

Research paper

Science and spirituality in the clinic: medical doctors in Puerto Rico

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What is known on this subject

- The use of qualitative methods to describe doctors' spirituality in their lives and in their clinics as found among those self-identified as *religious*, *spiritual* and *spiritist* is rare in the research literature.
- Studies that focus on a sample of Puerto Rican doctors are rare in the English-language literature.
- Most studies do not consider aspects of the cultural context of the doctor–patient relationship that influence doctors' clinical behaviour (in this case, religiosity, spirituality, belief in spirits and associated behaviours).

What this paper adds

- It provides an in-depth description of aspects of the doctor–patient relationship in a Latin American culture which illustrates how treatment that includes spirituality and religiosity from the doctors' perspective can complement and enhance clinical encounters aimed at healing patients.
- It documents, in a sample of 74 medical doctors, the use of intuition, or other psychic faculties, and empathy in the doctor–patient relationship in conjunction with conventional medical procedures.
- It raises the possibility of the potential utilisation of culturally patterned spirituality by doctors with the goal of enhancing patient-centred clinical relationships.

ABSTRACT

This paper describes some of the findings of a predominantly qualitative study of the role of spirituality in clinical conventional medicine. A total of 74 Puerto Rican doctors, representing all specialties except psychiatry, took part in a phenomenological exploration of their medical and spiritual ways of being and how these were integrated into both their personal life and their clinical practice.

Semi-structured in-depth interviews were recorded, transcribed and coded using MAXQDA, open coding and grounded theory. All but three of these

doctors were grouped according to self-identification as *religious*, *spiritual* or *spiritist*. The latter group follows a philosophy based on the teachings of a French visionary, Allan Kardec (1804–1859), who codified an ethical, spirit-based belief system (spiritism, *Espiritismo*). These practices and beliefs are popular in Latin America and are also found in many other countries, such as the Philippines and France.

Keywords: clinical practice, life narratives, Puerto Rican doctors, religion, spiritism, spirituality

Introduction

There is a large literature on pastoral care at the end of life, and on patients with terminal illnesses such as advanced cancer, that focuses on patients' spirituality

and/or religious beliefs (Puchalski, 2006; Holmes *et al*, 2006). Medical doctors are now being viewed as agents who may employ spirituality and its potential benefits

for their patients. However, doctors' particular kind of spirituality or religiosity, as related to their culture, is seldom taken into account (Koenig, 2007a,b). Few studies have examined how their spirituality or religiosity affects their relationship with and treatment of patients, or how patients perceive these spiritual or religious doctors (Sulmasy, 2006). This is an important issue because the physician–patient relationship is central to medical care. The inclusion of spirituality and/or religion promotes a more humane and patient-centred perspective on clinical care, although it is not clear whether the effect is physiological or psychological, or both (Curlin *et al*, 2005).

Olson *et al* (2006, p. 234) conducted a qualitative study based on in-depth interviews with family medicine residents in the south-western USA. There was almost unanimous agreement that openness to spirituality was important both to patients' health and to the physician–patient relationship. The residents also agreed that addressing spiritual issues required sensitivity and patience, as well as 'tolerance of ambiguity' and sensitivity to 'one's own spiritual place.' The residents' own spirituality related to whether or not they addressed spiritual issues with patients. Several medical schools in the UK (Bell *et al*, 2010) employ a 'Wholeness of Healing' component to introduce medical students to the spiritual dimension of healthcare, to encourage them to adopt a holistic approach to treatment, and to promote an appreciation of diversity in religious beliefs and spiritual practices among patients. However, reports of these programmes do not discuss the medical student's own spirituality. Although there are a number of general discussions and reports about spirituality in medicine (e.g. Puchalski, 2006), there have been few qualitative studies of clinical medical practice and spirituality/religiosity, either in the USA or in Latin America. This is a serious omission, as current evidence from Brazil (Bragdon, 2011; Lex, 1985), Venezuela (Matos-Romero, 1983; Novich Hernandez, 1999) and Argentina (Mariño, 1963) shows that many Latin American doctors believe in and communicate with spirits, a type of spirituality that is largely unacknowledged yet also present in the USA. Moreover, the cultural patterning of the doctor–patient relationship has barely been examined.

This paper reports on a study that aimed to examine issues of spirituality among a group of Puerto Rican doctors. It explores the general theme of the cultural patterning of the doctor–patient relationship as related to spirituality and religion. In this paper we focus on the doctors' perspectives on the presence of spirituality and religion in the clinic, we explore the various types of spirituality and we examine their relationship to seldom discussed aspects of the doctor–patient relationship, namely *empathy, intuition and psychic faculties, prayer, and the presence of and interaction*

with spirits. An important hypothesis in our study was the idea that there is a link between spirituality and empathy among healthcare providers, and that this link is essential to an effective doctor–patient relationship. Empathy has been identified as one of three core values necessary to establish an effective doctor–patient relationship (Newton *et al*, 2008). However, although attempts are made to foster empathy in medical students, there is a continuous decrease in *visceral empathy*, defined as 'emotional' empathy, versus 'imaginative' or *cognitive empathy*, during the first three years of undergraduate medical training; in fact, empathy is often stunted during this period (Pedersen, 2010, p. 593; Newton *et al*, 2008).

The overall goal of our study was to illuminate an important life arena where the strong separation between medical science and religion/spirituality is set aside in the interest of fostering and responding to an acknowledged, but unplanned, spiritual healing force within a conventional medical–clinical context. The focus in this paper is on the relationship between science and religion in the lives and work of doctors; spiritual experiences may initiate and/or enhance caring clinical behaviour in medical professionals (Koss-Chioino, 2006a).

Definitions

Few authors agree on how spirituality and religiosity should be defined (Paloutzian *et al*, 2005). In this study we applied the broad definitions proposed by Kenneth Pargament and his colleagues in the American Psychological Association's *APA Handbook of Psychology, Religion, and Spirituality*. In Pargament's view, religiosity refers to:

beliefs, practices, relationships or experiences having to do with the sacred that are explicitly rooted in established institutionalized systems or having to do with the psychological, social or physical functions of beliefs about the sacred; spirituality refers to beliefs, practices, relationships or experiences not linked to established institutionalized systems or when referring to the human motive to develop a relationship with the sacred.

(Pargament *et al*, 2013, p. 5)

It is important to observe that what is deemed sacred varies among different groups and cultures. We attempt here to show how diverse types of spirituality (i.e. religious beliefs and practices such as prayer, entering or progressing on a spiritual path and/or belief and contact with spirits) reported in the clinical practice of conventional medicine by Puerto Rican doctors vary between three groups self-identified as *spiritist, spiritual* or *religious*.

Doctors and religiosity/spirituality

Harold G Koenig, a noted psychiatrist-geriatrician researcher in the field of religion and medicine, has written extensively on the benefits of including spirituality and religion in patient care across all sectors of the healthcare system (Koenig, 2007a,b). He argues that, allowing for factors such as their religion, their degree of religiosity and the severity of their illness, a high percentage of patients think that their doctors should discuss their religious and spiritual needs. A smaller number want their doctors to pray with them. In a national survey conducted in the USA, 55% of a random sample of 1144 physicians stated that it was usually or always appropriate for the doctor to enquire about the patient's religious or spiritual beliefs; less than 50% stated that it was inappropriate (Koenig 2007a,b). However, only 10% indicated that they often or always enquired about the patient's religious or spiritual beliefs. It must be noted once again that praying with patients depends upon the religiosity and/or spirituality of the doctor; 76% of this sample who identified themselves as highly religious prayed with patients. However, only 19% of the entire sample sometimes or always prayed with patients. Most doctors felt that it was appropriate to pray with the patient only if he or she was very sick and initiated the request.

Spiritism, spirituality and doctors

There are perhaps thousands of doctors in Latin American countries who experience spirits and/or attend ritual sessions in which spirits are present; this is termed spiritism. Most follow the teachings of the French scholar, Allan Kardec (1803–1869), but many also follow the teachings of re-interpreters of Kardec's writings, such as the Spanish philosopher, Joaquin Trincado (1856–1935), who lived and died in Buenos Aires. It might be noted that most spiritists, especially educated individuals, do not consider their system to be a religion, but rather a philosophy integrated with moral and scientific objectives (Koss-Chioino, 2006b). Doctors who are spiritists are probably most numerous in Brazil, where 2.5 million people declare that they follow spiritist doctrine (Instituto Brasileiro de Geografia e Estatística (IBGE) Census of 2000).

Brazilian doctors have organised a spiritist medical association (Asociacion Medico-Espirita de Brazil, also de Internacional) that sponsors national and international conferences. Reporting on the first conference in Brazil, in 2005, the Association's magazine quotes from Koenig's plenary address: 'The last 100–

200 years of separation between science and religion are arriving at an end. Medicine is stirring up another vision; a human being is not only a physical body' (Salud y Espiritualidad, undated; www.thespiritistmagazine.com, translated by the authors from the Spanish-language version of the conference report).

The concept of spirituality refers to a universal experience and process of seeking the sacred as defined in varying ways within cultures. For spiritists the sacred involves spirits, including one's own spirit and others of many types (e.g. deceased relatives, famous individuals, and those spirits who seek out an incarnated spirit in order to redeem themselves of misdoings or emotional difficulties). Spiritism is based on the view that the visible world is surrounded by an invisible world inhabited by spirits who influence human behaviour (Comas-Diaz, 1981). It is considered by practitioners variously as a religious, ideological, healing, philosophical and/or scientific system in Latin American countries (Koss, 1987; Martinez-Taboas, 2005). These influences may have a positive or negative effect, depending on the spiritual progress of the spirits involved. This process is based on the belief in reincarnation which permits each spirit to evolve through multiple lives.

Spiritist doctors appear to demonstrate a heightened capacity for empathy with patients, related both to their commitment as healers (a few of them are also spirit mediums) and to their ecstatic experiences of spirits, which are reported to occur occasionally during clinical encounters, but more frequently during other life experiences (Koss-Chioino, 2006a,b). Davis-Floyd and St John (1998, p. 100) define empathic behaviour in the doctor–patient relationship as the 'ability to understand another's reality.' However, empathy among these doctors has more to do with emotions, including compassion, feelings about loss, and a deep identity with bodily feelings and sensations (for a discussion of the importance of empathic behaviour on the part of doctors, see Astrow *et al*, 2001).

The study

The focus of the present study is on the therapeutic relationship between doctors and patients, akin to what has been called 'medicine of the person' (Cox *et al*, 2007). The study took place in Puerto Rico and aimed to explore how medical doctors who were trained in diverse medical disciplines (excluding psychiatry) integrated spirits and spiritist beliefs into their lives and clinical practices, compared with doctors who were spiritual/religious in other ways. In particular we aimed to determine how a spirituality that involves spirits, reincarnation and a doctrine of universal evolution of the spirit through good works is

integrated into clinical work and affects patients' perception of and relationship with their doctors. Spiritist doctors' views were compared with those of a matched group of doctors (and their patients) who were not spiritists but who were spiritual in other ways, including being deeply religious. It is of interest that the doctors who were spiritists were either socialised into that philosophy during childhood, or experienced spontaneous, anomalous experiences of spirits during medical training and/or later in life.

Conduct of the study

The study was approved by the Institutional Review Board of Arizona State University (October 2008).

Sampling

We used snowball sampling to recruit 40 doctors in the San Juan metropolitan area; 28 of these individuals self-identified as spiritists, and we classified the rest as spiritual because they readily described one or more types of spirituality in their clinical work and/or their personal life. Referrals from the first 40 doctors enabled us to recruit a convenience sample from outside the San Juan metropolitan area. In this second sample there were five spiritual doctors, and 13 doctors were religious. They attended various churches regularly and described their beliefs and practices. One doctor did not mention either spirituality or religiosity. We then recruited a third sample of 15 doctors at random from telephone directory lists in all areas of the island. In this third sample there were five spiritual doctors, eight doctors were religious, and two did not discuss either religion or spirituality. In total we recruited 74 doctors (25 women and 49 men), aged between 33 and 83 years and matched by specialty. They self-identified as spiritist ($n = 28$), spiritual ($n = 22$) or religious ($n = 21$). Most ($n = 72$) worked in private practice, and two worked in the Emergency Room. Finally, we recruited a convenience sample of four patients from each doctor.

Methods

We conducted semi-structured interviews, 45 to 90 minutes in duration, with each doctor. Informed written consent was obtained prior to each interview. With six exceptions, the interviews were conducted in the doctors' private rooms. Each doctor was also asked to complete the Ironson–Woods Spirituality/Religiosity Index (Ironson *et al*, 2002).

Patients were asked to complete a questionnaire that focused on empathy and the doctor–patient

relationship as a basis for comparing the effect on patients of ideas and clinical practices relating to spiritism, spirituality and religiosity.

Data analysis

This paper focuses only on the interview data. Interviews were tape recorded and transcribed verbatim. Inductive coding was carried out jointly by the authors on a consensus basis using a grounded theory approach. First, a set of major themes was coded. Those themes that contained the most frequent responses were further coded with subcodes. Frequent subcodes were in turn subdivided into sub-subcodes. This process produced a total of 120 codes arranged under eight major themes. The data for this article were drawn mainly from a very frequent subcode, namely *spirituality in the clinic*. This subcode had 19 sub-subcodes, as illustrated in Table 1, which shows the distribution of the sub-subcodes by doctors' groups.

Findings

The results of the Ironson–Woods Spirituality/Religiosity Index will be reported in more detail elsewhere. Although the doctors achieved quite high scores on indicators for both spirituality and religiosity, there were no significant differences in the levels of spirituality or religiosity between the three groups.

The results of the patients' questionnaire will be reported elsewhere, but it is of interest that all of the patients rated equally and were positive about all of the three groups of doctors.

The findings from the interview data showed that spiritist and spiritual doctors shared roughly similar profiles of clinical behaviour, but religious doctors differed. Reports of the use of intuition or other psychic faculties (19 out of 28), and openness with patients and colleagues about spirituality (10 out of 28), were most frequent among spiritist doctors, but less frequent among spiritual doctors (6 out of 22 and 7 out of 22, respectively). Only two religious doctors said that they were open about their own spirituality with patients, and none of them reported the use of intuition or psychic faculties. A number of spiritist doctors reported seeing spirits in the clinic, as did two spiritual doctors, but none of the religious doctors mentioned spirits. However, seven of the religious doctors referred patients to spiritist sessions. Among the religious doctors, praying with patients, invoking God during a clinical encounter, and respecting all types of religious beliefs were frequent concerns. Clinical behaviour was similar in all three groups with regard to the number of doctors who reported their

Table 1 Frequency of coded segments of clinical behaviour identified as spiritual

Codes	Spiritist group (<i>n</i> = 28)	Spiritual group (<i>n</i> = 22)	Religious group (<i>n</i> = 21)
<i>Spirituality in the clinic</i>	24	17	16
Doctor is open about his or her spirituality with others	10	7	2
Spiritual struggles	1		
Patients and doctors share their experiences with spirits	4	1	
Doctor uses intuition and psychic faculties	19	6	
Case of patient and doctors sharing spirit experiences	6	1	
Spirituality and empathy in the clinic	11	7	4
Doctor acknowledges spirits in the clinic	8	2	
Doctor relates spirituality to mental illness	3	1	1
Doctor encourages spirituality for the dying	2	1	2
Philosophy of spirituality in the clinic	7	4	5
Patients prefer spiritual doctors	1	3	2
Doctor lives his or her spirituality	7	3	4
Doctor prays with or for patients	1	3	6
Doctor accepts all religious references by patients			2
Doctor hides his or her spirituality from patients	3		2
Doctor invokes God when treating patients	3		7
Doctor refers patients to a spiritist session	1		7
Patient should have faith		1	2

concepts of spirituality as relevant to clinical work, and about living one's spirituality, but the contents of these behaviours or views varied considerably; specific issues are described below.

Concepts of spirituality in the clinic

We were interested in how these doctors conceptualised what they labelled as 'spiritual' in both their own and their patients' views and behaviour. Most of the doctors referred to spirituality as affecting their relationship with patients. Religious doctors who identified themselves as Catholic, Baptist or Evangelical described the need for what seemed to be a general type of spirituality in their encounters with patients, but one not necessarily attached to any particular doctrine. One very devout doctor stated that 'Spirituality is embedded in everything we do, so is part of us

everywhere.' Another justified his use of spirituality in the clinic by saying 'We want to do the things that make people feel better.' Seven doctors in this group referred their patients to spiritist sessions. A devout religious doctor explained that 'When one enters the faith, you begin to see the patient with compassion, with more charitable feelings, with more involvement ... not simply as part of a medical plan.' Spiritual doctors also emphasised the importance of spirituality. One of them asserted that 'You cannot be scientific if you are not spiritual; it is difficult to connect with another person; I have had better results with the spiritual.' When describing the use of spirituality, another doctor reported: 'I try to put my hand [on the patient] in order to calm him but also maybe to transmit positive energy. ... I believe in touching ... and even if you don't do anything mentally, it helps.' One doctor described having an open Bible in an area

of his office where he explained his diagnosis and treatment plan. If he saw a patient reading the Bible, or if the patient referred to it, he utilised this to benefit the patient: 'Why? Because I know that that patient will feel more recognized, more committed and will comply more with the treatment.' Spiritist doctors did not readily talk about spirits; some used 'energy' as a proxy term. Several expressed their caution about referring to spirits when speaking with patients. Indirect references were made, such as 'You have to heal with energy ... because there is an energy level ... that in some manner there is a connection between body and spirit that will aid the healing, even the physical.' This doctor went on to add that it 'helps communicate with the patient and aids the spirit to be calmer.' A young woman doctor reported that her spirituality helped her to be calm, 'at peace' and at ease with patients; this ease was communicated to the patient, so that their spirit was also calmer. Several of the spiritist doctors identified their clinical work as running parallel to spirit healing sessions. One claimed that doctors must be more spiritual than other people in order to convince all kinds of patients that their ways of thinking must change in order for the doctor to be able to enter into their illness. An older woman doctor, who regularly attended spiritist sessions and was very involved in several spiritual disciplines, reported that her grandfather's spirit helped her to heal patients with his energy, as did the 'Supreme Father.'

Doctors acknowledging spirits in the clinic

Reports about this came mostly from spiritist doctors, although some spiritual doctors did not appear to rule out the presence of spirits, and even referred emotionally distressed patients to spiritist sessions. Eight spiritist doctors reported experiences of spirits in their clinic; this was fewer than expected. A direct statement about the involvement of spirits was made by one doctor: 'Asked how I made a certain diagnosis, I said that it was a spiritual diagnosis, that spiritual doctors had given me insight ...' A woman doctor declared that she could not deny to her patients the times she saw spirits with them in her clinic. Another doctor reported that she saw an older man whose facial structure was like that of her deceased grandfather. He was closing in on them in order to listen to the patient. Several doctors recalled experiences with helpful phantom personnel in the hospital (e.g. a deceased head nurse) during their training years. One doctor reported the inevitability of the souls of people who had suffered traumas, especially traumatic deaths, being present in clinics and other places because they 'did not arrive at the place they had to' (a spiritist belief). It should be noted that most of the spiritist doctors who reported these

experiences did so with some hesitation, as if they were expecting a negative reaction. Attitudes towards spiritism and spirits among Puerto Rican professionals are complex; there is both belief and some denial related to historically entrenched social repression. This issue will be discussed elsewhere. Only two spiritual doctors reported their experiences with spirits, but they were careful to state their lack of certainty about them. To quote one of these doctors, 'Yes, it is possible, I can't deny it. I have felt it, noted it, perceived it, [its] odours, something in the environment, but I don't know.' Religious doctors did not mention spirits in the context of working with patients.

Doctors praying with or for patients

Koenig (2007b, p. 164) claims that a brief prayer can be 'very meaningful' to religious patients. However, in his view, the patient should initiate a request for prayer and supply the topic; the doctor should at least let the religious patient know that he or she is open to prayer. The doctors often took the initiative if they were highly religious and prayer was integral to the way that they practised medicine or they felt that the patient would benefit from prayer. Moreover, some doctors described using prayer to maintain their own well-being. Only 6 out of 21 religious doctors mentioned prayer. A doctor who was also a Baptist minister asserted that 'We pray together here. And I always pray before seeing my patients and meditate some minutes before beginning.' Another doctor added that 'If a patient is very sick ... I carry him in my mind and pray for him.' Another said 'When we pray each day at the office or the hospital ... this place stays impregnated with the prayer and the faith. Even if a patient doesn't believe in anything or has another type of belief, he receives the blessing ... he is more agreeable, talks, listens and is more compliant.' Among the spiritual doctors, only three reported that they prayed for or with patients. One reported praying every day because 'A healer has to pray to maintain strong energy ... the patients take a lot from you.' Another prayed for each patient and called for the presence of God to heal. Only one spiritist doctor mentioned that she prayed with her nurse that a terminal patient would 'go in peace.'

Use of intuition and psychic faculties

In total, 19 out of 28 spiritist doctors reported the use of special faculties during clinical encounters. These faculties affected the diagnostic process by adding a special spiritual dimension aimed at complementing rather than replacing conventional medical procedures. Gilson Roberto, a Brazilian doctor who is also a spiritist medium, focuses on the faculty of intuition

as central to mediumship. He defines intuition as a 'very common psychic phenomenon' which is 'like a window that opens onto another dimension' (Roberto, 2011, p. 150). He reminds us that Jung regarded it as one of the four major functions of consciousness, and the philosopher Henri Bergson developed a theory that there are 'two ways of knowing an object ... through concept and through intuition.' Roberto (2011, p. 150) notes that intuition was a more widespread faculty in certain cultures prior to the diffusion of a materialist world view that focuses on cognition and science. He considers that it is more difficult now to explain what is 'out of the ordinary', that is, communications from the spirit world. However, he claims no 'antagonism' between 'his academic training and activities as a medium.' Rather he sees them as complementary, since mediumship provides 'elements (e.g. intuition) to analyze the information' acquired through clinical work (Roberto, 2011, p. 153).

Spiritist doctors endorsed intuition and psychic faculties through various metaphors and descriptions. A gynaecologist described the situation of a patient coming in for a routine visit and lacking symptoms. She ordered a sonogram, which revealed a tumour, only because she had sensed it. She attributed this prediction to 'a pain in my soul (alma) because when I see the patient I have like an uncomfortable sensation with her.' Another doctor spoke of knowing about a patient's problem, without the patient having verbalised it, because it came 'from the heart'; yet another referred to the 'clinical eye.' In all of these experiences there is a sense of something mystical, a sense of knowing that is beyond rational control and medical science. Most spiritist doctors rarely spoke directly about these experiences, but regarded them as evidence of spirit intervention. One doctor explained that these feelings were 'not energy, nor due to passing hands over the patient and producing warmth ... it isn't something that ... is physical, it's something that you are unable to explain.' Other descriptions included the following: 'There is something that guides me [in making an unlikely diagnosis]; to me it comes as a surprise.'

One variation on the role of psychic experience in the clinic was the knowledge that someone important to the patient had died without the doctor having any prior knowledge of the relationship of the deceased to the patient. A paediatrician commented that traumatic events that had occurred while the patient was still in the womb could be the cause of a current illness, and that the event could be healed in the clinic. This perspective is consistent with spiritist beliefs about the evolution of the spirit, namely that each life is an opportunity to evolve and to improve morally.

Only six spiritual doctors reported intuition and psychic faculties. One of these doctors, who considered himself a healer, reported that before he sat

down with a patient, and before he saw their chart, he looked into their eyes: 'If the patient is not looking at me I feel it and later try again, but generally the patient feels it [a spiritual connection].' Several doctors claimed to know the patient's complaint 'when they are coming in the door' and before examining them. One doctor described this faculty as 'a feeling, like an insight. For example, he arrives and I feel it – it's not something I can stop. When it starts it flows and involves the patient while I work [on him] ... healing.' Another doctor explained that 'My spirituality is an intuition ... a very strong and positive intuition.'

These reports illustrate a significant difference between biomedical conventional treatment and spirituality in the clinical encounter. The spiritual force, however conceived, comes unbidden to the doctor or patient and provides insight either beyond or complementary to orthodox medical approaches. It cannot be anticipated or planned; in order to gain more control over a patient's illness, the doctor must be persuaded by the new information provided by spirit/spiritual agencies or awareness. As shown in Table 1, 25 doctors appeared to accept these phenomena mainly as an aid to diagnosing illness.

Empathy in the medical relationship

Many of the doctors in all three groups regularly made home visits to ill, elderly patients. They were available at critical moments by telephone at weekends or in the evening, and many of them held weekend office hours and clinics. They did not report that they solicited help from the spirits or from God, but they stated that they responded when contacted by spirits or mystical feelings, which could include the Holy Spirit, on behalf of a patient.

There is now a plethora of meanings and explanations of empathy in psychology and other literature. For example, in the social psychological literature the concept may be referred to as 'social insight', 'interpersonal sensitivity' or 'interpersonal judgment.' Although empathy has for decades been a focus of client-centred therapy (Rogers, 1957, 1959), psychoanalysis and object relations work by Hans Kohut (1984), there is now growing interest in it as a component of the clinical process. Empathy is now seen as going beyond the idea that it is useful only as a 'kindly and supportive posture' in establishing a therapeutic relationship (Bohart and Greenberg, 1997, p. 4). Elliott *et al* (2011, p. 43) described empathy as three sub-processes: first, emotional simulation that 'mirrors the emotional elements of the other's bodily experience'; secondly, a conceptual 'perspective-taking process'; and thirdly, an emotion regulation process that soothes another's pain. All of these processes were referred to by some of the doctors in our study. In

addition, emotional simulation may be an entry into the doctor's feeling what the patient is feeling, which is the first step in a process I have referred to as 'radical empathy' (Koss-Chioino, 2006a). Moreover, comments from doctors in our study suggest some important differences, at least for Puerto Rican doctors, between physician empathy and empathy in psychotherapeutic relationships. Pedersen (2010, p. 597) makes a definitive statement about empathy in the clinic with which many Puerto Rican doctors would agree: 'Empathic understanding is needed not only to understand the patient's illness or emotional reactions, but also to understand what is at stake for the patient and to diagnose and treat the patient adequately ... and [also] to throw into relief the patient's and physician's horizon.'

Of the four religious doctors, one set the tone of his relationship with patients by saying 'Without love there is nothing but a contract. I love my patients.' For another it was important to recognise that the 'patient, as a human being – mind, soul, body and spirit – needs this compassion, this identification – then you begin to hear the patients, find them ... you begin to feel the spiritual part more deeply.' Other religious doctors had more of a cognitive, role-playing, conceptual orientation towards empathy with a patient: 'I think about the other person and ... what is happening – as if I had the same situation – and it is part of spirituality.' Another religious doctor said 'It is important to help the patient understand his own spirituality.'

More of the spiritual doctors (7 out of 22) volunteered statements about empathy in their relationships with patients. They described deep bodily feelings. One woman was explicit about her visceral identification with her patients: 'He comes in and I can tell from what I feel what he is going through and I can feel what he needs.' Two other women gave the following explanations: 'I never say it but they [patients] know that if I touch them I feel the pain ... my hands heal' and 'After I see the colour [i.e. the aura], after I feel the illness with my hands, I perceive it [their emotional state] in me ... it's like here inside.' Another woman stated that 'It is like a magnetic field, as if I was a sensor of some magnetic field.'

These statements appear to be 'radical empathy' in which soul pain, bodily pain, deep inner feelings and emotions and/or spiritual knowledge of a person's life experience are involuntarily felt within another individual. It is as if the boundaries between patient and doctor are blurred or even completely erased (Koss-Chioino, 2006b).

Among spiritist doctors a typical approach to healing as a healer was reported by one doctor: 'What has manifested in me is the ability to feel and know the personal life of the patient. I don't always succeed because there has to be affinity.' Spiritist doctrine was

also evident in the views of another doctor: 'How do you console an adult who has lost his mother or father or other family member? The body doesn't die, nor does the spirit. The spirit will always be with you and love will always exist between the two [persons].' A third doctor expressed another tenet of spiritism in relation to empathy with a patient: 'She is very special, but we have a brutal connection. I don't know what happened in [her] past lives. I believe in reincarnation.' Commenting on empathy, one doctor quoted his elderly patients as saying 'Doctor, it is you. You come to the house and I am well.' For this doctor it was the trust that patients had in him: 'It's not the spirituality that I bring, it's the empathy I have with these patients and they with me.' For him, the cure was 'more than 50% empathy.' There were also reports of deep emotion in relation to and with patients, especially if the patient was dying: 'I have been able to cry with patients when one is dying ... and have been known to close myself in a room to cry, because I cannot hold back the feelings of deep upset for the patient ... if you have to cry – well [you] cry.'

Conclusion

The contention of Puchalski and her colleagues (Astrow *et al.*, 2001; Astrow and Sulmasy, 2004), namely that the healthcare professional needs to examine the sources of meaning and value in their work and cultivate empathic relationships with patients, focuses on the role of spirituality and/or religion as a source of personal centring and renewal. In one study (Craigie and Hobbs, 1999, p. 581), a family practitioner reported that 'I gain strength, remain at peace and sometimes experience inner joy when things don't look so good.' This is similar to what spiritist doctors express, but they have also accepted a doctrine that goes beyond these feelings, since their medical work acquires moral meaning related to an existential perspective on life that is not at all common in conventional medical practice. According to spiritist doctrine, healing work helps one's own spirit to evolve, and to move up towards the light of humanistic values. The doctor, through his or her work, assists spiritually receptive other-patients to move upward on the same sacred trajectory.

What all three types of doctors who are spiritual and/or religious report is that they bring to their clinical work what might be characterised as a bridge between ordinary and extraordinary human consciousness. This is especially the case for many of the spiritist doctors who experience the spirit world. With all doctors it is a way to transcend the less than precise application of the science of clinical medicine, and is particularly valuable in situations in which patients

are under great stress. Moreover, the relationship between doctor and patient takes on a deeper, more emotional dimension that speaks to an affinity, a deeper connection between two human beings. Touching and/or embracing are at times part of this connection, just as they are normative among family and friends in Puerto Rican culture. Although it is difficult to demonstrate, it is also the case that this clinical intimacy, as described by some of the doctors, opens a space for greater healing potential for both patient and physician.

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CONFLICTS OF INTEREST

None.

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