

Chapter 14

Religio-Spiritual Interventions for Health and Well-Being

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Spiritual development is the process of growing the intrinsic human capacity for self-transcendence in which the self is embedded in something greater than the self, including the sacred. It is the developmental “engine” that propels search for connectedness, meaning, purpose, and contribution. It is shaped both within and outside of religious traditions, beliefs and practices.

(Roehlkepartain et al. 2006, pp. 5–6).

The contemporary world is characterized by mounting number of chronic psychosocial and other stresses that adversely influence people’s health/well-being and quality of life. Increasingly, more and more people are getting fragmented in their personal lives, experiencing alienation and a variety of illnesses. They are less socially connected. Given such a scenario, the current upsurge of interest in understanding the role of spiritual/religious factors in health/well-being and disease is understandable (e.g. Pargament 1997; Thoresen 1998, 1999). In a meta-analytic review of the related literature, Seeman et al. (2003) have provided evidence that spirituality/religiosity is linked with several health-related outcomes, including cardiovascular, neuro-endocrine and immune functioning, although more evidence is desired. Various spiritual interventions also have been reported to be associated with different indicators of health/well-being (Harris et al. 1999; Oman 2013).

In particular, the younger generation is facing serious problems. In view of increasing competition, there is greater emphasis on cognitive performance and far less on optimum emotional development, with resultant high examination stress/anxiety in the younger generation. Parental and peer pressures, along with rising aspirations that far exceed the cognitive capacity and/or available opportunities in life domains, are leading to other negative consequences such as depression, anger/

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hostility/aggression/violence, substance abuse and negative school-related behaviours. Spirituality offers opportunity for moral formation, socialization and induction into a sacred worldview, and also provides inner resources to cope with unique life concerns/stresses (Barnes et al. 2000). Against this backdrop, this chapter seeks to address two-fold objectives: (i) clarify the concepts of health/well-being, spirituality and religion, and (ii) examine the relevance and efficacy of meditation, prayer and service-volunteering as spiritual or religious interventions with regard to health/well-being outcomes. The choice of meditation, prayer and service-volunteering is based on traditional, spiritual and religious practices which emphasize a complementary relationship between meditation/prayer and service-volunteering. All of these complementary devotional practices synergize in ways that can sustain and enhance health/well-being through more constructive and adaptive coping with life concerns (Pargament 1997).

Notions of Health/Well-Being and Religion/Spirituality

Health/well-being and religion/spirituality are complex and multidimensional concepts. The similarities and differences depend on the way they are conceptualized. Health/well-being is not a 'default' concept, and is currently defined in positive terms. It also has a range of physical, psychosocial and socio-cultural facets which vary across cultures (see Sundararajan et al. 2013). According to WHO, health is a state of complete mental and social well-being, and is not merely the absence of disease and infirmity. Such an emphasis on harmony/balance or equilibrium is very close to the definition of health in the Indian tradition. Related illustrations include concepts mentioned in Ayurveda (*sama* or balance); *Atisarvatraravarjayet* (avoid the extremes); Buddhist philosophy (*madhyama* or the middle path); Sankhya philosophy (state of *samyavastha* or equilibrium of the three *gunas* or qualities namely, *sattva*—the element of illumination, *rajas*—activity, dynamism; and *tamas*—passivity, inertia darkness). Such a balanced state of human functioning is emphasized in the Bhagvad Gita to be a characteristic of psychological well-being (Misra 2005; Palsane et al. 1986; Sinha 1990).

Religion is viewed as 'denominational, external, cognitive, behavioral, ritualistic and public', and the spiritual as 'universal, internal, affective, spontaneous and private' (Richards and Bergin 1997, p. 13). Thus religion can be seen primarily as the external manifestation of spiritual experience, although people can engage in religious activities independent of having private and affective spiritual experience. It is also possible to consider oneself intensely spiritual while not being religious. While religion is an organized social entity, spirituality for some can be seen as an attribute of the individual. One may also conceptualize spiritual/religious beliefs on an internal/external continuum. Shealy and Myss (1993) refer to religious positions that embrace God as an external being whereas spirituality emphasizes a 'God-Within' reality. They further note that one possible implication of believing one has a God within is that individuals can explore the possibility of being

co-creators of their health. Yet another distinction is made in the scientific study of religion: the distinction between believing and belonging. In related research people report aspects of both believing and belonging as they describe their own experiences of religion. Those, identifying themselves as religious, report more of belonging aspects of religion, while their counterparts identifying themselves as spiritual, report more of the believing aspects of religion (Woods and Ironson 1999).

Indeed, human capacity for spiritual and religious belief and engagement appears universal but its exact nature varies across different traditions. They prove to be rich, diverse and illusive phenomena having many connotations. Pargament (1992) defined religion as a 'search for significance in ways related to the sacred' (p. 204) and 'sacred' primarily refers to 'God, divine beings, or a transcendent reality' (Paragmant 2007, p. 33). In contemporary discourse, sacred stands for something consecrated or 'set apart' as well as something that is 'numinous' reflecting divine or supernatural power. Also, it implies an action or ritual that confers sacred status. Of course, what is perceived as sacred depends on the stage of a person's spiritual development. The current thinking is that religion and spirituality are multidimensional constructs characterized by cognitive, affective, behavioural and relational processes. It is observed that the human and spiritual goals are intertwined in the dynamics of everyday life (see Paragament 2013; Sinn 1985). Thus, it is important to understand how religion is used and how the spiritual goals are chosen and pursued. Paragament and Mahoney (2005) observed that spirituality refers to the seeking of something called sacred and religion designates the broader set of ways that sacredness may enter into a search as either the means or as end. The broad explanations for engagement with religion and spirituality put forward include controlling of human impulses and managing anxiety, forming a community of believers, and response to the need for meaning and comprehension.

A brief review of related evidence is provided hereafter that examines the role of meditation, prayer and service (volunteering) in sustaining and enhancing health/well-being. Oman (2013) has indicated that religious/spiritual intervention strategies are diverse and aim at different goals such as (a) supporting an individual in identifying and developing relationships with positive spiritual models, (b) providing individuals with beliefs and tools for learning more effectively from spiritual models and (c) modifying social environments to enhance exposure to positive spiritual models modifying social environments, especially those dismissive of spiritual concerns to project spiritual modelling meta beliefs that are more accurate and supportive (Bandura 1986; Oman and Thoresen 2009). These are not exclusive but complementary intervention strategies.

Meditation-Based Interventions

Although a highly cognitive and sometimes emotional activity, meditation immerses the whole person in a psycho-physiological experience which has been characterized as 'active passivity' (e.g. sitting quietly while being inwardly alert

and focused) and 'creative quiescence' (e.g. inwardly calm while being open to expanded awareness) (Shah 1983, pp. 90–91). Meditation is found to have the potential to facilitate self-regulation and may enhance insight and the integration of physiological, emotional, cognitive and behavioural functioning (Kristeller and Hallet 1999; Rubin 1996).

Though an essential part of various forms of Hinduism, Buddhism, Islam, Christianity, Sufi thought, meditation may exist in religious/spiritual forms or even in a non-religious form. Different kinds of meditation serve different purposes and meditation is also associated with transcendental meditation (TM) and its variant for children—Walking Mantra or Word of Wisdom. The TM technique or procedure also has its origin in the ancient Vedic approach to well-being, but it does not require changes in personal beliefs, lifestyle or philosophy. Meditation as a primary intervention variable has been studied on adult groups as a way of reducing their physiological and psychological stress and related illnesses (Benson 1996; Benson et al. 1990; Chopra 1991; Easwaran 1996; Hall 1999; Yogi 1995). Recent research has also focused on the use of meditation as an adjunct to conventional psychotherapy models for alcohol and substance abuse treatment as well as for the alleviation of depression, anxiety, pain and the symptoms of heart disease (Carrington 1998). Koenig et al. (2001) have reviewed extensive research in the field. They noted that when people become physically ill, many rely heavily on religious beliefs and practices to relieve stress, have a sense of control, and hope and purpose in life. They argued that religion has multiple roles. It acts as a social support system, reduces the sense of loss of control and helplessness, offers a framework that reduces suffering and enhances self-esteem, brings confidence that one with the help of God could shape the health condition and creates a mindset to relax and allow the body to heal itself. Also, religious involvement helps developing values such as compassion, charity, love and altruism which often help the person to cope successfully with the problems of stress, anxiety and depression.

Yoga is an old indigenous system of knowledge developed in India. Currently, it has gained popularity at a global level. It has been found to be very effective in treating and preventing mental disorders as well as restoring and enhancing physical, psychological and spiritual well-being (Dalal 2011; Dalal and Misra 2006, 2012). The objective of yoga is to develop humans intellectually, morally and spiritually and to prevent their decline. Since majority of health problems are psychogenic, physical treatment does not suffice. The disorders caused by anxiety, frustration, internal conflict, guilt, suppressed desire etc., need that patient's inner attitude be rectified and his reactions transformed.

Among the various forms of meditation, TM (Transcendental Meditation) is worldwide by far the most studied mental relaxation technique. Based on comprehensive statistical meta-analysis of the investigations mainly on samples of adults and the elderly, the TM has been shown as the most effective technique for: (i) reducing anxiety—the most common sign of psychological stress, (ii) increasing self-actualization as reflected in enhanced self-regard, inner-directedness, spontaneity and capacity for few warm interpersonal relations, (iii) reducing alcohol, cigarette and drug abuse, and (iv) for improving psychological health/well-being

and maturity (Roth 1994). Though far less in number, some studies on TM have also focused on its efficacy for groups of school children and college students. Such research demonstrates that the practice of TM over a period improves school-related behaviours, basic learning skills, and increases intelligence, creativity and academic performance (Eppley et al. 1989; Galderloos et al. 1991; Nidich and Nidich 1989). Using standardized tests to measure a wide range of cognitive, emotional and perceptual functions, Tim and Orme-Johnson (2001) studied the efficacy of TM on school students in Taiwan. As compared to their control counterparts, TM groups showed significantly greater improvement on all measures such as creative thinking, fluid intelligence field independence and also in the reduction of trait anxiety. Barnes et al. (2003) determined the effect of stress reduction via TM programme on school-related (negative) behaviors in African-American students. They found that four months of TM intervention conducted in school settings significantly reduced absenteeism, suspension rates and rule infractions such as dress violation, excess tardiness, disruptive classroom behaviour like hyperactivity, bullying and fighting. A special strength of this study is the use of documented records rather than typical self-report data. TM is not a rehabilitation programme per se but is a means for self-development. It seems that TM can offer a simple and effective solution to some of the critical problems facing education.

Through meditation, stresses and tensions are released and the nervous system is brought into balance. From balance comes all the benefits such as greater ability to focus on task at hand rather than on self, and this enhances performance. Thus, meditation gives even young children power over their thinking and their emotions, not by repressive self-control, but by enhanced self-understanding and self-acceptance.

Prayer

Like meditation, prayer has been widely used as a self-help health-enhancing intervention. Prayer is an inherently spiritual activity. It is a process of connecting the self, others and the sacred (see Ladd and Spilka 2013). Along with meaning in life, prayer is considered as a significant indicator of appraising spirituality. In the Indian context, prayer relates to Bhakti derived from the root, *bhaj*. Bhakti is a loving attachment to God. It is the devotion to the divine. The divine must be realized to be non-different from 'I'. Bhakti involves unqualified self-surrender to the Supreme God (*Prapatti*) and to try to 'serve' him in every form and in every way. It is called *upasana* which is a ceaseless remembrance of God. Bhakti or prayer makes the person humble and generates a sense of service. It has the capacity to bring the sense of contentment and fulfilment. At the same time it relates to the well-being of others. As Ramanujacharya, a great saint and philosopher, mentioned about *kalyana* which implies service to others by the practice of virtues like *satya* (truthfulness), *arjava* (integrity or purity in thought, word and deed), *daya* (compassion), *dana* (benevolence) and *ahimsa* (non-violence). A bhakta, in his love for

God, directs his love towards the whole creation, and as a result, is free from self-centred love. He is ready to share everything with others as he feels God's presence in all beings.

In the Indian context, several great and little traditions and schools of Bhakti are in vogue (e.g. Shiva, Vaishnava, Shakta, Buddhist, Sufi, Sikh). Therefore, in practice, prayer is not a unitary phenomenon, and as such it can vary by purpose and according to the object and subject of prayer. It can take various forms and modes of expression (e.g., mantra recitation—*japa* or community singing of sacred hymns such as *shabad kirtan*). Further, a prayer can be general or specific for oneself, others or for all to a specific deity or offered more generally.

An ancient Indian invocation that is popular even these days aptly reflects the universal and perennial concern for the well-being of the entire mankind. It runs as:

Sarve Bhavantu Sukhinah
Sarve Santu Niramayah;
Sarve Bhadrani Pashyantu
Ma Kshchiddukkhbhagbhavet.

In English, it means 'let everyone be prosperous and healthy, let no one think of unhappiness of anyone'. Similar invocations of the divine are fully reflected in the prayer of Sikh faith whereby, devotees seek the intervention/blessings of the Eternal Being for complete well-being of all (*sab da bhala*). The Gayatri Mantra is another universal prayer enshrined in the Vedas and considered to be one of Hinduism's most sacred and powerful chants rendered as: '*Aum Bhoor Bhuvah Svaha/Tat Savitur Varenyam/Bhargo Devasya Dheemahi/DhiyoYo Naha Prachodayat*' (Oh God! Thou are the giver of life, remover of pain and sorrow, and bestower of happiness. Oh Creator of the universe, may we receive thy supreme sin-destroying light. May thou guide our intellect in the right direction). The Gayatri may be considered as having three parts—(i) praise, (ii) meditation and (iii) prayer. First, the divine is praised then it is meditated upon in reverence, and lastly an appeal is made to the divine to awaken and strengthen the intellect, the discriminating faculty of persons. It may also be noted that in this invocation the focus is on 'Our', 'We' and not on I. Such prayers along with meaning in life have been described as empirical indicators of appraising spirituality. Meaning in life is an outcome of spirituality, while prayer is an indicator of the defining attribute of connectedness with God (Maraviglia 1999).

In Indian traditions, God is also represented in Mother Form. This is amply reflected in Swami Vivekananda's vision of the Divine Mother at Kanyakumari or his spiritual preceptor Sri Ramakrishna's child-like adoration of the mother or in the grand Indian festivals of Durga Puja or Navratri (nine nights devoted to the worship of Divine Mother). Relating to God as Mother forges a personalized relationship strengthening the bond between Bhakta (devotee) and Bhagvan (God), as between a child and mother. Such a connectivity with God in Mother form through prayer can enhance psychological well-being and personal integration that counters distress, anomie and alienation. Given the ever-existing special bonding in a mother-child

relationship, connectivity to God as Mother ought to be natural, easier and faster for school children than the adults including their parents and teachers. The relevance of prayers like Vande Mataram and Saraswati Vandana, as significant aspects of school-related activities, can also be seen from such a perspective.

Richards and Bergin (1997) cited preliminary evidence suggesting that different forms of prayer may have differential associations with outcome variables like effective coping with stressful situations, overall well-being and life satisfaction. Likewise, Sawni-Sikand et al. (2002) report that a high frequency of prayer is associated with more positive mental health/well-being. The usefulness of prayer as an adjunct to child counselling, however, remains almost completely uninvestigated. Further, there are potential ethical and role boundary issues that need to be addressed when considering the use of prayer in students' counselling. These include the danger of imposing certain beliefs or values on students or usurping or conflicting with religious authority. While explaining the relationship of prayer with healing and holistic health, Hughes (1997) argued that the belief of the praying person in the power of prayer itself stimulates healing, and the relaxation response and the sense of personal efficacy gained through act of praying may enhance the immune system. Despite such explanations of the mechanisms through which prayer promotes healing/holistic health, there sometimes exists a facet of prayer and healing that mystifies researchers and defies rational explanation. This seems to suggest the existence of higher power as a potential explanation for healing.

Service-Volunteering (Selfless Service)

Service (*sewa*) also exists both in spiritual or non-spiritual forms. It can also be an individual activity or a collective/community volunteerism (e.g., *kar sewa*). The association between service/volunteering to help others and the world's major faiths is understandable. Unselfish action commonly aims at the benefit of specific individuals, the community as a whole or both (Sinha 1984). Those who are spiritually focused but not active in any organized religion may view serving others as a key dimension of their spiritual life and health/well-being. In fact, for most such persons the very essence of their spirituality lies in service to humanity. Such persons also see service to others as a way to transcend the egoistic desires promoted by today's consumer-oriented culture. Even those persons who initially volunteer their desire for sociability (an extrinsic motivation) may still experience some benefits from lessened self-centered focus on 'me, my and mine' by a gradual transition towards 'thou, thy and thine' (Brake and Thoreson 1996). Such a transformational religious coping could lead a person gradually to internalize core teachings of a spiritual tradition. A person may then volunteer or do service (*sewa*) for primarily selfless motives, but still experience heightened social and emotional support by volunteering (Pargament 1997).

Only a few studies have dealt with service or volunteerism as a possible health promotion and disease prevention variable. Matthews et al. (1998) compiled

evidence to show that volunteerism or service is a predictor of positive physical and mental health outcomes for adults. Similarly, adolescents who volunteered to help community members or in classroom activities report a wide range of positive effects such as a better resolution of multiple problem behaviours that share a common underlying causal agent (Allen et al. 1997; Moore and Allen 1996; Waterman 1997). The work by Allen et al. (1997) also observed that the most successful programme sites for adolescent volunteers offered a second intervention component consisting of classroom activities which helped students to cope with important (psychosocial) developmental tasks. Such studies suggest a complementary relationship between service (volunteerism) to help others and the activities that enhance the skills for coping with urgent life tasks. The reason for enhanced well-being for those who help others may also include greater social networks/integration that can buffer stress effects, distraction from their own troubles, enhanced meaning in life or a more physically active life. Given such benefits, the effort to instill an ethic practice of helping others in need among the young children must be continued since (i) early volunteerism strongly predicts adult volunteerism (Hodgkinson and Weitzman 1996); and (ii) because such a practice supports a moral or spiritual orientation toward giving to others (Sokolowski 1996). Social service in school settings takes the form of mass participation in awareness programmes (e.g. HIV/AIDS, environmental and gender issues) and other voluntary activities involving helping classmates, juniors and the disadvantaged in and outside school systems.

As stated earlier, meditation (and to a lesser extent prayer) is characterized by 'active passivity'. Service or volunteering (especially 'selfless service') is also a kind of prayer that is reflected in a wholesome and meaningful social activity involving body, mind and spirit. It represents a quest for the sacred in life and beyond by serving others. In the process, both societal well-being as well as personal well-being are enhanced. Meditation, prayer and service share a complementary relationship and together facilitate cultivating positive emotions (e.g., joy, contentment) that have undoing effects on negative emotions (e.g., anxiety, depression, anger); and thus enhance physical and mental health through more adaptive coping mechanism (Pargament 1997). Perhaps Saint Francis in his widely used prayer well captured the practical implications of such a complementary relationship: 'For it is in giving that we receive' (quoted in Easwaran 1996, p. 30).

Concluding Comments

Taken together, meditation, prayer and service can form a holistic and effective self-help health package for all people including the youth. Nonetheless, certain research, policy and ethical issues merit attention. There is now ample evidence on the efficacy of various forms of meditation (particularly the TM) even on samples of school students. Thus, some form of meditation can be incorporated at least as an adjunct to counselling. In comparison, the support for the effectiveness of prayer and service is more theoretical than empirical. Notwithstanding the paucity of

empirical studies, the significant role of prayer and service has always been acknowledged by educators and planners. This is reflected in the continued presence of these interventions as an integral part of socialization in families and schools. However, the significance of such interventions gets devalued when conducted in 'ritualistic' and 'cosmetic' forms.

The paucity of systematic studies in this area necessitates comprehensive research. Thus, the relative efficacy of such spiritual or religious-oriented interventions needs to be empirically established using various health and other indicators for groups with different religious or spiritual backgrounds as well as for those who do not consider themselves religious or spiritual. Use of qualitative interview studies of students whose intervention has involved some form of meditations/prayer and/or service, could be used to complement the knowledge gained from controlled studies. While the practice of such interventions appears important for all persons, their relative effectiveness may depend on the content, form and frequency of each of these interventions, and the religious denomination or spiritual orientation of the person (Sharma and Misra 2010). Thus, a counsellor or a teacher must also take precautions against the usual lapse called 'uniformity myth' i.e., assuming that all students are same and need the same extent of intervention. Further, additional supportive evidence in favour of certain religious or spiritual interventions can facilitate their implementations not only for groups of students but their immediate role models like parents and teachers.

Given the sensitivity of issues related to spiritual interventions, the educationists, counsellors and planners need to develop comprehensive framework of spirituality and moral education in which issues like the form, content and meaning of meditation, prayer and service and that of other related interventions are addressed gently and appropriately with dignity, respect and integrity. Lastly, the professionals must also guard against: (i) trivializing the numinous or the sacred, (ii) engaging in questionable priestcraft by usurping religious authority, and (iii) imposing their own religious or spiritual values on students.

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