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Quantifying the Spiritual: Incorporating Subjective Spirituality in Biomedical Research

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Introduction

BIOMEDICAL objectivity is a dominant health paradigm in the United States today. This paradigm views the body mostly as an object to be studied by objective means. These objective means are taken for granted as universal categories for comprehending truth in biomedicine. Lack of theoretical reflection leaves vital subjective attributes of experience out of the picture of health and healing, including lived subjective spiritual experience. This partly stems from definitions of spirituality that are lacking in explicating many elements of lived spiritual experience. Flawed definitions of spirituality are the result of both unchecked biomedical authoritative theoretical assumptions, and a lack of familiarity with scholarship in the social sciences and humanities.

Concepts have been developed in the social sciences and humanities to attempt to account for subjective experience in research. These include the concepts of embodiment, metaphor, and performance. These concepts add depth to approaches to spirituality by incorporating subjective elements of lived spiritual experience, which can then be incorporated into biomedical research. This can be accomplished through both refining the definition of spirituality in quantitative research, and in utilizing qualitative approaches to accompany and contextualize quantitative research.

This article builds the case for the incorporation of concepts in the social sciences and humanities into conceptualizations of spirituality in biomedical research. This article also assesses the ways in which the institution of biomedicine defines and theoretically approaches spirituality. It challenges biomedical conceptualizations of spirituality from the perspective of the social sciences and humanities to better accommodate subjective spiritual experience in biomedical research.

Approaching Spirituality

Spirituality in the contemporary world can be comprehended in variety of ways: as, for instance, that which opposes materiality; a personal

transcendence; an ideal of religious devotion (King 1997). More inclusive definitions have been attempted. As King writes:

“Spirituality has been defined in a general, inclusive manner as an exploration of what is involved in becoming human . . . In somewhat more detail, spirituality has been called an ‘attempt to grow in sensitivity, to self, to others, to non-human creation and to God who is within and beyond this totality’ . . . Spirituality has also been described as ‘the way in which a person understands and lives within his or her historical context that aspect of his or her religion, philosophy or ethic that is viewed as the loftiest, the noblest, the most calculated to lead to the fullness of the ideal or perfection being sought’ (668).

The plurality of definitions for the term spirituality underscores the importance of subjective experience in assessing the impact of spirituality on health in biomedical research; personal orientations of research participants become significant when assessing research results. Researchers address the problem of holistically defining spirituality by searching for a technical definition that can be reliably quantified (Hill and Pargament 2003; Lodhi 2011; Koenig 2008; 2012; Bessinger and Kuhne 2002). Lodhi, for instance, works out an intricate ten-part system for arriving at a robust definition of spirituality such that it can be used in psychological evaluation (2011). From a biomedical perspective, this system seems methodologically sound. However, this system of definition values ease of quantification for purposes of biomedical research over lived subjective experience: it largely ignores spiritual narrative, as well as embodied and performative dimensions of spiritual experience. This approach also omits irrational, bodily categories of spiritual experience. A holistic approach to spirituality requires approaches to subjective spiritual experience to be considered.

Koenig (2008) and Grant (2012) see problems with utilizing spirituality at all as a domain for scientific inquiry. Koenig recommends utilizing definitions of spirituality in clinical application only to aid in patient care. He argues that separating spirituality from aspects of well-being is too great a challenge to make spirituality a valid domain of biomedical research (Koenig 2008; 2012). Grant sees spirituality as an individualistic search for meaning and the sacred that is different for all people. What constitutes the spiritual also changes over the course of one’s life. For this reason, Grant argues, spirituality is too slippery a term to be incorporated into biomedical research (101).

Koenig recommends we “reinstate a sharper definition of spirituality that retains its historical grounding in religion” (2008:10). In Koenig’s opinion, linking spirituality with religious practice sidesteps the problem of subjectivity when trying to define spirituality (14). In his view, we should focus more on spiritual experience in religious participation for reasons of definability in biomedical studies. However, linking spirituality with religious participation neglects to focus on the subjective experience of spirituality.

Emphasizing religion in an approach to spirituality raises important questions regarding transcultural application. Religion, like spirituality, is a term that has enormous definitional problems (Smith 1998). Linking spirituality with religious participation also disqualifies many experiential aspects of spirituality from study. This approach downplays spiritual

diversity within religious communities, and prevents researchers from understanding the impact that unique spiritual orientations have on health. This link also potentially disqualifies experiences of spirituality that resist categorization in religiosity, such as those who identify as 'spiritual but not religious' (Ammerman 2013).

Incorporating Concepts in the Social Sciences and Humanities

When assessing the impact that spirituality has on health, it is necessary to establish an approach to subjective spirituality that incorporates lived spiritual experience. Theorists in the social sciences and humanities have underscored the importance of subjective experience in research. They have also provided the conceptual framework to critique both biomedical objectivity and rationalistic epistemologies. These approaches can be utilized to define a holistic approach to spirituality, allowing researchers to cut through many of the theoretical limitations inherent in rationalistic, objectivity-based paradigms.

There has been an effort in the health sciences to utilize both qualitative and quantitative research to assess spirituality and health (Francis and Taylor 2013). This approach is exemplified in ethnography, where the author can unite abstract theory with the visceral lived experiences of those being studied. First-person accounts of subjective experience bring the reader closer to the primacy of lived experience. Emphasizing visceral experience underscores the irrational elements of subjectivity. It also demonstrates the deficiencies of rationalistic theories as complete paradigms for epistemologies (Kirmayer 1992).

Ethnographic accounts utilize (among others) the concepts of embodiment, metaphor theory, and performance. These concepts attempt to approach aspects of experience that biomedicine has trouble theoretically accommodating by focusing on the social, irrational and performative dimensions of subjective experience. For instance, patient illness narratives become an important metric for delivering competent care in clinical practice (Kleinman 1988). These concepts aid clinicians in establishing an approach to spirituality that accesses elements of subjective experience through narrative. This approach can enable researchers to usefully conceptualize spirituality for use in biomedical research.

Metaphor theory contributes to a holistic approach to spirituality by providing a way to conceptualize subjective meaning-making. Metaphor theory provides insight into the primacy of bodily derived meaning. It does this by analyzing the ways in which meaning is generated in subjective experience (Kirmayer 2002). Researchers have investigated the ways in which human beings learn and derive meaning through the process of metaphorically linking one domain of perception with another related domain (Kirmayer 2002; Slingerland 2004). Through this system of metaphor making, comprehensive psychological links are made between diverse elements of experience. These diverse elements comprise significant elements of subjective experience, including dimensions of spiritual experience.

Another useful concept for assessing subjective experience is the concept of embodiment. Embodiment contributes to constructing a holistic approach to subjective spirituality by exploring the links between cultural factors and how they become biologically integrated (Scheper-Hughes and Lock 1987). Kirmayer (1992) explains that "we never see reality directly but through the formative influence of our social conceptions of reality" (p. 341). These conceptions have an impact on health. Regarding spirituality, Fields asserts that to study health, we must understand ways in which the body is understood (2001:11). Fields underscores primal elements of embodied being and their importance in spiritual experience (*ibid.*). The concept of embodiment allows researchers to comprehend how subjective experience is influenced by diverse cultural elements, and how these elements come to affect the body.

Another useful concept derived from ethnography is performance. The concept of performance in anthropological literature addresses ways in which ritualistic participation symbolically acts out transformative cultural elements (Kapchan 1995). These participatory symbolic transformative events can have spiritual dimensions, such as religious rituals (Csordas 1997; Csordas and Lewton 1998). This participation in symbolic transformation allows researchers to approach symbolic constructions of self-identity, and to understand the roles that individuals adopt and play in social contexts. This approach integrates with embodiment, narrativity, and metaphor theory as ways to articulate subjectivity. This integration adds depth to a holistic approach to subjective dimensions of spirituality.

Biomedical Theory and Spirituality

A relationship has been demonstrated between religiosity and health outcomes in empirical research (Hill and Pargament 2003; Koenig 2008). For this reason, biomedical literature increasingly recognizes the importance of spirituality in health outcomes (Koenig 2008). This connection points to the need for more sophisticated research concerning spirituality and health from a biomedical perspective. However, before a connection between spirituality and health can be definitively established, criticisms of the biomedical paradigm must be addressed.

Critics question the ability of objectivity to serve as a complete paradigm for knowledge. Biomedicine prefers to assume an objective paradigm as normative and authoritative. However, as Schrodinger puts it, "[t]he part that scientists remove is themselves as conscious knowing subjects." This is problematic because "the object is affected by our observation. You cannot obtain any knowledge about an object while leaving it strictly isolated" (Boyd 2001:14). Further complications result when unquestioned objective knowledge becomes normalized as common sense. Over time, this unquestioned objective knowledge becomes synonymous with 'reality' (14-15).

Daston argues that scientific objectivity possesses a moral economy. By this, Daston means that scientists selectively approach evidence and objects of study that serve an agenda (Daston 1995:23). As Brown puts it, "science in its current form is itself a culturally constructed category, simultaneously

incorporating both scientific approaches and a variety of core sensibilities about the nature of the material world” (Brown 2012: 276). The resulting moral economy affects what comes to be defined as ‘objective,’ and therefore frames the way in which science approaches subjective states, including spirituality. This construction of objectivity is then internalized by people as common sense, eventually becoming synonymous with reality. These assumptions affect the ability of the biomedical establishment to approach spirituality as a valid domain for healing.

Another obstacle in biomedical approaches to spirituality is the problem of subjective experience. Biomedical institutions often neglect subjective aspects of spiritual experience in health research in favor of objective approaches that treat the body in isolation from subjective experience (LaFleur 1998). When subjectivity is neglected, patient experience is potentially lost in the moral economy of authoritative scientific objectivity. Regarding biomedical approaches to the mind, “[t]he dominant representational theories of meaning employed in medicine, psychiatry, anthropology, and cognitive sciences have tended to consider only those aspects of thought that conform to the rationality of an ideal, disembodied mentality” (Kirmayer 1992:325). Kirmayer goes on to say that “[a]ny theory of meaning that hopes to address the experience of illness must give due weight to the primacy of the body not as a vehicle for thought but as itself a vehicle for thinking, feeling, and acting” (Kirmayer 1992:325). The same can be said of subjective spiritual experience. This is what Kleinman asserts when he draws attention to the assumption in biomedicine that illness experience is not as clinically important as objective, biological categories of disease (1988), even though it may dominate psychological perception (Scarry 1985). This subservience of subjective experience to biomedical authority can be extended to spirituality as well. This impacts the ways in which biomedicine can perceive a connection between spirituality and health.

Alternative medicine literature criticizes the conception of the body as an object of inquiry in biomedicine, preferring holistic models of mind/body/soul unity (Fields 2004; Mckee 1988). Biomedical authority denies the validity of these critiques and their resulting alternative approaches as pseudoscientific, and thus invalid. While sometimes well founded, this relegation of alternative approaches points to the authority that biomedicine possesses to shape conceptions of health and illness in the contemporary world. Without challenging these assumptions, spirituality and health research risks relegation to pejorative pseudoscientific categories.

What much of this critique suggests is that biomedicine is theoretically able to assess spirituality in biomedical research, but cannot due to the moral economy of science that fears an anti-material approach to health. However, researchers need not assume an anti-materialist approach to spirituality and health. For instance, Leder and Krucoff (2011) suggest a biomedical approach that utilizes an ‘authentic materialism,’ by which is meant a materialism beyond what biomedicine currently accepts as a basis for medical care. This authentic materialism aims at integrating healing domains into more effective treatments (861). Leder and Krucoff go on to say that “we need an enhanced emphasis on the embodied experience of the patient, the physical

environments in which treatment unfolds, and the material things we use as agents of healing” (ibid.). This approach provides the framework for a holistic approach to spirituality in biomedicine. It also has the potential to utilize concepts in the social sciences and humanities to better incorporate subjective spiritual experience into biomedical research.

Analysis of scientific objectivity in biomedicine must include an assessment of the cumulative aim of scientific knowledge. Hanna asserts that “[s]cience progresses when higher levels of communicative discourse” are reached. This higher level of discourse requires a refining of objectivity (2004:339). Thus, objectivity is not a static concept, but one that is continually reinterpreted. This approach widens the limits of biomedical theory such that biomedicine can explore spirituality as part of the dynamic subjective experience of the patient. An emphasis on subjective experience can facilitate a higher communicative discourse to build an authentic objective materialism (Hanna 2004; Leder and Krucoff 2011). None of these approaches require a denial of scientific biomedicine, but rather turn the attention to methods of integration. This helps bring a holistic approach to spirituality in dialogue with objective scientific discourse.

Given that science operates by attempting to construct objectivity, and recognizing that what is considered valid research topics – and thus what constitutes objectivity and ‘the real’ – are situated in the moral economy of science, researchers ought to utilize qualitative methods to pave the way for novel research topics and designs. This will expand what constitutes objectivity in scientific investigation by overcoming the limitations of the moral economy of science, expanding what is quantifiable and testable.

Conclusion

A thorough approach to assessing the impact of spirituality on health must incorporate subjective spiritual orientation. Qualitative concepts like embodiment, metaphor, and performance add context to subjective spiritual experience. This enables subjective categories of spiritual experience to be accessible to biomedical research. A biomedical approach that integrates elements of subjective spiritual experience helps researchers comprehend connections between spirituality and health. Incorporating subjectivity into biomedical research also challenges the accepted research norms of biomedicine. Spirituality and health research benefit from a reconceptualization of what constitutes valid research in the biomedical paradigm. Biomedicine can take an approach of authentic materialism to overcome issues generated by the moral economy of science so that the impact that spirituality has on health can be adequately assessed.



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