Integrating Spirit: The Higher Aspects of Being Human

Jeffrey Rediger MD, MDiv

Instructor in Psychiatry
Harvard Medical School

Medical Director
McLean SE and Community Programs
McLean Hospital

Chief of Psychiatry
Good Samaritan Medical Center
“Health is more than the absence of disease. Health is a state of optimal well-being.”

Achieving wellness goes beyond physical, emotional and mental health.

Spiritual wellness and fulfillment is an integral part of being human, and contributes to resilience and one’s ability to flourish.
The Association of American Medical Colleges Medical School Objectives Report III, 1999

- Defined Spirituality as follows:

  "Spirituality is recognized as a factor that contributes to health in many persons.

- The concept of spirituality is found in all cultures and societies.

- It is expressed in an individual’s search for ultimate meaning through participation in religion and/or belief in God, family, naturalism, rationalism, humanism and the arts. All these factors can influence how patients and health care professionals perceive health and illness and how they interact with one another.”
Spirituality vs. Religion

- Spirituality is the “eternal flame of life and love that burns in the heart;” the realization that there is something magnificent within us; an expansive “YES” to life and oneself and others

- Religion is an effort to box that flame

- Is about becoming human rather than “godly”

- Transcendence comes through attaining the universally human

- Whatever increases our capacity to know and experience love; that which nourishes the heart and feeds the soul.

- “Love is God”
Goal: Consider the promise of spontaneous remission (SR) research for clarifying spiritual principles

Current state of western medicine, particularly in regards to chronic psychological and medical illnesses

The disease model and the future of less deficit-based approaches

A Science of grounded, ethical hope
The State of Modern Medicine

- Wonderful and life-saving for acute injuries and illnesses, but often limited and even destructive for the treatment of chronic or lifestyle illnesses.

- Nearly one in two Americans (45 percent) have a chronic condition, such as heart disease, depression, cancer, diabetes, arthritis and asthma.

- Conditions such as these have created a national healthcare crisis and are crippling our nation’s health and healthcare system.
Chronic Medical and Psychological Illnesses

- Are the No. 1 cause of death and disability in the U.S.
- Account for 75 percent of healthcare spending
- More than two-thirds of all deaths are caused by one or more of five chronic diseases: heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes
- Depression contributes significantly to morbidity and mortality
Medical Illnesses often have a Psychological Component

- Multiple studies have reported that approx. 50% of outpatient office visits have no discernible physiological basis
- Up to 80% of hospitalizations are related to stress
- Current system treats symptoms rather than causes
- Patient with Atrial Fibrillation
Western Medicine in Crisis

- Chronic diseases, coupled with productivity losses, cost the U.S. economy more than $1 trillion annually.
- Modest reductions in unhealthy behaviors could prevent or delay 40 million cases of chronic illness each year.
- We need an approach that doesn’t just tinker at the edges of traditional ways of thinking, but that helps us think in new ways about the nature of health and healing.
“It’s the only treatment option he has under his current health plan”
Parts vs. the Whole: Illness with Roots beyond the Physical Body

- In the West, we focus on parts to the exclusion of the whole:
  - A medical problem is sent to the physician
  - A psychological problem is sent to the therapist
  - A spiritual problem is sent to the priest, rabbi or minister
The disease model was a distinct step forward during the Industrial Age.

Enabled the rational identification and classification of diseases and lessened shame and moral condemnation.

But contradicts a mental principle: We become what we focus on.

Example: help an alcoholic get a life that fills a hole in the soul rather than focusing just on alcohol cessation; same for physical diseases.
Deficit-based Institutions

- Religion: People are still too often thought to be primarily sinful, defective creatures; Original Sin is emphasized instead of Image of God, divine spark, etc.
- Psychology: Problems are reduced to deficits from childhood
- Psychiatry: Human problems of living are reduced to neuro-chemical defects
- Medicine: The disease model reifies disease rather than galvanizing the strengths and capacities of the individual
The Evolution of Culture

- The movement of history is towards an increasing reliance and trust in the individual’s capacities for self-knowledge and self-determination.

- Democracy, human rights, and the movement towards strength-based approaches are examples.

- Person-centered Medicine: less dependent on experts, hospitals and labs and more focused on the individual’s needs and aspirations.
Two Different Worldviews

Ancient Spiritualities:
- Person is perfect
- Whole and complete; possesses all that is needed
- Asleep
- Treatment is to awaken

Deficit-Based Models:
- Person is flawed
- Needs external knowledge or technology to be added
- Deficit
- Treatment is external: medicine, procedure, or external knowledge
Fascination with Exceptional Achievements

- *The Rise of Superman: Decoding the Science of Ultimate Performance*, Steven Kotler

- Ordinary people outside of traditional pathways and professional sports are redefining the limits of the possible

- This unprecedented flowering of human potential is taking place in plain sight, occasionally with millions of people watching, yet it’s as if almost no one has noticed
Pushing the Limits of the Human

- The world of action and adventure sports:
  - Not long ago, the idea of jumping a motorcycle over school buses was so incredible that the whole world tuned in when Evel Knievel gave it a go.
  - Now arenas all over the world, on many weekends, have dozens of riders jumping similar distances, but with backflips
Pushing the Limits of the Human

- Rock climbing
- Skydiving
- Snowboarding
- Skiing
- Motocross
- Mountain biking
- Skateboarding
- Surfing
- Windsurfing
- Kite surfing
- Cave diving
- Free diving
Pushing the Limits of the Human

- **Skiing:**
  - Twenty five years ago, the 360° in skiing was the extreme trick
  - Now it’s the entry point to jib skiing, meaning 6 year old children pull them off routinely
  - In 2011, Bobby Brown threw the world’s first Triple Cork 1440° – four spins and three flips, all off-axis
Pushing the Limits of the Human

Skiing:
- In 1999, Canada’s JF Cusson won the first ever X Games Big Air competition with a Switch 720°
- Just 12 years later, in 2011, TJ Schiller took Big Air silver with a Double Cork 1620° (2340 degrees of rotation)

Snowboarding:
- Shawn Farmer jumped a 40 foot chasm in 1990
- Mads Jonsson jumped 187 feet in 2005
Pushing the Limits of the Human

Freestyle motocross:
- It took decades for riders to land a backflip
- Once it occurred by Travis Pastrana and Mike Metzger in 2002, people began midair heel clicks, one-hands, no hands, and no feet and off-axis during backflips, and within 4 years, the double backflip had occurred
A multi-sport assault on reality. What has been considered physiologically impossible is apparently not impossible.

The perceived limits of both biology and imagination are being shattered.

These athletes are paradigm-shifters.

Signs exist that this zeitgeist is beginning to impact medicine as well.
Illness as Opportunity: To Become More Fully Human
Illness as Opportunity: To Become More Fully Human

“It is no longer a conversation about overcoming deficiency. It’s a conversation about potential. A prosthetic limb doesn’t represent the need to replace loss anymore... So people that society once considered disabled can now become the architects of their own identities and indeed continue to change those identities by designing their bodies from a place of empowerment... it is our humanity, and all the potential within it, that makes us beautiful.”

Has helped start a conversation about the way society looks at disabilities
Illness as Opportunity: To Become More Fully Human

- Claire and pancreatic cancer
- Joe and disabling arthritis
- Mathew Ireland and stage 4 Glioblastoma Multiforme
“This week, on ‘The Amazing Race to Enlightenment,’ can Jim and Suzy achieve right mindfulness? Will Barb and Candy be eliminated for relentless clinging to the self?”
The gift of western culture to the rest of the world has been the elucidation of the physical laws of the universe 400 years after Newton’s laws: physical comforts such as warm showers, cars, jet airplanes, internet, smartphones, etc.

Next step in human evolution: elucidation of mental principles on their own terms; these are powerful in their own right
SR Research: Unexpected Recovery from Incurable Illness

- Listening to stories since 2003
- Medical evidence for the presence of illnesses traditionally considered incurable
- Medical evidence that the illness is in remission or sharply reduced in severity
- Interested in identifying factors that may be associated with the remission.
The Polarity between Religion and Science: A History of Choosing Sides

- Religion or spirituality: “miracles” and spiritual healing
- Science: “spontaneous remission”
- Both religion and science have been partially falsified by the polarization
- Science and religion are still at war; science and spirituality are more compatible
- Both “miracles” and “spontaneous remission” are black boxes that have not been opened up and examined by science
The Spontaneous Remission of Incurable Illness

- There’s nothing “spontaneous” about spontaneous remission
- Major, identifiable shifts in perception and experience; no one has asked
- If we are fighting a war against disease, shouldn’t we be talking to those who have won?
- Uncharted wilderness
Spontaneous Remission: Frequency

- Scholars say it’s rare. Estimated to occur in ≤ 1 in 100,000

- Most cases appear to not be reported for a variety of reasons. Patients don’t always tell, and some doctors don’t want to know

- Sometimes the patient is lost to follow-up

- Occurs in some diseases more than others
The Spontaneous Remission of Incurable Illness

- Mistake to dismiss cases simply as “flukes” or “anecdotes”
- They are priceless treasures that may hold the keys to a cure for some diseases
- In the past, critical advances in medicine have come from studying single cases
Individual Case Studies founded a Science of Disease

Many if not most of the great illnesses were discovered from single-case observations:

- Robert Graves ➢ Graves’ Disease
- James Parkinson ➢ Parkinson’s Disease
- Thomas Addison ➢ Addison’s Disease
- Thomas Hodgkin ➢ Hodgkin’s Disease
- Richard Bright ➢ Bright’s Disease
Limitations of Past SR Research

- Has been limited to investigation of cancer
- Reports are almost exclusively confined to descriptions of the cancer diagnosis, etc. without investigation of potential causes
- Most studies include cases of curable cancer mixed in with incurable cancer, rendering results invalid
Limitations of Past SR Research

- Most studies do not collect medical evidence of cancer diagnosis and medical evidence of remission.
- Most lack a comparison group, so it’s impossible to know whether others made the same changes as the survivors, but didn’t survive.
  - I.e., most research does not clarify the extent to which survivors differ psychologically from their many peers who did not survive.
More Issues in SR Research

- How reconcile the world of anecdotal reports and the need for well-designed research?
- Possibly need a tailored method
- Assumption: if the mind is capable of changing disease progression, then, logically, a significant mental change must occur. One needs to create a new state of mind.
- This implies that degree of involvement in treatment may be important; yet most studies only look at interventions rather than degree of involvement with that intervention.
More Issues in SR Research

- People receiving an intervention vary enormously in their reaction to it.
- The relevant independent variable may not be the presence or absence of the intervention, but the use that individuals make of it.
Biomedical Research Results vs. Provable Anecdotes

- In studies examining the mind’s effect on cancer patients:
  - 5 yielded significant effects
  - 6 yielded non-significant effects

- Possibly something wrong with the approach

- A danger that many view such inconclusiveness as evidence that the mind is epiphenomenal rather than potentially powerful

- But occasional, medically provable anecdotes do exist
A Biopsychosocial Model that Uses the Evaluative Tools of the Biomedical Model

- Traditional studies tend to look at *means* and therefore don’t detect the achievements of exceptional individuals

- No significant effect

- However, 7 in the intervention group who sought approaches in addition to those in the program lived significantly longer than the other treated subjects; 2 of the 7 were still alive at 8 years and appeared to be in remission

- Admitting that other interpretations were possible, they theorized that a “get up and go” attitude was related to survival
Looked more closely at highly motivated patients who had shown prior interest in self-help

Regression analyses showed a significant relationship between “involvement in self-help” and survival duration at a high level of significance

- Attempted to clarify the extent to which survivors psychologically differ from their peers who did not survive.

- Those who subsequently survived displayed a much higher degree of early involvement in their psychological self-help than did most of their non-surviving peers.
9 subjects were classified as “highly involved”

- Regular daily time, often several hours, devoted to relaxation activities and meditation, mental imaging, cognitive monitoring, and journaling
- All but 1 enjoyed a good quality of life and lived at least 2 years. 2 had complete, unexpected 8 year remissions at time of publication
At the other end of the scale, 8 subjects were less involved, either unconvinced that self-help would help or were hampered by psychological issues such as diminished self-esteem.

- None had a good quality of life.
- Only 1 lived more than 2 years, though their medical prognoses were no more unfavorable at the onset of therapy than for the “high involvement” group.

People who were highly involved with self-help tended to live nearly 3 times as long as those with low involvement.
Psychological Attributes Associated with Longer Survival in Metastatic Cancer Patients: Cunningham, *et al.*, 2002

- Conditions associated with longer survival:
  - Strong will to live
  - Actual changes in habits of thought and activity:
    - relaxation practices, meditation, mental imaging, cognitive monitoring and becoming involved in a search for meaning in one’s life
Psychological Attributes Associated with Longer Survival in Metastatic Cancer Patients: Cunningham, *et al.*, 2002

- Conditions associated with *poor* survival:
  - Inflexibility associated with low self-esteem or fixed worldview
  - Skepticism about self-help techniques or ability to apply them
  - Other activities seemed more immediately appealing
  - Meaning was habitually sought outside the person
  - Strong, contrary views about the validity of spiritual ideas
In Conclusion: A Science of Health and Positive Medicine

- A renaissance is occurring as East meets West
- Meditation, the Relaxation Response and Self-Help strategies represent a flowering
- “Positive Medicine” is one effort to bring these insights into western medicine
- Treats disease but also helps people develop flourishing, vital lives of meaning and genuine self-value
- It’s unethical to give false hope; it’s also unethical to not give grounded, ethical hope
The Magnificence of You, by Akin Salawu