

Spiritual health, intellectual disability and health care

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Send response to
journal:

[Re: Spiritual health,
intellectual disability
and health care](#)

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al.

EDITOR---This communication in response to your recent editorial on "Spiritual needs in health care" (1), where the authors were looking for a definition of spirituality.

Our focus has been the field of intellectual disability (ID), where there are few studies on religion, religious services or activities, prayer and health in the population of persons with disability and especially intellectual disability. The Institute for Health, Health Care Policy and Aging Research at Rutgers University (2,3) has studied health practices, social activities, well-being and attendance or religious services as a predictor of the course of disability in a population of non-institutionalised community dwelling elderly persons (2,812 persons with an average age of 74.5 years) from New Haven, who were interviewed annually from 1982 through 1989. Disability (like stroke, diabetes, broken bones, amputation etc) was composed of 15 items and rated from "some difficulty" to "unable to do". The studies showed that religious involvement was tied to a broad array of behavioural and psychosocial resources, that these resources were associated with attendance at services and some of these associations were especially pronounced among disabled elderly persons. Their longitudinal study with a 12 years follow-up showed that attendance at services was a strong predictor of better functioning, that health practices, social ties and indicators of well-being reduced, but did not eliminate these effects, and that disability had minimal effects on subsequent attendance. The studies showed that religious participation had an impact on health and well-being of elderly people and especially these with an disability.

One study of 102 families with a 3-5 year old child (4) with developmental delay of uncertain etiology showed that religious parents described the purpose of their children with delays in their lives in emotionally powerful and meaningful ways that clearly helped them, even though direct measures of peace of mind and

emotional adjustment did not differ with non-religious families.

Another study of 52 African-American caregivers with a child with intellectual disability (5) showed that religion in personal and family life and church support had a positive effect on adjustment for these families.

OUR STUDY

We conducted a national study (6) in order to study the spiritual activity and beliefs, attitudes and readiness for a religious input among caretakers in residential care provided to persons with intellectual disability in Israel (in that period a total of 6,022 persons with ID were living in 53 centres all over Israel). Because as the authors of the editorial (10) we also wanted to see how spiritual health is defined.

A questionnaire was constructed with free-answer questions by the survey team. The questions had the following contents:

1. The concept of spiritual health.
2. The difference between spiritual and emotional.
3. Spiritual activity in the residential center.
4. Spiritual activity on an individual scale and on a communal scale at the residential center.
5. Activity through the staff and activity upon request.
6. Expression of spiritual activity on an individual level.
7. The family involvement in spiritual activity.
8. The attitude of the staff towards the contribution of spiritual activity to the health and well-being of the residents.
9. Suggestions by staff towards enriching the spiritual world of the residents.
10. Readiness by staff to cooperate in future activities to enhance the spiritual life of the residents.

The questionnaire was printed on two pages with plenty of space left between each question to fill in the response and commentaries. The questionnaire was accompanied by two pages describing the study, its expectations and the confidentiality of the participants. The forms with the explanation, were sent via mail to all directors of 53 residential centers in Israel caring for persons with ID.

DEFINITION OF SPIRITUAL HEALTH

The survey received in return only 25 questionnaires (response rate of 47%). The responders were directors, psychologists, social workers, education officers or medical personnel. We understood that the responders had many deliberations over the definition of spiritual health and found it hard to define. In 50% of responses the participants defined spiritual health as the inner world of a person in balance with a healthy feeling and 60% defined this as a process accompanied by positive feelings like happiness, calm, relaxation, quietness and content, during internal and interpersonal communication.

Five of the responders expressed explicit difficulties with the concept of spiritual health. A large proportion of the responders (33%) related complete importance to the presence of intellect as a condition for experience of spiritual health.

Nearly half of the responders (45 %) expressed an undeniable relationship between the physical, mental and spiritual body and the importance of harmony among them. Some defined this as a feeling of the person's belonging to general concepts like God (15 %), and some related it to the universal spiritual realm that exists in every person (1/25). Three responders (12%) stated the importance of spiritual health as a give and take situation between the person and his surroundings.

Three related to spiritual health as a therapeutic affect in times of pressure and distress that command the body and mind (12%). The connection between spiritual health and worship, prayer, holidays and religious rituals was only mentioned in 12% of the responses.

DIFFERENCE BETWEEN SPIRITUAL HEALTH AND MENTAL HEALTH

The majority of the responders stated that spiritual health was a subjective feeling connected to the person's grasp of his world based upon a balance built by religious, philosophical and social standards like culture and the arts, whereas mental health was looked upon as an objective state. A small number of responders (5/25) expressed difficulty in separating the two forms of health.

In relation to mental health, most of the responders defined it as different, because of their understanding that it is tied more to the body and physical ability of the person as opposed to the spiritual, which a portion of the responders believed is more free from the body.

Fifty percent of the responders stressed that mental health is an expression of how the person sees his inner world, while the spiritual is an expression of how his external world is perceived.

In a third of the responses there was a belief that the difficulty in separating the two entities comes from the benefactory relationship between the two and only a minority believed that mental health is a part of spiritual health. On the other hand some (2/25) perceived spiritual health as a part of mental health and some believed that spiritual health could exist without connection to mental health.

A few (2/25) symbolized spiritual health as an expression of the private aspects of the person unlike that of mental health, which comes from social, norms and cultural concepts.

COMMENTS

In our study (6), which is a first to our knowledge and in spite of

the small sample and response rate, it became evident that spiritual activity was a part of the programs for persons with intellectual disability in residential care in Israel, but it was varied and lacked a planned or uniform character. This was surely due to many factors. It can be because of the subjective definition of what spiritual health entails, the individual perception of activities or maybe due to the lack of scientific proof that spiritual health activities improves the health of persons with intellectual disability.

Due to the diversity of spiritual health definition and the interesting observation from the study that nearly any activity was defined as spiritual will make it very difficult to find a universal platform for providing spiritual health promotion for the population of persons with intellectual disability in residential care. There is no formal policy on the level of the Ministry of Social Affairs in Israel in the field of spiritual health and therefore the activities taking place are largely depended on the philosophical, secular or religious beliefs or affiliation of the administrators and the staff at the residential centers.

Parental involvement was observed to a great extend and this interest together with the positive attitude of the care staff should make it a challenge to increase spiritual health activities in this population in the future and encourage further research.

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