

Full-Length Article

Integration of Spirituality, Music and Emotions in Health CareFrances Hendriëhette Le Roux¹, Christof Sauer²¹Private Practice, Fish Hoek, South Africa²Evangelische Faculteit Leuven, Belgium**Abstract**

As recent studies indicate a correlation between patients' spirituality and health outcomes, medical care is increasingly focusing on treatment of the whole person. Through spirituality, individuals attempt to perceive their world, themselves, and their needs in terms of their connection to the self, others, nature and God. One cannot provide whole-person care without taking into consideration the relevant spiritual needs of patients. Music is capable of affecting spiritual aspects with emotional needs in health care and can contribute to the 'wholeness' perception of a person. The purpose of this review was to explore the definitions of spirituality, their value in healthcare, while additionally viewing the difference between religion and spirituality, and the link between emotions and spirituality and music's effect on their potential role in healthcare.

Keywords: *spirituality, healthcare, music, emotions.*multilingual abstract | mmd.iammonline.com**Introduction**

Spirituality is a complex and multidimensional part of the human experience. It has cognitive, experiential and behavioral aspects. The cognitive or philosophic aspects include the search for meaning, purpose and truth in life and the beliefs and values by which an individual lives [1-3]. The experiential and emotional aspects involve feelings of hope, love, connection, inner peace, comfort and support. These are reflected in the quality of an individual's inner resources [4]. Recent studies are showing a general positive correlation between patients' spirituality and health outcomes, as medical care is beginning to focus more on treatment of the "whole person." [5-10]

A whole person has physical, emotional, social and spiritual dimensions. The aspect of finding or reaching wholeness is what makes emotional healing a potentially spiritual process [11]. Literature provides strong evidence that emotional and spiritual needs affect one other, and have impact on the health and financial outcomes of hospitals

[12,13]. Music is capable of affecting and eliciting spiritual experiences in health care and at the same time can enhance mood which can contribute to the wholeness of a person [14-18].

Defining Spirituality

The term spirituality is derived from Latin spiritus, meaning "breath" and related to the Greek pneuma "breath" which refers to the vital spirit or soul. Benor [19] defines the word spiritual as "transpersonal awareness arising spontaneously or through meditative and other practices beyond ordinary explanations, and to which are attributed an inspiring and guiding meaningfulness." Narayanasamy [20] defines spirituality as "rooted in awareness which is part of the biological make-up of the human species." Spirituality is present in all individuals and it may manifest as inner peace and strength, derived from perceived relationships with a transcendent God or ultimate reality. He argues that within the medical literature, the term spirituality has begun to find application to anything that "provides meaning" (p.357). Many other authors present definitions of spirituality that include references to meaning, transcendence and connection [21-26].

In a review of the various conceptualizations of spirituality in nursing and health literature, authors [27] examined 73 articles published from 1990-2000. Identified themes of existential reality (e.g. meaning and purpose in life, hope, spiritual existence, experience); transcendence (e.g. an essential component of reality, level of awareness); connectedness (e.g. relationships, with self, others, nature,

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higher beings) and power force or energy (e.g. motivation, creative energy). Some studies suggest that spiritual resources provide invaluable functions in adjustment of life-threatening illness, such as maintaining confidence, providing comfort, reducing distress, increasing peace and fostering an upbeat attitude [28]. A new definition for spirituality in nursing care proposed that “spirituality is distinguished from other things – humanism, values, morals and mental health – by its connection to the transcendent.” [29] The transcendent is that which is outside of the self, and yet also within the self – and in Western tradition is called God, Allah, HaShem, or a Higher Power and in Eastern traditions is called Ultimate Truth or Reality, Vishna, Krishna or Buddha.

Although there are varying definitions of spirituality in the literature, common themes emerge with overlapping components. The definitions seek to be both comprehensive and communicative of higher power and to cherished beliefs and principles such as love, compassion, truth and justice.

Spirituality and Health Care

There is a growing body of research available on the relationship between spirituality and health care [30-32]. Spirituality has been described as an important factor in health and well-being and has been used as an individual resource for dealing with illness or psychological and emotional distress [33,34]. Studies suggest that the spiritual dimension infiltrates all aspects of healthcare and that patients consider spiritual beliefs when making important medical decisions [35,36]. Spirituality offers patients a way to understand suffering and illness and by addressing spiritual issues of patients, the health professional creates more holistic and compassionate systems of care [37].

Meisenhelder & Chandler [38] examined how spiritual practices affect overall health status in elderly native Americans. They presented a conceptual model that hypothesized the more faith a person has and the more spiritual practice (i.e. meditation) a person takes part in, the more likely a person is to have a higher self-perceived overall health status. Findings supported the hypothesis and confirmed a spiritual dimension of health. Spirituality and religiosity are often referred to as protective factors for health [39-42]. This may be due to a number of factors, including the ability to ascribe meaning to the suffering, increased self-efficacy, relaxation, positive reappraisal, increased social interaction, and a greater satisfaction with the quality of life [43,44]. By alleviating stressful feelings and promoting healing ones, spirituality can positively influence immune, cardiovascular, hormonal and nervous systems. Findings suggest spirituality is central to coping with cancer and to helping individuals find meaning in their disease. Having faith in a supreme being often helps them reaffirm the value and meaning of life [45].

Having a sense of meaning or purpose in life is important, since it has been shown that the “absence of meaning of life” is associated with depression [46]. Adolescents with higher levels of spiritual well-being have less depression [47]. High levels of spiritual well-being correspond to lower levels of anxiety [48]. People turn to religion and spirituality following socio-economic distress, bereavement, pain, terminal illness, facing negative elements and personal crisis, to buffer them against anxiety [49-51].

Spirituality alone is not necessarily considered to be a positive factor, as people may use it toward negative or positive ends. It has been demonstrated that those who are experiencing pain and see God as forgiving and kind have lower pain intensity, and/or may function better when compared with those who see God as harsh or abandoning. This means effective spiritual coping strategies may be associated with a higher tolerance of pain as well as better life [10]. Ultimately, if individuals recognize their life-threatening illness as an opportunity for spiritual growth, those individuals who have access to spirituality through meaning, purpose, connections with others, or connections with a higher power, will potentially have the spiritual resources to adjust to adverse circumstances [52,53]. Qualities like faith, hope and forgiveness and the use of social support and prayer seem to have a noticeable effect on health and healing [54].

Differences between spirituality and religion

Part of the difficulty in reaching a standard definition of spirituality is blurred boundaries between it and religion [55]. At one time no differences existed in the understanding of these two concepts, but the separation of terms grew with the secularization of the twentieth century [56]. Current researchers make several basic distinctions between spirituality and religion [57]. Spirituality is a broader concept than religion, and may or may not be rooted in or related to religion [58-61]. That which is spiritual transcends personal and scientific boundaries, and also physical boundaries, whereas religion is defined by boundaries [62,61]. Spirituality refers to a quest in life for that which is holy or sacred [63] and is focused on the immaterial [61]. On the other hand, religion is focused on more prescribed beliefs, practices, rituals, and social institutional factors [61-63]. Religion is dogma and doctrine, while spirituality is the essence of a person, a search for meaning of personal existence and an attempt to place the self within a broader ontological context [64,65].

According to the National Cancer Institute, spirituality is defined as “an individual’s sense of peace, purpose, and connection to others, and beliefs about the meaning of life” that may be expressed through religion or other means, while religion is defined as a set of beliefs and practices associated with a particular religious tradition or denomination [66]. Many people now take the view that religion and spirituality are inter-related, but separate concepts [67,68]. In practice,

however, there is a considerable overlap between spirituality and religion. A three-part definition has sought to clarify this confusing situation. Firstly, there are those individuals who are religious and spiritual, secondly, there are those who are not religious, but for whom religion may be part of their lives and thirdly those who are not religious or spiritual, but humanistic or secular [69]. A fourth criterion was added; there are those who do not regard themselves as “religious,” but still regard themselves as “spiritual.” [70]

The link between emotions and spirituality in health care

Emotions are multi-component response tendencies that unfold over relatively short time spans [71]. Fredrickson’s “broaden-and-build model” indicates that negative emotions (e.g. fear, anger and sadness) narrow an individual’s momentary thought-action repertoire toward specific actions that served the ancestral function of promoting survival. By contrast positive emotions (e.g. joy, interest and contentment) broaden an individual’s enduring personal resources [72]. Positive emotions facilitate holistic attentional processing and enhance the individual’s ability to see the big picture [73]. Negative emotions are often the antecedents of religion/spirituality and positive emotions are the consequences or the correlates [74]. Positive emotions contribute to better health and longer life and loosen the hold that negative emotions gain [75-77,71]. In addition, positive emotions enhance people’s feeling that life is meaningful [78].

Emotions are often mediators of spiritual awareness.¹¹ Spirituality has mostly been studied in psychology as implied in the process of overcoming adversity being triggered by negative experiences and providing positive outcomes. At the same time, self-transcendent positive emotions can increase spirituality.⁷⁴ Certain specific positive emotions generate an upward spiral towards greater spirituality, which in turn leads to subsequent experiences of positive emotions. This means self-transcendent positive emotions lead to spirituality and also the other causal direction is at work, from spirituality to positive emotions. Vaillant [79] proposed that there are 8 positive emotions: awe, love (attachment), trust (faith), compassion, gratitude, forgiveness, joy and hope constitute what we mean by spirituality. These emotions, open-mindedness and willingness to grow are characteristics associated with spiritual growth [17]. The client’s emotional and spiritual needs are important in health care. Music therapy or music as medicine can address both needs. Studies however indicate either the value of spiritual well-being, or positive emotional experiences. Only a few studies look at emotional, social and spiritual experiences [80,81].

Music and Emotions

Music has sometimes been characterized as a language of emotions and is universally understood [82,83]. Listening to

music often connects thoughts and emotions [84]. It has been increasingly recognized that music may have positive effects on physical health and subjective well-being [85,86]. Studies demonstrated that emotional responses to music implicate the activation of numerous brain regions [87,88]. Listening to a favorite piece of music may perpetuate personal thoughts that are associated with favorable memories, because it alters the connectivity between auditory brain areas and hippocampus, a region responsible for memory and social consolidation [89]. Neuro-imaging studies also confirm the effect of music on the emotions [90-92]. These studies demonstrated that musical stimuli that elicit strong positive emotion or negative emotional responses activate limbic and para-limbic areas involved in affecting processing [87,93]. Music therapy discipline focuses specifically on the maintenance and rehabilitation of communicative, emotional and functioning of patients with Parkinson’s disease and cerebral vascular accidents [91,94].

The particular emotions music induces are dependant upon the functions of the music in a particular situation (e.g. using music to relax or to evoke nostalgic memories) and may vary considerably from one context to another [95]. Listening to classical music is known to evoke strong emotions, including feelings of pleasure [96,97]. Singing can improve oxytocin that may induce a general sense of well-being including improved social interaction, increased trust, bonding and a decreased level of fear [98].

Negative spiritual coping is associated with greater anxiety and depression. This means that emotional and spiritual states are interlinked [99]. Music therapy can be used to express negative unhealthy emotions of anger and sadness and brings comfort, acceptance and understanding and facilitates communication and spiritual experiences [100]. A qualified music therapist can use music to actively link clients to their psycho-emotional state. Music therapy sessions can also facilitate the experiencing of predominantly positive emotions to the treatment of substance use disorder [101]. Music can activate necessary cognitive processes by way of the emotions it stimulates. Music can also be effective when the mind is overactive and emotions are lying dormant [102].

The Bonny method of guided imagery and music can reduce depressed mood, increasing emotional and social well-being which can decrease inclusive thoughts [103]. In one study, after 8 sessions of the Bonny method of guided imagery and music (GIM) meaningful moments were coded that provided releasing mind-body rigidity, awareness, inspiration, acceptance and inner transformation [104]. Music, used specially in combination with guided imagery, can decrease emotional distress during chemotherapy and radiation [105].

The emotional health of children has been treated successfully with the use of music therapy in elementary schools and children’s hospitals and can play a valuable role in altering the mood and behavioural outcomes of grieving children [106-108]. Music has an important role to play in

representing the authentic but hidden emotions of bereaved young people as they come to terms with their loss through music therapy sessions [109]. Music therapy for adults with mental illness and complicated grief can be an effective interaction as means of expressing emotional suffering [110].

Listening to music can improve the affect, lung function and immune systems of patients with infectious lung conditions [111]. A systematic review indicates that music listening, singing and improvisation may assist in facilitating emotion regulation [112]. Psychoneuroimmunology has built a foundation for explaining the impact of music and emotion on health, and positive approaches to psychology have helped to describe how music facilitates well-being [113].

Music and Spirituality

Spiritual experiences can have a strong impact on the characteristics of physical and emotional well-being associated with health and wellness. These include the alleviation of pain, release from anxiety and despair-engendering feelings of serenity and wholeness. Spiritual experiences with music can also facilitate dying. During the last decade, growing qualitative research within the healthcare context has explored the potential benefits of music, health and well-being [17,114-116]. Seligman [46] identifies 5 commonly recognized factors that are characteristic of human well-being, (1) positive emotions, (2) relationships, (3) engagement, (4) achievement and (5) meaning. A music engagement can be shown to positively influence each or all of these 5 factors.¹¹⁷ Music connects the body and spirit and there is an integral relationship between music and spirituality [17,118,119]. Music can also function as a psychospiritual container wherein the client can feel safe enough in the therapeutic process [102].

The primary goal of palliative care is to promote patients' quality of life by alleviating physiological, psychological, social and spiritual distress and improving comfort. Music therapy can treat during palliative care the mind, body and spirit and it has been used as an important component within the interdisciplinary team [120]. Music therapy helps persons receiving palliative care in a way that not only provides contact and reduced symptoms, but also allows them to face end-of-life with continued dignity [121]. Hospice and palliative care have embraced music therapy as a discipline that brings spiritual well-being, comfort and resolution to patients and families at end of life, with prominent focus in this case, on emotional needs of dying patients [122].

Music-based interventions, and music therapy may prove to become valuable tools in the "relief of suffering of cancer patients and can help to improve the quality of life." [123] When patients experience strong emotional reactions, they may benefit from choosing music that reflects their spiritual and emotional state and thus the music becomes a mirror into their emotions [124]. Patients facing the end of life often

request spiritual/religious music. Włodarczyk investigated the effect of music therapy on the spirituality of people in an inpatient hospice unit. The study supports the use of music therapy to increase spiritual well-being for the terminally ill [125]. In a randomized clinical trial, Hilliard studied the effects of cognitive-behavioral music therapy on quality of life, length of life and time of death in relation to last visit, by discipline, for people diagnosed with terminal cancer who were receiving hospice care services. Data support the concept that music improves the quality of life for participants receiving music therapy even as their physical health declined [126].

A Cochrane review on music therapy in cancer patients aimed to compare the effects of music therapy and music medicine interventions with both standard care alone and standard care paired with other interventions. The results indicated that music interventions may have beneficial effects on anxiety, pain, mood and quality of life in cancer patients. The authors could not draw conclusions about the effect of music interventions on distress, body image, oxygen saturation level, spirituality and communication outcomes because there were not enough trials focused on these aspects [127].

Music can be viewed as a metaphor for wholeness, symbolizing restoration, transcendence and relationships [15]. The use of sacred songs can reflect the spiritual dimension and memories of past events can be elicited through songs [128]. Music can be also inspiring and uplifting, in its sacred use, it has been used to transport the listener to other realms of consciousness and is used so in the final stages of death [129]. Music therapy, with its emphasis on personal contact and the value of the patient as a creative, productive human being, has a significant role to play in the fostering of hope and a sense of purpose for the individual.

Conclusion

It is important to address patients' emotional and spiritual needs [12]. Research demonstrates that a positive spiritual coping pattern was associated with fewer symptoms of psychological distress and higher levels of stress-related growth and a negative spiritual coping pattern was associated with more depression and poor quality of life [130]. Emotions can take on a religious or spiritual nature and faith can elicit positive emotions [131].

Understanding spirituality allows the healthcare provider to plan a more supportive care plan for each individual. This plan can include music, meditation, prayer or referral to a spiritual director [132]. Negative events can increase religion and spirituality. Both religiousness and spirituality may fit with the "broaden-and-build theory" of positive emotions [133].

Music and music therapy are growingly accepted and are widely applied in medical settings [134,135]. Research

underlines the effectiveness of music in anxiety, pain, depression and emotional coping [136,137]. Music has the capacity to create positive emotions and spiritual well-being and patients confirm this experience [14,87,117,138,139].

This literature review provides strong evidence that engaging with music affects health. There is, however, a research call for more qualitative research projects that adopt phenomenology as its method of research, that might investigate the integration of music, emotions and spirituality in health care, and potentially wider than just oncology and palliative care. We recommend a proposal for a new health model which integrates and incorporates biomedical, psychosomatic and spiritual aspects within various applications of medical music therapy [111].

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