelly, 1995; Richards & Bergin, 1997). Additionally, some researchers have looked at the role spirituality can play specifically in multicultural counseling (Fukuyama & Sevig, 1999; Richards & Bergins, 2000; Zinnbauer & Pargament, 2000). Psychologists at the First National Multicultural Conference and Summit, cosponsored by several divisions within the American Psychological Association cited spirituality as an important dimension (Sue, Bingham, Porsche-Burke, & Vasquez, 1999). Trimble (2000) notes that most cultural traditions are holistic and consider mind, body and spirit as one. According to Johnson (1959), erasing the line between health and mental health is crucial because every aspect of health has a major component that is psychological – from wellness and prevention to chronic and acute illness to death and dying. She necessitates providing new graduates with guidelines that include having a basic understanding of how religion and spirituality affect people’s lives, and therefore, how they may affect the counseling process. According to Ornish (2002), depression and loneliness can be eased by moving from the ‘I’ of the illness to the ‘we’ of wellness through intimacy with others and spiritual growth. Benson (2005), the founding President of the Harvard Medical School Mind/Body Medical Institute affirms that relaxation techniques such as meditation and prayer, can improve
peoples’ health and psychologists are in a unique position to promote such self-care techniques as a major part of preventative health care.

Debate, dialogue and research thus continues to understand the importance and ramifications of integrating religion/spirituality with counseling and psychotherapy practices and its impact upon the mind-body connection and the well-being of the individual, and its ripple effect upon the families, community and society, in general.

2. DISEASE AND THE MIND

Neglect of the mind-body link by technological medicine is actually a brief aberration when viewed against the whole history of the healing art. In traditional tribal medicine and in Western practice from its beginning in the work of Hippocrates, the need to operate through the patient’s mind has always been recognized. Until the nineteenth century, medical writers rarely failed to note the influence of grief, despair, or discouragement on the onset and outcome of illness, nor did they ignore the healing effects of faith, confidence, and peace of mind. The modern medicine man has gained so much power over certain diseases through drugs, however, that he has forgotten about the potential strength within the patient.

Part of the mind’s effect on health is direct and conscious. Many of its effects are achieved directly on the body’s tissues, without any awareness on our part. Consider the common expressions: ‘He’s a pain in the neck’, ‘Get off my back’, ‘This problem is eating me up alive’, or ‘You’re breaking my heart’. The body responds to the mind’s messages, whether
conscious or unconscious. The fight-or-flight responses are not the only survival mechanisms possessed by the human organism. There exists also a "die" mechanism that actively stops our defenses, slowing the body's functions and bringing us towards death when we feel our life is not worth living. For example: in voodoo deaths, the impact of negative emotions can be so severe that even normal hearts cannot endure. According to Cousins (1989), in voodoo cases, "belief becomes biology". Herein the interpretation of the event, i.e. the significance and meaning it holds for the person – overshadows the event itself, which may be trivial. Meaning knows no time. It can actually increase with time as is obvious from "anniversary deaths", in which a person dies on the anniversary of a loved one's death, often many years later. Cannon (1942) was convinced that the social customs of primitive tribes must somehow play a significant role, for the customs, beliefs, and behaviors determined the significance, interpretation, and meaning of any particular event. Cannon discovered that cultures practicing voodoo had various ways of bringing "malignant psychic influences" to bear on the victim, all of which depended on the impact of perceived meaning. For example, the person might be stuck with a "poisoned spear" that was actually harmless, or by unknowingly eating a forbidden food. The primary factor in all these instances seemed to be the meaning the event contained for the person against whom it was directed. Even in voodoo there is room for hope, and the outcome is not always fatal. The antidote for modern day voodoo is the same as in primitive voodoo: the restoration of meaning for the accursed.
Physicist Bohm (1988) suggests a connection between the body and the mind, the material and the mental. The connection between the two, he proposes is through a third entity, meaning in his theory of soma-significance. 'Soma' comes from a Greek word meaning, "the body" and is customarily used to refer to the physical body as opposed to the spirit. Significance, on the other hand, is connected with the mind. It is derived from the Latin 'significans', "that which is signified; meaning." By juxtaposing these two words Bohm suggests a connection between the body and the mind through biochemical processes. Even in trauma or in cases of children born with genetic diseases, wherein the problem seems overwhelmingly physical, the wholeness of matter, mind and meaning is unbroken. Bohm's theory of soma-significance is complimented by his signa-somatic theory, which is simply the matter-mind interrelationship working from the direction of the mind. Just as the body's reactions can affect our perceptions (the soma is significant: "soma-significance"), mental factors can generate changes in our body (meanings are significant: "signa-somatic").

Another eminent thinker Whitehead (1968) stated: "...All the functioning of nature influence each other, require each other, and lead on to each other...The human individual is one fact, body and mind...We are in the world and the world is in us." These perspectives are similar to those of another seminal thinker of our century, anthropologist and philosopher Bateson (1985) who stated, "Mind is not "something" separate from nature. It is identical at various levels of order with all of nature, not solely with individual brains." Thus we see how the mind-body connection with meaning has its place in healing, not only in connection with individual selves but also in connection with Nature and
Cosmos. Jung (1977) toward the end of his life quoted, "Meaninglessness... is... equivalent to illness." Put another way: illness is the meaning of meaninglessness.

Evans (1926), in her book ‘Psychological Study of Cancer’, clearly spells out the cancer risk incurred by the personality type for whom life’s meanings comes entirely from people or things outside the self. When that connection is disrupted, illness follows. In the second century A.D., Galen noted that melancholy people were more likely to get cancer than those with more sanguine dispositions. In the eighteenth and nineteenth centuries, many physicians realized that cancer tends to follow tragedy or crises in a person’s life, especially in those who are depressed. During more than two decades of research into the mental aspects of cancer experimental psychologist Leshan (1977) conducted personality studies of 455 cancer patients and in-depth therapy of 71 terminal cases. He found that the condition of despair was reported as predating the disease by 68 of his 71 cancer patients in therapy, but by only 3 of 88 in other clients who did not have cancer. Hutschenecker (1951) in his book, ‘The Will to Live’, writes, “Depression is a partial surrender to death, and it seems that cancer is despair experienced at the cellular level.”

Engel (1971) of the University Of Rochester School of Medicine, a pioneer in the field of mind-body interaction points out that the phenomenon of ‘emotional sudden death’ has been described from ancient times to the present: The Bible tells us that when Ananias was charged by Peter, “You have not lied to man but to God,” he fell down dead. Emperor Nerva is said to have died of “a violent excess of anger” against a senator who had offended him and Pope Innocent succumbed suddenly to the “morbid effects of grief on his
soon after the disastrous overthrow of his army by Manfred. In more modern times the power of vengeful deities is no longer invoked, but the belief that intense emotional distress may induce sudden death persists unabated in the average man.

Engel’s research (1971) upon the effects of strong emotions on health, over a six-year period of 170 reports of a sudden death, clearly revealed that one of the most frequent settings preceding emotional sudden death is the sense of impasse, where persons believe they can neither fight nor escape. Engel termed this experience of impasse as "the giving up-given up" complex. Thus although stress is one of the most destructive elements in people’s daily lives, the way we react to stress appears to be more important than the stress itself. Helplessness is worse than the stress itself. This is probably why the rate of cancer is higher for Blacks in America than for whites, and why cancer is associated with grief and depression. Those most likely to die of heart attacks are not the hard-driving Type A executives but rather those who are driven, the underlings and factory workers who have no autonomy and whose shortened lives give new meaning to the phrase “deadly boredom”.

The level of stress is determined partly by society. Cultures that place the highest value on a combination of individualism and competition are the most stressful. Those that seem to produce the least stress and have the lowest rates of cancer are close-knit communities in which supportive, loving relationships are the norm, and the elderly retain an active role. Religious faith and a fairly open, accepting attitude toward sexuality are two other common characteristics of low-cancer societies. Soviet Georgia, the Hunza valley, Mormon
communities in America, and the villages of the Abujmarhia tribe of Central India are excellent examples.

The origin of an illness may be in the mind or in any other parts of the being. The Mother (2003), a disciple of Sri Aurobindo states, "... the particular place in the body affected by an illness is an index to the nature of the inner disharmony that has taken place. It points to the origin and the cause of the ailment. It reveals the nature of the resistance that prevents the whole being from advancing at the same high speed. It indicates the treatment and the cure. Invoking God's grace to put force and light in the affected part can re-establish in a moment the harmony that has been disturbed and the illness can disappear."

Thus in order to understand the role of spirituality on health, it is essential to provide a brief sketch of the different healing methodologies in the history of medicine.

3. HEALING METHODOLOGIES

Since the dawn of scientific era, it is possible to discern three distinct types of healing methodologies. Since these fall into a kind of a historical sequence, they can be referred to as eras. Era I may be called “mechanical”, “materialistic”, or “physical medicine” and is described in the seventeenth century by Sir Isaac Newton. It encompasses the therapies that are favored in the West today and that have dominated our approach to healing for over hundreds of years, including the use of surgery, drugs and irradiation. Era I is guided by the classical laws of matter and energy. Herein all forms of therapy, to be effective, must be “physical”. In Era I the effects of mind and consciousness are considered of secondary importance.
Approximately five decades ago, however another unique period in the history of healing began solidly to take shape- Era II or “mind-body” medicine. It became possible to show that perceptions, emotions, attitudes thoughts, and perceived meanings affect the body. All the major diseases of our day – heart disease, hypertension, cancer, and more – have by now been shown to be influenced, at least to some degree by the mind. The hallmark of Era II is the intimate connection between the mind, brain, and the various organs of the body. Herein, mind is a major factor in healing within the single person. Any therapy emphasizing the effects of consciousness solely within the individual body is an Era II approach. Counseling, hypnosis, biofeedback, relaxation therapies and most types of imagery base “alternative” therapies are included. The developing field of psychoneuroimmunology fuses both the Era I and Era II approaches. The major difference between Eras I and II is that the latter attributes a causal power to the mind.

However many healing events which were left unexplainable such as distance healing were encompassed by Era III medicine, which is a nonlocal approach to healing. Like Era II, Era III emphasizes the causal power of consciousness. But unlike Era II, it does not regard the mind as originating from the brain, although the mind is acknowledged to work through the brain. A unique feature of Era III is the ultimately unitary nature of the mind, which is a consequence of its unboundedness. Herein, minds are considered as omnipresent, infinite, immortal, and ultimately one. As a result, healing events that involve the mind may bridge persons who are widely separated from each other with no known sensory contact, and may do so instantly.
Byrd’s study (1988) on four hundred patients admitted to the coronary care unit of San Francisco General Hospital revealed that the prayed for group appeared to have been given some ‘miracle drug’ and did better clinically in various ways in having a less likelihood to develop congestive heart failure and were five times less likely to require antibiotics, and three times less likely to need diuretics. None of the prayed-for group required endotracheal intubations and fewer of the prayed-for group developed pneumonia. A striking aspect of this study is that it violates one of the most hallowed assumptions of modern medicine: that the therapist, physician or healer must be on site. Nothing in modern science indicates that ‘distant healing’ can occur. This experiment also challenges the equally engrained belief that when the mind plays a role in recovery, it is necessarily the mind of the patient. It has been assumed that one’s thoughts may affect one’s body, as a multitude of data show, but not the body of someone else. Yet another striking feature of the study is that the effects of prayer did not depend on the awareness of the recipient, since no one knew who was receiving the prayer. Secondly how does noncontact therapeutic touch work? Is there some subtle exchange of energy between healer and patient? Zimmerman (1985) studied the electromagnetic energy fields that may be involved in this form of therapy in healers and non-healers. Signals several hundred times higher than background noise appeared during four out of seven healing attempts in three separate healers and no signal was reported at all in the nonhealers. Zimmerman also cites studies conducted in Shanghai on a gifted Chinese healer who used the ancient qi gong method of healing also a noncontact technique, and postulates a subtle form of energy, or chi, which is utilized by the healer. The Shangai studies suggested that electromagnetic energy in the near-infrared range is emitted from the
healer's palms during healing work. Zimmerman hypothesizes that infrared and microwave electromagnetic radiation from the hands actually does the healing work.

4. MIRACLES: BREAKTHROUGHS IN HEALING

Many persons who experience sudden improvements in the course of an illness that were not anticipated frequently speak of an inner attitude of accepting the universe on its own terms – not dictating what ought or should happen- in spite of the dreadful circumstances they are enduring at the time. They do not expend energy on being resentful and angry for the hand they have been dealt. This is not a passive, giving-up stance; but rather that of an alignment with what they perceive to be the inherent rightness of all that is. A sense of empowerment and freedom frequently flows from the state, regardless of what may happen to be the course of illness that frequently brings about the healing.

Snyder (1989), the Pulitzer Prize winning poet has described this attitude of taking on the world as it is: "To be truly free one must take on the basic conditions as they are: painful, impermanent, and imperfect; and then be grateful, for in a fixed universe there would be no freedom." Thus in cessation of dictating our own terms to the universe, one can ideally create a vacuum or an emptiness into which healing can flow. Thus for radical healing - what has traditionally called miraculous or "break-through" healing – to take place, emptiness has to be experienced. Occasionally people do experience emptiness, whether from exhaustion or insight. Unexpected healings seem most frequent in these persons. The reports of the ill undergoing miraculous healings at famous shrines such as Lourdes reveal the same finding: the "empty" patient who is filled with gratitude and acceptance is most likely to be healed.
The "empty healer" is not just a metaphor. Leshan (1974) has extensively studied many genuine "faith healers". The great majority of them describe a psychological state of emptiness that accompanies their work, as if they were a transmitter for some greater energy lying outside of themselves. Thus although nature may abhor a vacuum, healing requires it for miracles to occur. Miracles require learning once again to step into the domain of being instead of doing. This is compellingly put forth in Jung's words (1977) "...wait patiently with gratitude and see what the universe wishes to give." The Western mind has always distrusted the void and equated it with dissolution, extermination and death. In contrast the native tribes of the Pacific Northwest view the void as the plenum, the fecund source of all life. Weber (1979) has applied a similar concept to the domain of healing in her seminal paper "Philosophical Foundations and Frameworks for Healing". She proposed that there is an implicit principle at the foundation of existence — a certain wholeness and perfection that surfaces under propitious conditions. The role of the healer is to facilitate this process — to call forth the right order from the void. Weber traces the tradition of an inherent wholeness or perfection in the world from the sixty century B.C., beginning with the Sankhya philosophy of ancient India, through the Yoga system of Patanjali, through Buddhism, and into the Western models set forth by Plato, Pythagoras, and Spinoza.

One of the most significant possible breakthroughs in understanding how healing comes about is the realization that we all possess an inner source of healing and strength that operates behind the scenes with no help whatsoever from our conscious mind. Writer
Huxley (1964) discovered this behind-the-scenes power in his own life, and called it his "not-I". He described it thus: "Total awareness... reveals the following facts: that I am profoundly ignorant... my survival on the one hand and my ignorance and impotence on the other – I can only infer that the not-I, which looks after my body and gives me my best ideas, must be amazingly intelligence, knowledgeable and strong...this not-I, with whom I am associated, sustains me, preserves me, gives me a long succession of second chances."

Huxley further goes to add that if we chose to cooperate with this greater power, all shall be well even if the worst should happen and if we refuse to cooperate, we shall be all wrong even in the most propitious circumstances. A similar observation is reflected in the words of psychologist Sun (1985), "The more conscious you become, the more unconscious you realize you are." Today in many ‘holistic’ health care circles, an enormous emphasis is placed on the idea that “you create your own reality”. The intent is noble, that of creating a sense of responsibility for one’s health. However, the questions that almost never get asked by the advocates of this idea are, “What do you mean by ‘you’? Who is this ‘self’ that creates?” Invariably it is the conscious I that is being referred to, which can never be in complete control even if it desires. As long as we expend our energy in endlessly trying to shape and control every aspect of our destiny, we are likely to miss the subtle messages from our own unconscious. Honoring the mysteries of the unconscious self and its connection to the world requires a degree of letting go and relinquishing conscious control. It entails trust and acceptance and an alignment, with “what is”. One of the clearest expressions in modern literature of this state of awareness and the joy that comes is in Hesse’s (1957) book ‘Siddhartha’, when the prince learns to see the world in a new way: wherein he is able to listen attentively to the sound of the river and experience within him
that unity and whole by not binding his soul to one particular voice- and come to the realization that the great song of a thousand voices consisted of one word: Om -perfection.

Thus achieving higher states of consciousness, surrendering to the Higher Power, and believing that the individual has within him reservoirs and latent forces to heal oneself requires that the mental health professional and the physician be sensitive to the diverse ways individuals express their spirituality to evolve their selves.

5. SPIRITUALITY, HEALTH AND WORLD VIEWS

There exist both universal and culture-specific perspectives on spirituality, health and illness. The universal perspectives are drawn from the works of medical anthropologist Arthur Kleinman and the culture-specific examples are drawn from the various Asian, Latin and indigenous earth-based world views. Kleinman (1988) suggested that people make meaning through symbolic communication. He stressed that therapy usually focuses on the individual and is a confidential relationship, often removed from family and community, whereas most symbolic healing takes place in more public forums, in the family or community and is socio-centric He emphasized that healing is achieved through transformation of experience, catharsis, and restructured social relationships. He also stressed upon the importance of personality and charisma of the therapist in healing and in inspiring confidence in the individual in need of healing. Kleinman’s findings parallel four common factors of healing relationships that have been identified in the multicultural counseling literature: a) the therapeutic relationship, b) shared worldview, c) client expectations and d) rituals or interventions (Fischer, Jome & Atkinson, 1998). Fukuyama
and Sevig (2002) suggest that a fifth factor is operative: an invisible, powerful energy that is beyond one's control. Such energy may be called God, a higher power, spirit, intuition, creativity, the transcendent, or the transpersonal. Therapists are dealing with such energies at both conscious and unconscious levels. These fifth factors are energies or forces outside of one’s control; both client and counselor engage these energies with differing degrees of awareness, intention and relationship. In the past, religious meanings have been attached to health and sickness. As May (1982) notes, at one time, ‘many forms of insanity’ were seen as spiritual problems, caused by demonic possession or ‘moral deficiency’. With the advent of science, empiricism replaced ‘God’ as the ultimate authority and there ensued an age in which psychologists and psychiatrists were seen by many as a kind of new priesthood. However both forces have now joined with each other for a common goal - for the betterment for mankind.

5a. Asian Perspectives On Spirituality And Health

Eastern medicine differs markedly from Western perspective. The strengths of Western medicine are in the areas of antibiotics, treating emergencies and surgical interventions. Eastern medicine in contrast such as the Chinese medicine is holistic; it requires an understanding of the energy systems in the body (Haas, 1981). Two primary forces, yang and yin, represent the life force known as chi. These energies express the interrelatedness of opposing forces: male/female, day/night, heaven/earth, expansion/contraction and so on. Another expression of the relationship of energy flow is represented by the five elements: wood, fire, earth, metal and water. The five elements are interrelated with the seasonal changes (spring, summer, late summer, fall and winter). Some forms of Chinese
acupuncture and traditional Chinese medicine are based in the five elements, which are depicted as both feeding one another and restricting one another in a 'checks and balances' system.

Illness or disease may be classified as either yang (hot, in excess, near the surface) or yin (cold, deficient sleep). Both external and internal factors, such as environmental and climatic factors, emotions, tensions and diet – affect illness and well-being. The Chinese system of diagnosis is quite specific; particular types of climates and emotions are understood to affect specific organs, for example, 'cold and damp' can injure the lungs; 'hot and dry' affects the heart; emotionally suppressed anger can injure the liver; while excess fear can endanger the kidneys (Haas, 1981). From this perspective, health is seen as a balance and harmony of energies and congruence in mind, body and spirit. In addition, in Asian cultures, spirit possession or soul loss, is believed to be a cause of folk illness (Das, 1987). Patients may be treated with exorcism, magic or shaman rituals to 'retrieve' lost parts of the self. The shaman journey to find lost parts of the self is similar to doing 'inner child' work from a Western psychotherapy perspective. The goal is to bring the parts of the self into contact with each other so the individual is no longer dissociated (Ingerman, 1991).

In addition to views about physical health and illness, Eastern religious or spiritual beliefs offer explanations about life/death issues, such as Karma and reincarnation. Such concepts are becoming quite popular in contemporary American views of spirituality (Weiss, 1988; Zukav, 1990). Increasing number of Americans believe in angels, channeled entities (and
the power of mediums to channel them) and intuitive healing (Myss 1997; Walsch, 1996). Such beliefs have either been dismissed or relegated to the margins of psychology (e.g. study of the paranormal, such as ESP). Such expressions of spirituality may speak more intimately to some people than to others, and counselors need to respect all expressions of spirituality as much within cultures as across cultures.

5b. Latino Perspectives On Spirituality And Health

The Latinos believe that ‘good health means that a person is behaving according to his/her conscience, to God’s mandate and according to the norms and customs of the group, church, family and local community’ (Centro San Bonifacio, 1997). Illness is perceived as a result of the following causes: 1) Psychological states, such as embarrassment, envy, fear, fright, excessive worry, turmoil in the family, improper behavior or violations of moral or ethical codes; 2) environmental, natural conditions such as bad air, germs, dust, excess of cold or heat, bad food or poverty; and 3) supernatural causes such as malevolent spirits, bad luck, witchcraft, living enemies (believed to cause harm out of vengeance or envy).

Diseases or conditions are considered either hot or cold from a system derived from Colonial Spain and the Hippocratic ideas about body humors. Within this system one needs to balance hot and cold, or wet and dry. This is accomplished through manipulation of the environment and through food intake. For example, an illness may be treated with complementary food (cold food if the illness is hot). Conditions that are hot include pregnancy, fever and dysentery. Conditions that are cold include flu and susto (fright).
Latino cultures recognize a number of common folk diseases, including *mal de ojo* (evil eye) which occurs when one picks up on negative vibrations from another person’s stare. *Susto* (fright, soul loss), which is caused by seeing something frightening; and *nervios* (nerves or stress). Treatments for these conditions include home remedies and herbs as well as rituals, such as sweeping the body with branches. Curanderos (healers) commonly treat these folk illnesses, as well as other problems such as headaches, anxiety, depression, nonspecific pain and individual and marital conflict.

The spiritual beliefs of Latinos are intertwined with physical symptoms, psychological problems and healing. Some spiritual practices are considered part of secret societies and Latino clients are not likely to disclose to their therapists about rituals and beliefs that involve talking with spirits (Zea, Mason & Murguia, 2000). Santeria, a religion whose name literally means ‘worship of saints’ is an example of a hybrid Latino religious system. They believe that when people suffer, it is because they are under a curse or haunted by a negative spirit and with submission, they will receive power, protection from evil and an ability to see the future.

Thus in the Latino culture, the process of assessing a client’s spiritual and religious beliefs may need to include assessment of beliefs in spirit possession, spirit guides and rituals for healing. Mental health professionals may need to refer clients to spiritual and religious leaders, or collaborate with such experts, when such matters arise in counseling.
Indigenous Earth-Based Worldview On Spirituality And Health

Earth based spirituality is found in various spiritual, religious and political movements. Native American traditions (Garett & Garett, 1994; Garett & Wilbur, 1999), paganism (Starhawk, 1999), deep ecology (Macy & Brown, 1998) and ecofeminism (Merchant, 1995) share a focus on nature, the earth, environmental concerns and living in balance with natural forces. A spirituality of geographic place can come into direct conflict with colonization and private enterprise, as in the case of the indigenous people of the Americas. The history of cultural genocide has included direct attacks on indigenous forms of spiritual practices, beliefs and customs. Practitioners of paganism (the term literally means ‘country dweller’) have been persecuted historically by institutionalized religion, including through witch-hunts and burning. Such disruptions and violence directed against earth-based religions are cause for believers to be cautious in sharing their spiritual beliefs with others.

Nevertheless, mental health professionals need to understand such earth-based worldviews. Spirituality is not a homogenous phenomenon amongst the indigenous tribes in North America as these are diverse. However, several common values and dimensions have been described, including the principles of ‘medicine, harmony, relation and vision’ (Garrett & Wilbur, 1999). Qualities of humility, respect for all, awareness of beauty in everyday life, acceptance, living in harmony with Nature, caretaking, realizing the connection of all living things, respect for elders and living one’s life purpose are valued. Symbolically, the circle represents life processes (cycles) and promotes the most sacred dimensions of life. ‘The Components of the Circle of Life - spirit, nature, body and mind - constitute the Four

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Directions represented in this wheel. The Circle of Life symbolizes the innumerable circles that surround us, that exist within us, and which we are all a part. It shows us the sacred relationship we have to all living things – to life itself (Garrett & Garrett, 1994). From this perspective, illness or mental problems happen as a result of loss of harmony with these life processes, or being 'out of step with the universe', (Garrett & Wilbur, 1999).

According to Curtis (1968): “The English work ‘medicine’ has come to be applied to what the Dakota Indian calls Wakan. Wakan means both mystery and holiness and is used by the Indian to designate all that is sacred, mysterious, spiritual or supernatural. The Supreme Being of the Dakotas is called Wakan-Tanka, which is ‘The Great Spirit’, translated more correctly as the ‘The Great Holy-Mystery’. Healing plants, herbs, manipulation and sweat baths are curative agents. The holy men and women (healers) are prophets, soothsayers, moral leaders and healers in their tribes. As Native Americans conceive of healing, it takes place through divine power, and healing agents may take the form of supernatural charms. The act of cure is usually accompanied with song, ceremony and prayer.

Non-native American mental health professionals who are treating Native clients are advised to develop sensitivities to Nature values and beliefs, and to refrain from adapting Native healing practices without tribal sanction and training. However, creative interventions, including techniques that incorporate the arts, music, poetry and other nonverbal means, such as dream work and guided imagery, are culturally congruent with native healing practices (Dufrene & Coleman, 1994; Herring, 1997).
Native Americans offer a model for spirituality that is congruent with holistic health, ecology and community building which are all very important issues. This earth-based spirituality brings an important message to the collective unconscious. Thus following a multicultural learning model of engaging ‘awareness, knowledge, skills, passion and action’, cross-culturally (Fukuyama & Sevig 1999), counselors can develop multicultural and spiritual competencies to address spiritual issues in cross-cultural counseling.

6. ILLNESS AND SPIRITUALITY IN THE SAINTS AND MYSTICS

Three of the holiest men of this century have all died of cancer – the great teacher Krishnamurti (cancer of the pancreas); Ramana Maharishi, India’s beloved saint (cancer of the stomach); and Suzuki Roshi, who helped bring Zen Buddhism to the United States and who established the San Francisco Zen Center (cancer of the stomach). Even Saint Bernadette, who in 1858 saw a vision of the Virgin Mary at Lourdes, did not herself experience a miraculous healing when she became sick. She died after a grotesque suffering from bone cancer at the age of thirty-five. Thus even saints and mystics die of the same diseases that afflict the rest of us (cancer, heart attacks, strokes, etc.) This is not because they were not sufficiently enlightened. It is due to the fact that at some point in their spiritual path they do not view disease and death through the prism of tragedy as we do. They are at home in the domain of paradox, and thus able to comprehend that “the end” can be equally a beginning or a continuation.

Another paradox in the way many spiritually aware people view health is that they believe illness and adversity are somehow required in our lives - as Matisse (1985) puts it, “I have
some right to defend my own pain... I like to have an attack of pain now and then... I could not explain it.” Jung (1977) took a similar stand; he ‘... could not imagine a fate more awful, a fate worse than death, than a life lived in perfect balance and harmony.' Jung maintained that the conscious aware part of the psyche invariably prefers health and eschews illness, whereas the unconscious realizes that life is not so simple, that adversity—even illness—has its necessary place. If Jung is right, the question arises: Is “perfect health” desirable, since it totally excludes illness and adversity? Is it not a contradiction in terms? The paradox, glimpsed occasionally by saints and mystics, psychologists and scientists, is that health and illness ‘go together’, and even illness has its place. Although this may not be comforting to someone who is ill, it is actually a truth evident in the human immune system. Once the protection from infections by the antibodies that originate in the body of our mother begins to dwindle, we begin to develop our own resistance. This can be done only through repeated exposures to pathogens of various sorts—viruses, bacteria, fungi—that create temporary ‘mini-illnesses’ which spur us to develop the appropriate immune responses. If this process does not take place, life is cut short by overwhelming infections. The paradox, carved into our biology: life and health depend on illness and cannot exist without it. In the lives of the evolved and spiritual beings, this paradoxical realization becomes fully conscious, and when it does, it is never just an intellectual understanding. Those who experience it describe it as a source of great peace, certainty and clarity. Almost invariably it is accompanied by deeper understandings not just about illness but about the nature of death itself—death as transformation, as a bridge between two dimensions of human experience.
One of the most common precursors of cancer is a traumatic loss or feeling of emptiness in one's life. When a salamander loses a limb, it grows a new one. In an analogous way, when a human being suffers an emotional loss that is not properly dealt with, the body often responds by developing a new growth. It appears that if we can react to loss with personal growth, we can resist the unwanted, uncontrolled development of illness. In like manner, researchers have found if a salamander is given cancer on a limb or tail and the appendage is then amputated near the tumor, a new limb or tail appears and the cancer cells become normal again. The human body too tries to heal some cancers, such as neuroblastoma, by changing the malignant cells back to normal in the same way, as well as by attacking them.

The process of inner transformation is never complete, but it is the process itself that benefits our bodies and psyche. One does not have to be a saint to be healed. It is the effort of working toward sainthood that brings the rewards. Ellerbroek (1980) in her work with cancer patients has evidenced that when patients take the spiritual path before becoming sick, he or she practically becomes invulnerable to disease and misfortune, in the psychological sense and very often in the physical sense. The earlier it occurs in the course of a disease, the greater the chances of recovery. Also Cousins (1981) wrote after his self-cure of ankylosing spondylitis, "I have learned never to underestimate the capacity of the human mind and body to regenerate, even when the prospects seem most wretched."

Westberg (1980) founder of numerous Holistic Health Care Centers believes that the illnesses of about half to three-fourths of all patients originate in the problems of the spirit rather than in the breakdowns of the body. As he phrases it, the physical symptoms are often only the "tickets of admission" to a process of self-recovery and spiritual change.
The theoretical perspectives described in this chapter provide information and insight into the role of spirituality that has prevailed over many decades to influence the control, prevention, and as described in the lives of the religious saints, possibly to reverse the course of disease. The implications and applications of these examples provide much food for thought to undertake challenging research and determine the role of spirituality and its methods for the cure and prevention of disease in the individuals to live happier and healthier lives.