



International Association for Human Values

International Headquarters: Geneva, Switzerland
Charitable, humanitarian Non-Governmental Organisation (NGO) in special consultative status
with the Economic and Social Council of the United Nations

On the occasion of the 60th World Health Assembly in Geneva -

We invite you to join in our debate on what the WHO, governments, NGOs, academic institutions, health agencies and professionals can do to implement Natural Evidence Based Practices (NEBP) into the national health care system.

Preparation of a Plan of Action

Wednesday, 16 May 2007

13:00 - 15:00

NGO Lounge, UN Geneva

Basement, near main Cafeteria, E-2, near stair-case 34

Social Health and Spirituality – Implications for General Medical Care.

Speakers

Dr. Piet Leguit, Former President and Honorary Member of the Association of Surgeons of The Netherlands, Member of the Supreme Council for Medical Affairs who is working on incorporating natural evidence based practices (NEBPs)

Prof. Fahri Saatcioglu, University of Oslo/Norway, who is a molecular biologist with research focus on cancer, but also engaged in basic research assessing the efficacy of NEBPs for health and their mechanism of action

Prof. Riccardo Ciancaglini, University of Milano/Italy, who will speak about the significance of a spiritual approach in the Italian Public Health Education and Planning.

Moderator

Werner Peter Luedemann, International Association for Human Values

Social Health and Spirituality Implications for General Medical Care

Prof. Riccardo Ciancaglini,
University of Milano
Italy

The significance of a spiritual approach in the Italian Public Health Education and Planning

According to the common wisdom, spirituality, morals and ethics are often intended as synonyms. Numerous papers and articles, as well as the occasional study course outline, use these words to define attitudes that are the opposite of material, in other words, to indicate the *meta-physical*, mystical, and transcendental aspects of human life, thought and behavior.

The *idealistic* and *pre idealistic* philosophy – namely Hegel, Kant, (and, more recently, Heidegger) - identified and clearly defined the concepts of *moral* and *ethics* as being quite separate entities.

Morals, in Kant's original definition (Practik Pure Think Critics), refers to the universally shared common rule of behavior inspired by the rational and innate concept of good and duty that is independent from educational, religious and cultural influences.

Ethics refers to behavior in different ethno-cultural and psychosocial environments that again are related to education, religion and a number of different cultural influences.

Spirituality instead implies an altogether different definition.

Spirituality could be viewed as a *mind sensitive to the divine(supernatural) dimension of life*. In other words a mind open to believing the existence of metaphysical factors affecting human life (which can be different in different cultural and religious contexts). This also implies an interaction with metaphysical reality.



Prof. Riccardo Ciancaglini and Prof. Fahri Saatcioglu full Professor of Molecular Biology at University of Oslo and Scientific Chairman of Artofliving Europe in front of the Venue of the Meeting at United Nations in Geneve.



Prof. Riccardo Ciancaglini and Dr. Werner Luedemann, General Director of Artofliving (Bad Antogast), in front of the Venue of the Meeting at United Nations in Geneve.

In turn this can lead to the expectation of overcoming material (human) limitations including:

- . quality and quantity of life and residual life
- . severe difficulties related to inner and outer factors (diseases, handicaps, accidents, negative attitudes)

The modern approach to Science, as well as some recent theories defined as *non Euclidean* Mathematics and *Chaos Theory* (fractals) have provided, on the basis of a *non conventional*

(metric) statistical approach, a promising scientific support to the assumption of the existence of a metaphysical reality and in turn to the hypothesis of a spiritual dimension for some life events. *Morals* and *Ethics* do not necessarily imply such an attitude and could be properly practiced outside a religious context.



The WHO stand inside the Venue of the Meeting at United Nations Centre in Geneva.



Inside the Venue of the Meeting at United Nations Centre in Geneva.

Morals are universal and Ethical rules also characterize materialistic ideologies like Socialism. Even the neo-pagan National Socialist movement referred to some kind of ethical rules.



From left: Prof. Piet Leguit (Former President and Honorary Member of the Association of Surgeons of the Netherlands), Prof. Fahri Saatcioglu, Dr. Werner Luedemann (standing) and Prof. Riccardo Ciancaglini in the lodge of UN Venue before the lecture.



Dr. Pal, Former Chairman and present Member of the Expert Advisory Panel of WHO, in the audience talking with Prof. Riccardo Ciancaglini (sitting at Lecturer's desk) before the lecture.

The impact of a Spiritual identity in the Health Care System: survey in two samples of employers in Italy: a preliminary report

Ciancaglini R*., Strohmenger* L. Ottolenghi L.**

*Clinica Odontoiatrica Ospedale San Paolo University of Milan

**Dipartimento di Scienze Odontostomatologiche

La Sapienza, University of Rome

We thanke the Ospedale San Paolo in Milan and

the Ospedale Israelitico in Rome for the kind collaboration.



Prof. Riccardo Ciancaglini starting his lecture

In order to judge whether any relationship might exist between a *spiritually inspired* (religious) public health care system versus a *non religious* one and to consider working attitudes and conceptions of human resources employed in such a system, a survey was carried out.

Materials and methods

20 adults , employed in a Public Health Care Institution (hospital), not

involved in the health care staff (i.e. administration staff - medical and dental staff were excluded) were asked to answer a questionnaire including 12 questions

Two questions were quantitative, as required for an accurate statistical analysis (scoring from 0 to 10) and nine were qualitative (yes or no) providing only the rate of affirmative and negative outcome.

One (last) question allowed a free interpretation of some common concepts (spiritual, moral, ethical)

The questions were the following:

- 1) Are you satisfied with the work you do?
- 2) Do you like the environment where you work?
- 3) Do you believe in God ?
- 4) Do you believe in any kind of Supernatural Entity (Metaphysical, Spiritual, or other)?
- 5) Does the Institution (Company) where you work embody Spiritual Values ?
- 6) Does the Institution (Company) where you work embody Moral (Ethical) Values ?
- 7) Do you think that the Spiritual Values that inspire your institution (if the abovementioned answer is affirmative), help enhance the effectiveness of the services that are provided to customers?
- 8) Do you think that the Moral (Ethical) Values that inspire such institution (if the abovementioned answer is affirmative), help to enhance the effectiveness of the services that are provided to customers?

9) Do you think that a Spiritual (i.e. Religious) mission could be helpful in carrying out routine duties ?

10) Do you think that routine duties could be better carried out in an institution with no Spiritual (Religious) Mission?

11) Do you think embodying a Spiritual (Religious) mission would affect the performance of routine duties?

12) Define, if you can, with a brief comment, the meaning of the following terms:
Spiritual, Moral, Ethical.

The health care institutions (hospitals) involved in the survey were:

1)The Jewish Hospital in Rome (strong religious identity)

2)The San Paolo University Hospital in Milan (non-religious identity).

Both institutions were selected at random out of ten major Hospitals in Italy (five with and five without a religious mission).

The issues that we intended to evaluate were the following:

Can the mission of an institution, which may or may not embody spiritual values, affect the quality of working attitudes in different ways and expectations of performance standards among the staff?

The hypothetical impact was evaluated in terms of:

- gratification/satisfaction of staff in carrying out their duties
- environmental enjoyment
- expectation of effectiveness of the institution in providing services



From left: Prof. Fahri Saatcioglu, Dr. Werner Luedemann, Prof. Piet Leguit, and Prof. Riccardo Ciancaglini in front of the auditorium of UN Venue after the lecture.

A quantitative score (0 -10) and a semiquantitative (yes/no) scale of assessment was delivered to a sample of 20 individuals selected at random from among the administrative personnel working in the selected hospitals.

In addition a brief definition was requested for the terms Spiritual, Moral and Ethical in order to understand if the concepts of spiritual and the spirituality had been properly understood .

Results:

See the graphs.....

Definition of Spiritual, Moral, Ethical:

In the overall sample of 40 individuals interviewed only one (belonging to the spiritually oriented Institution) outlined a definition of the proposed terms that is consistent with proper philosophical concepts.

Another confused the correct definitions of Moral and Ethics.

Nevertheless, spiritually oriented institutions seem to have properly understood the concept of Spiritual and rejected any similarity with the concepts of moral and ethical (90% of the subjects in the spiritually oriented Institution).

However, this rate in the non-spiritually oriented hospital drops to 20%.

Approximately one half of the individuals interviewed provide a definition of moral and ethical (ranging from 60 % in the Religious and 40 % in the non-religious hospitals) which, though not accurate, is not in conflict with fundamental concepts.

Discussion:

- 1) The average level of satisfaction for the work that the employees were carrying out was different (higher satisfaction among those working in the religious institution) but only to a limited degree. Nevertheless the number of genuinely enthusiastic workers (who scored 10 in the assessment scale) was three times higher in the spiritually-oriented institution.
- 2) A significant difference was reported as regards the sample population's appreciation of the environment: in the *spiritually oriented* institution the score was 8.5 (good) compared with 5.8 (slightly poor) in the *non-spiritual* institution
- 3) The spiritual attitude of the employees is not related to the nature of the institution since those working in the non-spiritually oriented hospital do 'believe in God' in higher numbers compared with those working in a spiritual environment (90% versus 85%)
- 4) A sound awareness of the Spiritual and Moral mission of the Institutions seem to be shared among the workers regardless of the core mission of the Institution (religious or not) (95 and 80% respectively)
- 5) An astonishing difference was detected in the expectation of effectiveness of services provided, since those working in the 'non-spiritual' environment reject – with no exception (100%) – the assumption that the spiritual mission can affect the quality of activities performed within, whereas the workers in the spiritually oriented hospital definitely support such thinking (85%)
- 6) Similar differences were found in respect of the supporting role of the mission in performing duties; spiritually orientation was regarded as helpful mainly by those working in the religious environment (66% versus 30%)
- 7) Similar judgments were offered in the spiritual and non-spiritual environment according to the assumed theoretical irrelevance of spirituality in the effectiveness of the duties to be performed.

Such result seems in contrast with the abovementioned outcome indicating spirituality as being helpful, but this latter aspect is related to the real institution where they work, while the former judgment is related to a virtual generalized condition.

8) Limited information and knowledge exists on some basic philosophical concepts like Morals and Ethics.

Conclusions

Health Care Institutions seem to provide gratification in workers and, when spiritually oriented, even significant appreciation for the working environment (working environment assessments are higher if the institution is spiritually oriented)

In addition, in spiritually oriented Hospitals is easier to find people who express an enthusiastic appreciation for their working experience and environment.

A solid spiritual as well as moral attitude embodied by the institutions that may transcend a merely materialistic outlook is a common value shared by workers regardless of the nature of the Institution they belong to.

The individual spiritual attitude (faith in God, sense of the divine and the supernatural) is widely experienced and is certainly not related to the mission of the institution.

The Spiritual attitude is regarded as helpful in performing work duties although a significant real or latent spirituality seems to exist in employees working in the Health Care System, which could translate into a real resource for improving the quality of service.

What to do

Proper education could enhance such latent spirituality and boost enthusiasm and deep gratification among workers, thus contributing to improving health care.

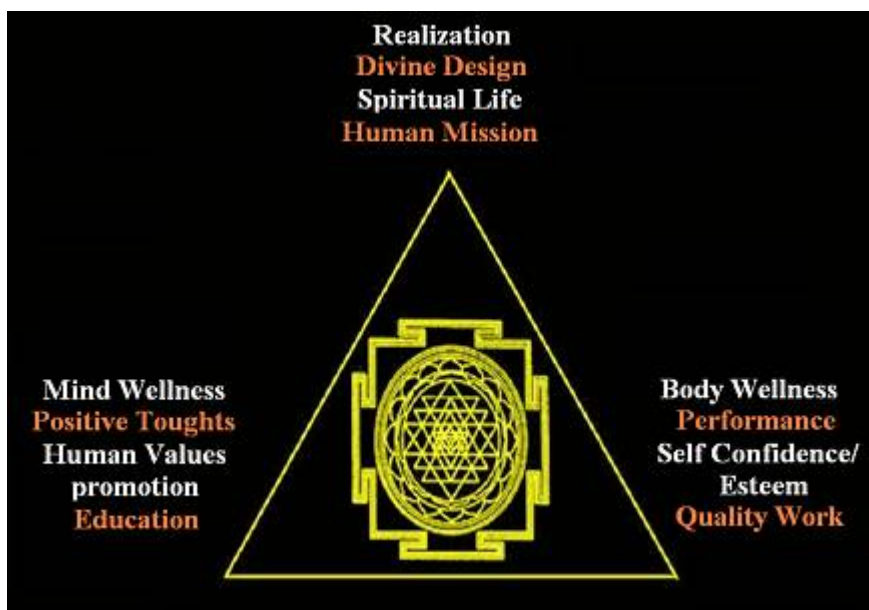
Proper information and education should be considered also to improve people's knowledge of some basic philosophical concepts like Morals and Ethics.

Mastering an understanding of and training in lifestyles and practices, including stress relieving techniques (exercise, mindfulness, yoga pranayama, sudarshan kriya – Kabat Zinn 2005) tailored on individual attitudes and resources can improve overall wellness and provide long standing body mind health and positive attitudes (thinkings and behaviours).

The recruitment of higher physical and mental energy improves self confidence and self esteem, triggering a virtuous cycle that supports quality work and enthusiasm for Service to Others.

According to the new Paradigms suggested by the scientific community that favors a holistic approach to health, we should regard Education as a comprehensive process that involves both mind and body.

I tried to summarize such principles into a educational scheme that I called the 'Body Mind Triangle'.



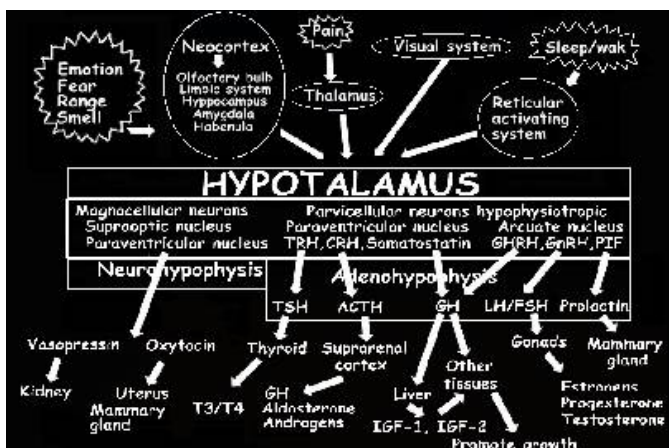
The 'Body
Mind
Triangle'

The 'Body Mind Triangle'

Proper lifestyles and behaviours promote physical wellness that in turn result in efficiency and support quality work (high quality performances) in human activities and relationship. This results in gratification and self esteem that in turn promotes compassion and educational attitudes triggering the virtuous cycle of sharing human values. Dedication, regarded as service to others, devotion, and other empathic human values contribute to the Realization of the Divine Design and represent True Human Mission inside a metaphysical environment that is regarded as *Spiritual Life*.

As you see we can outline a Virtuous Circle (Triangle) starting primarily with Wellness, meaning the physical and mental wellbeing that comes with healthy lifestyles and practices. Such Practices have been summarized into several categories in order to understand the scientific background that generated them and that refers to an original concept first suggested by Ernst Rossi (a student of Milton Erickson), in the 80s. More recently this same concept was revised by an international Scientific Committee that I belong to in the field of Pain/Orofacial Pain. Rossi suggested that a number of conditions that we consider to be 'stressors' (including several virtually distressful factors) could contribute or even enhance a healing process involving the hypothalamic/pituitary axis, endogenous opioids (encephalins and endorphins) and the immune system. Such an unusual concept of Stress regarded as a preventative and therapeutic resource implies changes in energy, mood and susceptibility to disease. Rossi pointed to behavioral practices like hypnosis (altered states of consciousness) acupuncture, chiropractic but also to some cognitive activities like music therapy and creative work. Such practices could act as a complex neuro-endocrinologic and neuro-immunologic network to trigger the autonomic system and the hypothalamic/pituitary axis to set or reset the biological clock regulating a number of physiological functions (ultradian, circadian rhythms) including sleep, appetite, energy and pain perception.

**"CONTROLLED STRESS"
FOR SYNCHRONIZATION
OF THE BIOLOGICAL
CLOCK.**



L. Martini, Professor Emeritus of Endocrinology, University of Milan
Past President International Society of Endocrinology

According to Rossi's original concept the above mentioned Committee including Prof. Martini, President of the International Society of Endocrinology and Prof. Tosini, Chairman of The Center for Chronobiology at the University of Atlanta, tried to develop a comprehensive concept outlining the Controlled Stress Theory'.

Synopsis of 'Controlled Stress' Theory
by Riccardo Ciancaglini
(from an original hypothesis of Ernst Rossi)

Stressors

Physical (active/passive), Behavioural, Cognitive, Emotional engaging primarily the autonomic nervous system (acetylcholine/epinephrine/norepinephrine) and involving a complex neurophysiological and neurochemical network, including hypothalamic/hypophyseal circuits, trigger:

- 1) hormone cascade
- 2) modulation of immune system (at intracellular level)
- 3) neuropeptides release (enkefalins/enorphins)

As a consequence:

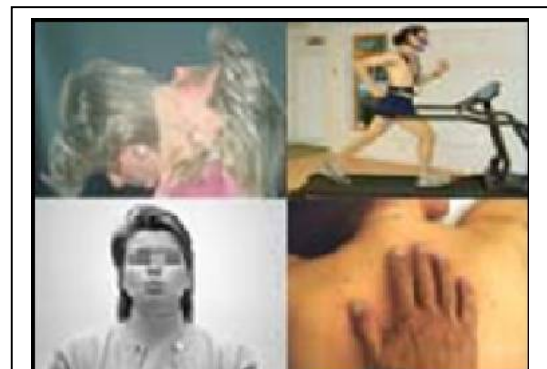
- desincronization/resincronization of biological rhythms (the 'biological clock') occurs
- significant changes are promoted at hormonal, metabolic, affective (mood) level (Body Mind)
- sleep/wake habits, tastes, attitudes (physical and psychosocial) could change
- performances (physical, cognitive etc) are enhanced
- tolerance (resistance) and relation to environment both *external* (temperature, diseases, stressors, etc.) *internal* (pain sensitivity, feelings, emotions, disease susceptibility, and other), could change

The principles of the Controlled Stress Theory are of the utmost interest in relation to the treatment of Depression, which is likely to be a major challenge for the next 15 years according to WHO reports (growing from the fourth to the second most important disease for mankind according to the DELY index, *Scientific American*, September 2005)

WHO suggests identifying when already proven for efficiency (Crisholm, Cancun 2004; Wirz Justice, *Psychological Medicine*, 2005), strategies for the treatment of Depression and related symptoms, widely utilized in Traditional Medical Protocols (Light Therapy, Workout, Cold Water Therapy etc.), by far more affordable in terms of costs and with fewer side effects.

Such protocols and strategies are the same as those we mentioned in regard to the Controlled Stress Theory and are proposed as an Integrated Model of Medicine in the Stress Clinics presently undergoing development world wide (Kabat Zinn in Boston, Moldowsky in Toronto are pioneers).

Now we know that pain related to anxiety and depression is a common finding, as can be seen in the quite reliable trend towards lower pain thresholds detected in patients with increasing Anxiety and Depression Values (we 'feel pain' even at the peripheral/receptor sensory level, the more we are under Anxiety or Depression!)



The Smiline Stress Clinic
www.smiline.net

The Association between Depression and Somatization (Anxiety) Levels and Pain Thresholds in Adult Subjects with Orofacial Pain .

Ciancaglini R., Baccanelli S., Familiari S., Sanlorenzo R., Marchesi A., Radaelli G.

in

Cold Water Swimming. CWS MANUAL. All Seasons Swimming to overcome stress, anxiety and depression.

Editor: R. Ciancaglini

To conclude with practical suggestions for providing training and education to encourage better attitudes in people (e.g. workers in the health care system), and to close the virtuous circle of the body mind triangle:

Among the wide range of options available, we suggest behavioral practices such as yoga, pranayama and sudarshan kriya, both of proven effectiveness.

Nevertheless to overcome the passive attitudes of the Depressed patient, we suggest a cognitive psycho-behavioral approach such as the one I have devised with the Educational/Therapeutic Card Game called 'The Smiline Card Game and Therapy' (www.joyofliving.net).

This approach was acknowledged in the Psychological Community by Aaron Beck, the founder of Cognitive Therapy, at the 2005 World Meeting on Evolution in Psychotherapy.



Sample of '**The Smiline
Cards Game and
Therapy**'

Creator: R. Ciancaglini
(www.joyofliving.net)

Positive thoughts and feelings resulting from body-mind wellbeing can improve the quality of work, appreciation, self esteem and empathy, which in turn enhance the effects of educational, and levels of dedication and devotion (service to others).

This in turn can feed the virtuous circle that improves wellbeing and results in the realization of a 'divine' design.

Riccardo Ciancaglini

Riccardo Ciancaglini
www.ciancaglini.it